

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

June 4, 2026

[REDACTED]
INSPIRIT MACUNGIE OPERATOR LLC
[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 03/10/2026 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]
Human Services Licensing Supervisor

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: 03/06/2003 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 61 Waking Staff: 46

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Interim Exit Conference Date: 03/10/2026

Inspection Dates and Department Representative

03/10/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 67 Residents Served: 54
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 5
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 53
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 7 Have Physical Disability: 0

Inspections / Reviews

03/10/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/03/2026

04/08/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/22/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/13/2026

Inspections / Reviews (*continued*)

05/14/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/24/2026

06/04/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

At 10:55 a.m. room [REDACTED] enabler bar was not secured to the bed, moving out from the bed entirely, and not covered, allowing an 8 inch by 4-inch gap at the top.

At 10:50 a.m. room [REDACTED] s enabler bar was secured, but not covered, allowing an 8 inch by 4-inch gap at the top.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/08/2026)

Immediate Resolution: The open area at the top of the room [REDACTED] enabler bar had previously been covered by tubi-grip as identified in the POC on 01/22/2026; however, the resident had removed it. The enabler bar has now been covered with a pillowcase and secured at the bottom to prevent it from being removed. The strap securing the enabler bar around the box spring was tightened by the Maintenance Director to secure it properly. During routine checks, we are finding that the strap is loosening up after a few days use. CIP Rehabilitation, the resident's therapy service, assessed the enabler bar on 04/03/2026. They re-wove the strap through the base board and tightened it more securely. The CIP director is looking into replacing the current bar with a Halo. [REDACTED] is also going to discuss the recommendation of a hospital bed with the Halo with the resident's PCP.

The enabler bars in room [REDACTED] have now been covered with pillowcases and secured at the bottom to prevent removal.

Training Plan: The Wellness/Care Team was trained on 01/29/2026 by the executive director regarding the need to report any bedside mobility devices found in resident apartments that are not on the list of approved rooms with devices, as well as to report any existing or new devices they find without a cover. This training has been included in New Hire Training for Wellness/Care staff that were hired on 04/01/2026 and going forward.

Monitoring & Audit Plan: To monitor this regulation, the Resident Wellness Director and the Resident Care Director have developed a new tickler that includes tracking of durable medical equipment in use by residents. The Resident Care Director and/or designee will use this tickler to audit the resident apartments monthly for use of bedside mobility devices and covers. The Resident Care Director and/or designee will review any new devices identified in the apartments with the Resident Wellness Director to ensure that they are approved and included on the resident's service plan. The Resident Care Director will coordinate with the Maintenance Director and Therapy Services to ensure that all devices are covered. The tickler will be completed for all requirements related to enabler bars by 04/30/2026. The tickler will be kept in the Wellness office.

Sustainability Plan: To monitor compliance, monthly quality management meetings are conducted ongoing on the third Thursday of the month. The leadership team met on 03/19/2026 to review the LIS received from the site visit on 03/10/2026 and agenda items. The leadership team will review all audits initiated with this POC beginning 04/16/2026, continuing through 07/16/2026 or until consistent compliance is noted. Minutes will be maintained by the Executive Director.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [REDACTED] 06/04/2026)

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 9:20 a.m. the housekeeping closet on the 2nd floor was unlocked. It contained: Sure Shine, which indicated to call poison control or a doctor if swallowed and Acidulate, which indicated if swallowed, to call poison control center. Resident [REDACTED] and Resident [REDACTED] are not assessed to safely use or avoid poisons.

Plan of Correction

Accept [REDACTED] - 04/08/2026)

Immediate Resolution: On 03/10/2026, the Maintenance Director removed the Sure Shine and the Acidulate from the community upon notification from the Executive Director. The housekeeping closet and carts were checked to ensure no other cleaning products/chemicals were present that are not to be in use by the community. The 2nd floor housekeeping closet was locked. A sign was posted that the closet must be locked at all times.

The Resident Wellness Director contacted the PCPs for Resident [REDACTED] and Resident [REDACTED] to review Box 4 Poisonous Materials of the DME. Both PCPs provided the Resident Wellness Director with verbal orders to update the DMEs.

