

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

July 7, 2025

[REDACTED]
INSPIRIT MACUNGIE OPERATOR LLC
[REDACTED]
[REDACTED]

RE: THE WILLOW, AN INSPIRIT SENIOR
LIVING COMMUNITY
6488 ALBURTIS ROAD
MACUNGIE, PA, 18062
LICENSE/COC#: 22681

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/16/2025, 04/21/2025, 04/28/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE WILLOW, AN INSPIRIT SENIOR LIVING COMMUNITY* License #: *22681* License Expiration: *11/07/2025*

Address: *6488 ALBURTIS ROAD, MACUNGIE, PA 18062*

County: *LEHIGH* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *INSPIRIT MACUNGIE OPERATOR LLC*

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *01/20/2007* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:

Reason: *Complaint, Interim* Exit Conference Date: *04/28/2025*

Inspection Dates and Department Representative

04/16/2025 - On-Site: [REDACTED]

04/21/2025 - Off-Site: [REDACTED]

04/28/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *67* Residents Served: *44*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *44*

Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *4* Have Physical Disability: *1*

Inspections / Reviews

04/16/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/12/2025*

Inspections / Reviews *(continued)*

06/27/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 07/01/2025

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 07/01/2025

07/07/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 07/01/2025

Reviewer: [REDACTED] Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident [redacted] has an order for [redacted] tablets to be administered daily at 8:00 a.m. The medication was not available in the home on [redacted] and the resident was not administered the medication. An incident report was not submitted to the Department regarding the medication error.

Plan of Correction

Accept [redacted] - 06/27/2025)

? Immediate Resolution: The medication was not given as there was a 2-week supply and was discontinued after the supply was depleted. However, despite that, the willow acknowledges the requirement to report any missed medications.

? Training Plan: Conducted in-service training with med techs and RWD on 6/11/2025 on 16c, incident reporting policies and timelines by the Executive Director. See Attached training and sign in.

? Monitoring & Audit Plan: Quality management meetings will be conducted monthly for the following 6 months to review all reportable incident reports, licensing inspection reports and plans of corrections as well as all audits, starting on 6/26/25. QM meeting minutes will be maintained in a binder in the Executive Directors office. – see attached QM policy and agenda.

Licensee's Proposed Overall Completion Date: 06/26/2025

Implemented [redacted] - 07/07/2025)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident’s designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident’s power of attorney for health care or health care proxy or a resident’s designated person, or if a court orders disclosure.

Description of Violation

At approximately 9:35 a.m. the computer on the 3rd floor medication cart was unlocked and unattended by staff. The residents private information was available for anyone to look at.

Plan of Correction

Accept [redacted] - 06/27/2025)

? Immediate Resolution: Med cart computers set to log out/time out after 2 minutes of non-use to ensure this does not reoccur. – completed by Executive Director

? Training Plan: Training conducted with Med Techs and RWD on 6/11/2025 to review how to minimize computer screen to ensure resident privacy is maintained. – Training conducted by Executive Director

? Monitoring & Audit Plan: Monthly cart (starting 6/25/25) and building/walk through audits (starting 6/13/2025) for 6 months to be completed by Executive Director or designee. Audit forms will be maintained in the Executive Directors office.

17 Record Confidentiality (continued)

? Sustainability Plan: Quality management meetings will be conducted monthly for the following 6 months to review all reportable incident reports, licensing inspection reports and plans of corrections as well as all audits, starting on 6/26/25. QM meeting minutes will be maintained in a binder in the Executive Directors office. see attached QM policy and agenda.

Licensee's Proposed Overall Completion Date: 06/26/2025

Implemented (████) - 07/07/2025)

25b - Contract Signatures

3. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident █████ moved in to the home on █████. Resident █████ has a resident contract dated █████ that has not been signed by the resident.

Plan of Correction

Accept (████) - 06/27/2025)

? Immediate Resolution: Resident █████'s contract was signed by the resident on 4/16/2025 and shown to the inspectors at the time of the inspection. see attached

? Training Plan: The Community Relations Director was educated by the DHS team at the time of the inspection. However, the Business office Manager and CRD have been re educated of this regulation by the Executive Director on 6/8/2025 see training sign in

? Monitoring & Audit Plan: Full audit of every resident contract was completed by the ED on 6/9/2025 to ensure that all contracts are signed by the resident. Monthly file audits will also be conducted on a monthly basis for 6 months by the ED or designee, which was also completed 6/9/2025. The completed audit forms will be maintained in the ED's office. see attached contract audit sheet

? Sustainability Plan: Quality management meetings will be conducted monthly for the following 6 months to review all reportable incident reports, licensing inspection reports and plans of corrections as well as all audits, starting on 6/26/25. QM meeting minutes will be maintained in a binder in the Executive Directors office. see attached QM policy and agenda.

