

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

March 23, 2026

[REDACTED] ADMINISTRATOR
INSPIRIT PALMERTON OPERATOR LLC
71 PRINCETON AVENUE
PALMERTON, PA, 18071

RE: THE PALMERTON, AN INSPIRIT
SENIOR LIVING COMMUNITY
71 PRINCETON AVENUE
PALMERTON, PA, 18071
LICENSE/COC#: 22680

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/11/2026 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 PALMERTON, AN INSPIRIT SENIOR LIVING COMMUNITY* License #: 22680 License Expiration: 01/05/2027
 Address: 71 PRINCETON AVENUE, PALMERTON, PA 18071
 County: CARBON Region: NORTHEAST

Administrator

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

Legal Entity

Name: *INSPIRIT PALMERTON OPERATOR LLC*
 Address: 71 PRINCETON AVENUE, PALMERTON, PA, 18071
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: 05/23/2016 Issued By: *Palmerton Township*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 73 Waking Staff: 55

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: 02/11/2026

Inspection Dates and Department Representative

02/11/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 71 Residents Served: 61

Secured Dementia Care Unit
 In Home: *Yes* Area: *SDCU* Capacity: 15 Residents Served: 11

Hospice
 Current Residents: 2

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 60
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 12 Have Physical Disability: 0

Inspections / Reviews

02/11/2026 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 03/15/2026

Inspections / Reviews (*continued*)

03/23/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/23/2026

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

03/23/2026 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/23/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

20b4 - Use of Funds

1. Requirements

2600.

20.b.4. Resident funds and property shall only be used for the resident's benefit.

Description of Violation

On February 9, 2026, at approximately 7:15 a.m., Staff member A asked Resident #1 to borrow \$40.00.

On approximately February 2, 2026, Staff member A requested and received a \$140.00 loan from Resident #1.

Plan of Correction

Accept () - 03/23/2026

Staff member A was questioned about asking resident for money. Explained to staff Member A that staff should never ask any resident for money ever. Explained resident funds are only for the resident benefit.

Spoke with the resident and explained to them that they are never to give a staff member money for any reason even if asked. Also explained to resident that they need to let any manager know if this type of behavior is happening.

Reeducated residents at resident council about giving money to staff for any reason, that it is prohibited. (2/17/2026)

All staff re-educated on accepting money or asking for money from a resident. (3/12/2026)

Licensee's Proposed Overall Completion Date: 03/12/2026

Implemented () - 03/23/2026

82a - Poisonous Materials

2. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At approximately 1:51 p.m. a backpack sprayer with a light green liquid and a large plastic container with a dark green liquid were noted in the mechanical room near the north exit on the 1st floor. The containers did not have the original manufacturers' label attached.

Plan of Correction

Accept () - 03/23/2026

Sprayer and large plastic container emptied immediately of the unlabeled liquid. (2/12/2026)

Audits will be conducted monthly x6 months by maintenance director to ensure all poisonous materials are properly labeled and stored. If any poisonous material is noted to be not properly labeled during weekly or monthly checks audit correction will be made at that time with appropriate label.

Internal audit was conducted to ensure all poisonous materials were stored properly and labeled. (2/12/2026)

Audits will be reviewed by ED and Maintenance Director

All staff will be re-educated on regulation 2800.82A and the importance of proper storage and labeling of all poisonous materials especially Maintenance and Housekeeping departments. (3/12/2026)

Licensee's Proposed Overall Completion Date: 07/31/2026

Implemented () - 03/23/2026

82c - Locking Poisonous Materials

3. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At approximately 2:45 p.m., a jar of Amazon Basics Gel Odor Eliminator with a manufactures label indicating if swallowed, call a physician or poison control, was observed in the bathroom in room 107 of the Secured Dementia Care Unit (SDCU) and was unlocked, unattended and accessible to the residents. All residents of the SDCU have been assessed not capable of recognizing and using poisons safely.

Plan of Correction

Accept (█ - 03/23/2026)

Gel Odor Eliminator was immediately taken out of room and discarded. (2/11/2026)

Entire Memory Care Unit was also checked for poisonous materials. (2/12/2026)

All staff re-educated on safe storage of poisonous materials and the importance of not having them anywhere in the Memory Care Unit. (3/12/2026)

The Memory Care Coordinator will do weekly audits checks in all rooms and surrounding areas in Memory Care.

Audits will be done weekly x8 weeks then monthly for 3 months.

The audits will be reviewed by M/C Coordinator and ED.

Licensee's Proposed Overall Completion Date: 07/31/2026

Implemented (█ - 03/23/2026)

125a - Combustible Storage

4. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At approximately 1:49 p.m. a 5- and 1-gallon container of paint, a ladder, a container of unidentified liquid, 4 cardboard boxes, ceiling paint, wood filler and stain were noted within 3 feet of the homes 4 hot water heaters located in the mechanical room near the north exit on the 1st floor.

Repeat violation 3/12/25

Plan of Correction

Accept (█ - 03/23/2026)

Combustible materials moved immediately that were within the 3ft. mark of the hot water heaters. (2/11/2026)

Combustible materials should not be stored by the hot water heaters located in the mechanical room. Going forward combustible materials will be stored on shelving or floor at least 3ft. away. (See attached)

Staff reeducated on regulation 2600.125a (3/12/2026)

Monthly maintenance checklist has been created to include checking for combustible materials to close to hot water heaters.

Monthly maintenance checklist created x6 months.

Audits reviewed by ED and Maintenance Director

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented (█ - 03/23/2026)

130h - Inoperable Smoke Detector

5. Requirements

130h - Inoperable Smoke Detector (continued)

2600.

130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Description of Violation

On 2/10/26 at approximately 9:00 a.m. the fire alarm panel noted trouble on the panel. The fire alarm system was not fixed until 2/13/26. The home did not initiate their fire watches until 2/11/26 when the Department was present in the building.

Plan of Correction

Accept (█) - 03/23/2026)

2/10/2026 Fire panel was looked at by Cintas because of fire panel reading trouble dialer. Both phone lines were working but it was looking for a dialer. Cintas ordered dialer and will fix dialer. Stated on paper work that both lines were working and will work if needed. (See attached)

2/11/2026 2 hour checks were started because DHS was not satisfied with the verbiage of the letters by Cintas. (See Attached)

2/11/2026 Reportable incident report done and submitted to DHS (See attached)

2/13/2026 Fire panel completely fixed and 2 hour checks stopped. (See attached)

Licensee's Proposed Overall Completion Date: 03/11/2026

Implemented (█) - 03/23/2026)

183e - Storing Medications**6. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

2 white and blue capsules labeled DV/125 were found loose in the memory care medication cart.

Repeat violation 3/12/25

Plan of Correction

Accept (█) - 03/23/2026)

Pills were removed from Med Cart and discarded immediately by the Med Tech. No other pills found in any other med carts.

All Med Techs were educated by the Director of Wellness on the importance of checking the carts for loose medications.

All Med Techs will check the Med Cart drawers for loose pills and sign that it was done while doing narcotic count. The Director of Wellness or designee will be responsible for completing weekly medication cart audits looking for loose pills x8 weeks then monthly x3 months.

Director or Designee will be responsible for on going compliance.

Audits will be reviewed by Director of Wellness and ED.

Licensee's Proposed Overall Completion Date: 07/31/2026

Implemented (█) - 03/23/2026)