

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

October 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 09/03/2025 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: L & I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 60 Waking Staff: 45

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 09/03/2025

**Inspection Dates and Department Representative**

09/03/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 67 Residents Served: 55  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 2  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 55  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 5 Have Physical Disability: 0

**Inspections / Reviews**

09/03/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/22/2025

09/22/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 09/30/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/30/2025

Inspections / Reviews *(continued)*

10/07/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2025

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] reported to the home that they were missing belongings on [REDACTED] and it was not reported to the department.

### Plan of Correction

Accept [REDACTED] - 09/22/2025)

*Immediate Resolution: The BHSL Incident Reporting Form was completed and submitted on 09/07/2025. The call was received from Resident [REDACTED] reporting the missing items on 08/22/2025. The Executive Director investigated the incident and was unable to identify what happened to the items. The [REDACTED] requested permission to place a video camera in [REDACTED] apartment. The camera was placed facing [REDACTED] refrigerator. A sign is posted outside of [REDACTED] apartment alerting staff and visitors to the video camera.*

*Training Plan: Resident Rights training had been completed with all staff as part of the mandatory monthly in-service on 08/19/2025. The training was provided by our local Ombudsman. The Department Directors will be provided with training regarding BHSL Incident Reporting to include the time frame required for the initial report by 09/26/2025. See attached training forms upon completion of training.*

*Monitoring & Audit Plan: To monitor this regulation, the Executive Director and/or designee, will audit the BHSL Incident Reporting Binder for the community monthly to ensure that all incident reports are completed in a timely manner and finalized as needed. The log will be maintained in the Executive Director's office with the BHSL Incident Reporting Binder. See attached log form.*

*Sustainability Plan: To monitor compliance, monthly quality management meetings are conducted ongoing on the third Thursday of the month. The leadership team will review all reportable incidents for timeliness and finalization from the previous month. Minutes will be maintained by the Executive Director. See attached agenda.*

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented [REDACTED] - 10/01/2025)

## 141b1 - Annual Medical Evaluation

### 2. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

### Description of Violation

Resident [REDACTED]'s most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

### Plan of Correction

Accept [REDACTED] 09/22/2025)

*Immediate Resolution: An audit of all current resident medical evaluations is being completed by the Executive Director. The audit will be completed by 09/30/2025.*

*Training Plan: The Resident Wellness Director and Resident Care Director will be provided training regarding the required timeframes for completion of all medical evaluations, to include initial, annual and change of condition.*

*This training will be completed by 09/30/2025. See attached handout and training form upon completion of training.*

*Monitoring & Auditing: The Resident Wellness Director and/or Designee will audit all initial, annual and change of*

141b1 Annual Medical Evaluation (continued)

condition medical evaluations each month to ensure compliance with the regulatory timeframe for completion. The log will be maintained in the Wellness Office. The first audit will be completed by the Executive Director by 09/30/2025 as noted above. The audit will be completed for a minimum of 6 months. See attached log form. Sustainability Plan: To monitor compliance, monthly quality management meetings are conducted ongoing on the third Thursday of the month. The leadership team will review all audits, and the minutes will be maintained by the Executive Director. See attached agenda.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented (█ - 10/01/2025)

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

Resident █ is prescribed 34 Units █ U every evening. On █ at 4:00p.m., resident █ was administered 23 units.

Repeat Violation: █.

Plan of Correction

Accept (█ - 09/22/2025)

Immediate Resolution: The Resident Wellness Director reordered the Insulin Glargine Solostar U for Resident █. It arrived in the community in time for █ 4:00pm dose on 08/18/2025.

Training Plan: The Resident Wellness Director will provide all Medication Technicians with education regarding the proper reordering procedures for medications on non cycle fill, i.e. insulin, ear drops, eye drops, ointments, PRNs by 09/30/2025. As a Best Practice, the Medication Technicians have been instructed to check their carts for needed refills specifically on Thursday and Fridays to ensure the availability of medications through the weekends. See attached training sheets upon completion of training.

Monitoring & Audit Plan: The Resident Wellness Director and/or designee will conduct weekly med cart audits to monitor for reordering needs of medications. The audit binder will be maintained in the Wellness Office. See attached example of audit form.

Sustainability Plan: To monitor compliance, monthly quality management meetings are conducted ongoing on the third Thursday of the month. The leadership team will review all audits, and the minutes will be maintained by the Executive Director. See attached agenda.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented (█ - 10/01/2025)