Licensee's Proposed Overall Completion Date: 06/26/2025

Implemented (████) - 07/07/2025)

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 9:30 a.m. in the 3rd floor kitchenette bottom cabinet, below the coffee maker had what appeared to be a tablecloth that was stained brown from the coffee maker overflowing.

Plan of Correction

Accept (████) - 06/27/2025)

? Immediate Resolution: Area was cleaned on the day of inspection.

85a Sanitary Conditions (continued)

? Training Plan: Dining staff have been assigned checklists to ensure completion of proper cleaning tasks by the director of dining services. Checklists will be maintained in the office of the Dining Services Director.

? Monitoring & Audit Plan: Monthly building/walk through audits will be conducted by the executive Director or designee for 6 months to ensure compliance of this regulation starting 6/13/25 see attached audit form

? Sustainability Plan: Director of dining services has implemented a daily task checklist effective, for dining staff to utilize to ensure dining room cleanliness. Director of dining services will monitor this and checklist will be maintained in [redacted] office. Quality management meetings will be conducted monthly for the following 6 months to review all reportable incident reports, licensing inspection reports and plans of corrections as well as all audits, starting on 6/26/25. QM meeting minutes will be maintained in a binder in the Executive Directors office. see attached QM policy and agenda.

Licensee's Proposed Overall Completion Date: 06/26/2025

Implemented ([redacted] - 07/07/2025)

144c1 - Smoking Area Guidelines

5. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At approximately 1:30 p.m. 6 cigarette butts were observed in the mulch to the right of the home's entrance and 6 cigarette butts were observed in the mulch to the left of the home's entrance.

Plan of Correction

Accept ([redacted] 06/27/2025)

? Immediate Resolution: Area cleaned immediately and smoking receptacles have been placed in the designated smoking area. No smoking signs are currently in place at front entrance; however ground signs are ordered to be installed in mulch areas. Expected delivery date is 6/16/2025.

? Monitoring & Audit Plan: Monthly building/walk through audits will be conducted by the executive Director or designee for 6 months to ensure compliance of this regulation starting 6/13/25 see attached audit form

? Sustainability Plan: Quality management meetings will be conducted monthly for the following 6 months to review all reportable incident reports, licensing inspection reports and plans of corrections as well as all audits, starting on 6/26/25. QM meeting minutes will be maintained in a binder in the Executive Directors office. see attached QM policy and agenda.

Licensee's Proposed Overall Completion Date: 06/26/2025

Implemented ([redacted] 07/07/2025)

185a - Implement Storage Procedures

6. Requirements

2600.

185a - Implement Storage Procedures (continued)

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [redacted] has an order for blood glucose monitoring twice daily at 7:00 a.m. and 5:00 p.m. Resident [redacted] had a blood glucose reading of [redacted] noted in the resident's glucometer on [redacted] at 5:00 p.m. The blood glucose reading was recorded as [redacted] on the Medication Administration Record.

The glucometer for Resident [redacted] was calibrated to 10:32 a.m. at 11:28 a.m. on [redacted]

The glucometer for Resident [redacted] was calibrated to 10:28 a.m.. at 11:29 a.m. on [redacted]

Resident [redacted] has a PRN order for [redacted], and [redacted] tablets. The medications were not in the medication cart at the time of inspection.

Repeat violation: [redacted] et al, [redacted]

Plan of Correction

Accept ([redacted] - 06/27/2025)

? Immediate Resolution: All residents glucometers have been recalibrated since inspection. The PRN medications, specifically [redacted] and [redacted] were DC'd due to non-use and Hyoscyamine was re-ordered. – see attached picture of Hyoscyamine and DC'd medications.

? Training Plan: Training on this regulation as conducted by the Executive Director for the med techs on 06/11/2025. – see attached meeting minutes and sign off.