Training Plan: The housekeepers at the time of the site visit on 03/10/2026 were re-educated by the Maintenance Director in the moment on 03/10/2026 regarding securing the closet at all times. New housekeepers have been hired and started training on 04/01/2026. Proper storage and handling of cleaning products is part of their training. The Resident Wellness Director was provided with training regarding the completion of the Document of Medical Evaluation by the Executive Director on 04/01/2026.

Monitoring & Audit Plan: To monitor this regulation, the Maintenance Director and/or designee, will complete the Daily/Weekly Rounds Checklist in TELS ensuring the housekeeping closet is secured. The Rounds Checklist started on 03/10/2026. The logs will be maintained in the TELS portal.

A full audit of the Documents of Medical Evaluations of all residents was completed on 03/26/2026 and 03/31/2026 by the Resident Wellness Director and the Resident Care Director of our sister Inspirit Community. Our Resident Wellness Director is following up on any needs related to Box 4 Poisonous Materials identified in the audit. All updates will be completed by 04/30/2026. The Executive Director will be reviewing all DMEs upon receipt as a second level of supervision for completion before the documents are filed in the medical records going forward.

Sustainability Plan: To monitor compliance, monthly quality management meetings are conducted ongoing on the third Thursday of the month. The leadership team met on 03/19/2026 to review the LIS received from the site visit on 03/10/2026 and agenda items. The leadership team will review all audits initiated with this POC beginning 04/16/2026, continuing through 07/16/2026 or until consistent compliance is noted. Minutes will be maintained by the Executive Director.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [REDACTED] - 06/04/2026)

85e Trash Outside Home

4. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

85e - Trash Outside Home (continued)

Description of Violation

At 9:00 a.m. and at 10:45 a.m. the dumpster was so full the lid would not close, there was a chair sitting in front of the dumpster and multiple tables sitting behind the dumpster.

Plan of Correction

Accept [REDACTED] 04/08/2026)

Immediate Resolution: The dumpster identified in this citation is our recycling dumpster. The scheduled pick-up day for this dumpster is Tuesdays. The site visit occurred on Tuesday 03/10/2026. The dumpster was emptied prior to the licensing representatives exiting the community. Due to our increase in census and recycling, a second pick-up day has been scheduled. Recycling will now be picked up weekly on Tuesdays and Fridays.

The Maintenance Director learned from the trash removal company that we needed to schedule a bulk pick-up for the items outside of the dumpster. They could not remove the items on 03/10/2026. These items were placed in our shed until a bulk pick-up could be scheduled. The Executive Director has scheduled a bulk pick-up for Thursday 04/09/2026.

Training Plan: The Leadership Team was educated regarding the scheduled pick-ups for trash, recycling and scheduling of bulk pick-ups by the executive director. They were instructed to keep any items for bulk pick-up in the building or sheds on campus until the pick-up day. The dining staff and housekeeping staff were reminded by their directors to break down all boxes before placing in the recycling dumpster for effective use of space and to prevent overflow.

Monitoring & Audit Plan: To monitor this regulation, the Maintenance Director and/or designee, will complete the Daily/Weekly Rounds Checklist in TELS which includes ensuring the dumpsters are closed and the area is clean. The Rounds Checklist started on 03/10/2026. The logs will be maintained in the TELS portal.

Sustainability Plan: To monitor compliance, monthly quality management meetings are conducted ongoing on the third Thursday of the month. The leadership team met on 03/19/2026 to review the LIS received from the site visit on 03/10/2026 and agenda items. The leadership team will review all audits initiated with this POC beginning 04/16/2026, continuing through 07/16/2026 or until consistent compliance is noted. Minutes will be maintained by the Executive Director.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented (JH - 06/04/2026)

88a - Surfaces

5. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The outside exit door off of interior door B1 could not be closed after opening.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/08/2026)

Immediate Resolution: The Maintenance Director was able to close the door from the outside of the building; however, it is not closing on its own. It is still able to open from within the stair tower to exit in an emergency. There appears to be some damage from age and the heavy snow this winter to the lower door and frame. The Maintenance Director submitted a TELS Service Request for the door repair on 03/11/2026. Signage was placed on the door for Residents/Staff/Visitors to only use the door to exit in an emergency. A technician was dispatched to the

88a Surfaces (continued)

community on 03/20/2026. It was determined that the framing and the door need to be replaced. A quote for the work was received and approved on 03/27/2026. The community is waiting for the delivery of the parts and then the scheduling of the installation.

