

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

July 28, 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 06/18/2025 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: *12/06/2025*

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: *C-2 LP* Date: *04/09/2002* Issued By: *DLI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *53* Waking Staff: *40*

Inspection Information

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

Reason: *Fine* Exit Conference Date: *06/18/2025*

Inspection Dates and Department Representative

06/18/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *67* Residents Served: *48*

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: *48*

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

Have Mobility Need: *5* Have Physical Disability: *1*

Inspections / Reviews

06/18/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/19/2025*

07/21/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *07/25/2025*

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/25/2025*

Inspections / Reviews *(continued)*

07/28/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/25/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

185a - Implement Storage Procedures

2. Requirements

2600.

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

At 10:30 A.M. resident [REDACTED]'s order for [REDACTED] tablet [REDACTED] PRN every 4 hours as needed for mild pain or temp of 100 or greater was not available in the home.

On [REDACTED] the 7:00 AM glucometer reading for resident [REDACTED] is documented as [REDACTED]. However, the resident's medication administration record documents a reading of [REDACTED] on [REDACTED] at 7 A.M.

On [REDACTED] resident [REDACTED] medication administration record documents a [REDACTED] reading of [REDACTED]. However, resident [REDACTED] does not document a reading at that time.

Resident [REDACTED] has an order for accucheck readings at 6 A.M. and at 4 P.M.. On [REDACTED] the resident's medication administration record documents a [REDACTED] reading of [REDACTED] at 6A.M. The resident's glucometer does not have a reading at that time. The resident has a [REDACTED] reading of [REDACTED] for the resonant at 11:44 A.M..

Resident [REDACTED] has an order for accucheck readings at 6 A.M. and at 4 P.M.. On [REDACTED] the resident's medication administration record documents a [REDACTED] reading of [REDACTED]. However, the resident's [REDACTED] documents a reading of [REDACTED] at 3:22 P.M..

Resident [REDACTED] has an order for accucheck readings at 6 A.M. and at 4 P.M.. On [REDACTED] the resident's [REDACTED] documents an extra reading of [REDACTED] at 8 P.M..

Resident [REDACTED] has an order for accuchecks 3 times weekly (Mo, We, Fr) at 6 A.M. Resident's [REDACTED] had extra readings of [REDACTED] on [REDACTED] on [REDACTED] on [REDACTED] and on [REDACTED] which were taken other than the day of the week ordered.

Plan of Correction

Accepted [REDACTED] - 07/21/2025)

- **Immediate Resolution:** On day of the inspection, the PRN [REDACTED] was ordered. Also, weekly glucometer log was instituted on 6/9/25 to monitor this by comparing each resident's glucometer to the MARs. See attached log form.
- **Training Plan:** Mandatory in-service for all med techs is scheduled for 7/22/25 to educate them glucometer safety and proper use as well as this regulation. This training will be conducted by the Regional Operations Specialist. See attached power point. All med techs will also be recertified by a diabetic educator by 8/25/25
- **Monitoring & Audit Plan:** The Weekly glucometer log, which started on 6/9/25 will be completed by the Resident Care Coordinator or designee and will continue indefinitely. The log will be maintained in the nursing office. Pharmacy will also be conducting a cart audit on 7/21/25 to monitor all PRN medications. Pharmacy cart audits will be conducted monthly for 3 months and then as needed going forward.
- **Sustainability Plan:** To monitor compliance, monthly quality management meetings will be conducted on the third Thursday of the month for a minimum of 6 months starting 7/24/25. The leadership team will review all audits and minutes will be maintained by the Executive Director. See attached agenda

185a Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: 07/24/2025

Implemented [redacted] - 07/28/2025)

187b - Date/Time of Medication Admin.

3. Requirements

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] sliding scale (TID with meals: 200 250 2 units, 251 300 4u, 301 350 6u, 351 400 8u, 401 450 10u, >450 call MD.) at 8 A.M., 11:30A.M., 4:30 P.M. and 8:30 P.M.

Resident [redacted] medication administration record does not include the initials of the staff person who administered the [redacted] on [redacted] at 12 P.M.

Plan of Correction

Accept [redacted] - 07/21/2025)

- **Immediate Resolution:** The staff person who failed to initial the administration of the [redacted] was re educated of this regulation and did document in the record.
- **Training Plan:** Mandatory in service for all med techs is scheduled for 7/22/25 to educate them glucometer safety and proper use as well as this regulation. This training will be conducted by the Regional Operations Specialist. See attached power point. All med techs will also be recertified by a diabetic educator by 8/25/25
- **Monitoring & Audit Plan:** To ensure all medications administrations are signed off, a weekly MAR log, which was started on 6/9/25 will be completed by the Resident Wellness Director or designee and will continue indefinitely. The log will be maintained in the nursing office. See attached log form
- **Sustainability Plan:** To monitor compliance, monthly quality management meetings will be conducted on the third Thursday of the month for a minimum of 6 months starting 7/24/25. The leadership team will review all audits and minutes will be maintained by the Executive Director. See attached agenda

Licensee's Proposed Overall Completion Date: 07/24/2025

Implemented ([redacted] 07/28/2025)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Resident [redacted] has an order for a Sliding scale of [redacted] (TID with meals: 200 250 2 units, 251 300 4u, 301 350 6u, 351 400 8u, 401 450 10u, >450 call MD.) at 8 A.M., 11:30A.M., 4:30 P.M. and 8:30 P.M.

On [redacted] resident [redacted] medication administration record documents a [redacted] reading of [redacted] at 8 A.M. and the administration of [redacted] of [redacted]. However, resident [redacted] documents a reading of [redacted] for the 7:00 A.M. reading and according to the sliding scale should have been administered 2 units of [redacted].

Repeat Violation [redacted]

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept [REDACTED] - 07/21/2025)

- **Immediate Resolution:** On the day of inspection, a reportable incident was sent to the department, as well as all notifications to residents MD and POA. This resident suffered no ill effects. The staff person is no longer employed at the willow.
- **Training Plan:** Mandatory in-service for all med techs is scheduled for 7/22/25 to educate them of this regulation and proper glucometer readings/insulin safety. This training will be conducted by the Regional Operations Specialist. See attached power point. All med techs will also be recertified by a diabetic educator by 8/25/25
- **Monitoring & Audit Plan:** To monitor this regulation, a weekly MAR log, and glucometer log, both were started on 6/9/25 will be completed by the Resident Wellness Director and Resident Care Coordinator, or designee and will continue indefinitely. The logs will be maintained in the nursing office. See attached log form
- **Sustainability Plan:** To monitor compliance, monthly quality management meetings will be conducted on the third Thursday of the month for a minimum of 6 months starting 7/24/25. The leadership team will review all reportable incidents, staff training needs, and audits. Minutes will be maintained by the Executive Director. See attached agenda

Licensee's Proposed Overall Completion Date: 07/24/2025

Implemented [REDACTED] 07/28/2025)