? Monitoring & Audit Plan: Cart audit has been conducted on 5/25/25 by the ED, another cart audit is scheduled by the pharmacy on 6/13/25. Monthly cart audits will be conducted by the ED or the Resident wellness director for 6 months going forward starting by 6/25/25 and all audits will be maintained in the ED office for review. In addition to audits, a weekly glucometer log has been implemented, starting on 6/9/2025 the resident care coordinator will check all glucometers weekly to ensure they are properly calibrated and readings are consistent with the MARs. This log will be maintained in the RCC office.

? Sustainability Plan: Quality management meetings will be conducted monthly for the following 6 months to review all reportable incident reports, licensing inspection reports and plans of corrections as well as all audits, starting on 6/26/25. QM meeting minutes will be maintained in a binder in the Executive Directors office. – see attached QM policy and agenda.

Licensee's Proposed Overall Completion Date: 06/26/2025

Implemented ([redacted] - 07/07/2025)

187a - Medication Record

7. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.

187a Medication Record (*continued*)

4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

The Medication Administration record for resident [REDACTED] listed a PRN order for [REDACTED]. The medication was discontinued on [REDACTED].

Resident [REDACTED] PRN [REDACTED] was discontinued on [REDACTED]. The medication is still listed on the resident's Medication Administration Record.

Repeat violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 06/27/2025)

? Immediate Resolution: It was discovered that resident [REDACTED] had multiple orders for albuterol. One order was DC'd on 3/10/25 while another remained on the MAR. The PRN order for Albuterol was properly discontinued on 4/17/25 see attached discontinued order.

The Glutose Gel for resident [REDACTED] was not discontinued on 4/3/25 and remains an active order. This medication is available in the cart at this time. see attached picture with timestamp of 6/10/25 of the glutose gel and active order.

? Training Plan: Med techs and resident wellness director have been re educated on the proper steps of discontinuation of medications by the ED on 6/11/25 see attached sheet with steps of discontinuation and training sign off.

? Monitoring & Audit Plan: Cart audit has been conducted on 5/25/25 by the ED, another cart audit is scheduled by the pharmacy on 6/13/25. Monthly cart audits will be conducted by the ED or the Resident wellness director for 6 months going forward starting by 6/25/25 and all audits will be maintained in the ED office for review

? Sustainability Plan: Quality management meetings will be conducted monthly for the following 6 months to review all reportable incident reports, licensing inspection reports and plans of corrections as well as all audits, starting on 6/26/25. QM meeting minutes will be maintained in a binder in the Executive Directors office. see attached QM policy and agenda.

Licensee's Proposed Overall Completion Date: 06/26/2025

Implemented [REDACTED] - 07/07/2025)

187b - Date/Time of Medication Admin.

8. Requirements

187b - Date/Time of Medication Admin. (continued)

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted] tablets to be administered three times daily at 6:00 a.m., 2:00 p.m., and 10:00 p.m. Resident [redacted] April 2025 medication administration record does not include the initials of the staff person who administered the resident's [redacted] on [redacted] and [redacted] at 10:00 p.m.

Plan of Correction

Accept [redacted] 06/27/2025)

? Immediate Resolution: MARs updated with correct initials

? Training Plan: Med techs were in-service on this regulation and proper medication administration documentation by the Executive Director on 6/11/2025. – see attached training sign off.

? Monitoring & Audit Plan: Executive Director, Resident Care Coordinator, or Resident Wellness director will conduct weekly MAR audits to ensure proper documentation of medication administration starting 6/12/25. Audit binder will be maintained in the wellness center. See attached example of audit report and audit checklist.

? Sustainability Plan: Quality management meetings will be conducted monthly for the following 6 months to review all reportable incident reports, licensing inspection reports and plans of corrections as well as all audits, starting on 6/26/25. QM meeting minutes will be maintained in a binder in the Executive Directors office. – see attached QM policy and agenda.

Licensee's Proposed Overall Completion Date: 06/26/2025

Implemented [redacted] - 07/07/2025)

187c - Refusal of Medication

9. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On [redacted] through [redacted] and on [redacted] through [redacted] at 8:00 a.m., 2:00 p.m. and 8:00 p.m. resident [redacted] refused to take a scheduled dose of [redacted] solution. The home did not contact the resident's physician regarding the refusal.

Plan of Correction

Accept [redacted] - 06/27/2025)

? Immediate Resolution: Residents physician was called about [redacted] refusals of [redacted] 8pm lactulose and physician discontinued the 8pm dose as resident expressed not wanting to take it at bedtime.

? Training Plan: Med techs and resident wellness director were educated on medication/treatment refusal process on 6/11/2025 by the executive director. – see attached Medication Refusal procedure and training sign off.

? Monitoring & Audit Plan: Executive Director, Resident Care Coordinator or Resident Wellness Director will conduct weekly MAR audits to ensure proper documentation of refusals starting 6/12/25. Audit binder will be maintained in the wellness center. See attached example of audit report and audit checklist.

? Sustainability Plan: Quality management meetings will be conducted monthly for the following 6 months to review all reportable incident reports, licensing inspection reports and plans of corrections as well as all audits, starting on 6/26/25. QM meeting minutes will be maintained in a binder in the Executive Directors office. – see attached QM policy and agenda.

187c Refusal of Medication (continued)

Licensee's Proposed Overall Completion Date: 06/26/2025

Implemented [redacted] - 07/07/2025)

187d - Follow Prescriber's Orders

10. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] tablets. However, this medication was not administered to Resident [redacted] on [redacted] at 8:00 a.m. because the medication was not available in the home.

Repeat violation: [redacted]

Plan of Correction

Accept [redacted] - 06/27/2025)

? Immediate Resolution: The medication was not given as there was a 2 week supply and the supply was depleted.

The doctor discontinued the medication after the supply was completed. see attached discontinued order

? Training Plan: Med Techs were retrained on adherence to prescriber orders and this regulation by Executive Director on 06/11/2025.

? Monitoring & Audit Plan: Executive Director, Resident Care Coordinator or Resident Wellness Director will conduct weekly MAR audits to monitor for any missed medications or medications that were not signed for starting 6/12/25.

Audit binder will be maintained in the wellness center. See attached example of audit report and audit checklist.

? Sustainability Plan: Quality management meetings will be conducted monthly for the following 6 months to review all reportable incident reports, licensing inspection reports and plans of corrections as well as all audits, starting on 6/26/25. QM meeting minutes will be maintained in a binder in the Executive Directors office. see attached QM policy and agenda.

Licensee's Proposed Overall Completion Date: 06/26/2025

Implemented [redacted] - 07/07/2025)

225a - Assessment 15 Days

11. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [redacted] moved into the home on [redacted]. The resident does not have an initial assessment completed as of [redacted] at 4:00 p.m.

An assessment was not completed for resident [redacted], who was admitted to the home on [redacted].

An assessment was not completed for resident [redacted] who was admitted to the home on [redacted]

An assessment was not completed for resident [redacted] who was admitted to the home on [redacted].

225a - Assessment 15 Days (continued)

Repeat violation: 1/3/24

Plan of Correction

Accept () - 06/27/2025)

? Immediate Resolution: Completed missing assessments for Residents [redacted] and [redacted] – see RASPs for residents [redacted] and [redacted]

? Monitoring & Audit Plan: Full audit of all residents RASP completion dates was done 6/9/2025 by the Executive Director. A RASP tracking file was set up in the Willows share file for easy tracking of resident RASP due dates.

Monthly file audits will be conducted for 6 months beginning 6/9/2025 by the executive director or designee. Audits will be maintained in the ED office.

? Sustainability Plan: Quality management meetings will be conducted monthly for the following 6 months to review all reportable incident reports, licensing inspection reports and plans of corrections as well as all audits, starting on 6/26/25. QM meeting minutes will be maintained in a binder in the Executive Directors office. – see attached QM policy and agenda.

Licensee's Proposed Overall Completion Date: 06/26/2025

Implemented () - 07/07/2025)

251c - Standardized Forms

12. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident [redacted] medical evaluation, dated [redacted] was not completed on the Department's current standardized form.

Plan of Correction

Accept () - 06/27/2025)

? Immediate Resolution: Medical evaluation for Resident [redacted] transferred to correct form. – see attached DME

? Training Plan: Key staff persons have been retrained on using standardized forms on 06/08/2025 by the Executive Director. – see training sign off.

? Monitoring & Audit Plan: Monthly resident file audits will be conducted starting 6/9/2025 but the Executive Director or Designee for 6 months. Audit binder will be maintained in the ED's office. – see attached audit completed 6/9/25

? Sustainability Plan: Quality management meetings will be conducted monthly for the following 6 months to review all reportable incident reports, licensing inspection reports and plans of corrections as well as all audits, starting on 6/26/25. QM meeting minutes will be maintained in a binder in the Executive Directors office. – see attached QM policy and agenda.

Licensee's Proposed Overall Completion Date: 06/26/2025

Implemented () - 07/07/2025)