Training Plan: The Maintenance Director started at the community on 02/23/2026. [REDACTED] was trained on the TELS Maintenance Portal which includes a Daily/Weekly Rounds Checklist on 02/27/2026 by our Regional Facilities Specialist. This checklist includes an exterior check of the building and exits. The Maintenance Director was trained on this regulation by the Executive Director on 03/25/2026.

Monitoring & Audit Plan: To monitor this regulation, the Maintenance Director and/or designee, will complete the Daily/Weekly Rounds Checklist in TELS which includes rounds of the laundry rooms. The Rounds Checklist was started on 03/10/2026. The logs will be maintained in the TELS portal.

Sustainability Plan: To monitor compliance, monthly quality management meetings are conducted ongoing on the third Thursday of the month. The leadership team met on 03/19/2026 to review the LIS received from the site visit on 03/10/2026 and agenda items. The leadership team will review all audits initiated with this POC beginning 04/16/2026, continuing through 07/16/2026 or until consistent compliance is noted. Minutes will be maintained by the Executive Director.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [REDACTED] - 06/04/2026)

141a 1-10 Medical Evaluation Information

6. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [REDACTED] medical evaluation dated [REDACTED] does not indicate if the resident's needs can be met in personal Care.

Resident [REDACTED], medical evaluation dated [REDACTED] does not indicate if the resident can self administer medications or not, the area is blank.

Plan of Correction

Accept [REDACTED] - 04/08/2026)

Immediate Resolution: The Resident Wellness Director contacted Resident [REDACTED]'s PCP and reviewed the DME. The PCP gave a verbal order to update the DME that the resident's needs can be met in Personal Care. The Resident Wellness Director also contacted the PCP for Resident [REDACTED]. The PCP gave a verbal order to update the DME indicating that the resident cannot self administer [REDACTED] medications.

141a 1 10 Medical Evaluation Information (continued)

Training Plan: The Resident Wellness Director was provided with training regarding the completion of the Document of Medical Evaluation by the Executive Director on 04/01/2026.

Monitoring & Auditing: A full audit of the Documents of Medical Evaluations of all residents was completed on 03/26/2026 and 03/31/2026 by the Resident Wellness Director and the Resident Care Director of our sister Inspirit Community. Our Resident Wellness Director is following up on any needs related to completion of the DME identified in the audit. All updates will be completed by 04/30/2026. The Executive Director will be reviewing all DMEs upon receipt as a second level of supervision for completion before the documents are filed in the medical records going forward. A Wellness Tickler has been created to track the due dates of all Medical Evaluations to ensure compliance.

Sustainability Plan: To monitor compliance, monthly quality management meetings are conducted ongoing on the third Thursday of the month. The leadership team met on 03/19/2026 to review the LIS received from the site visit on 03/10/2026 and agenda items. The leadership team will review all audits initiated with this POC beginning 04/16/2026, continuing through 07/16/2026 or until consistent compliance is noted. Minutes will be maintained by the Executive Director.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [REDACTED] - 06/04/2026)

141b1 - Annual Medical Evaluation**7. Requirements**

2600.

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

Description of Violation

Resident [REDACTED] had a Significant change Medical evaluation on [REDACTED]. The next Medical evaluation was completed on [REDACTED]

Resident [REDACTED]'s prior medical evaluation dated [REDACTED] and then the most recent medical evaluation was on [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/08/2026)

Immediate Resolution: The medical evaluations for Resident [REDACTED] and Resident [REDACTED] were not completed in 2025 and cannot be completed at this time. They each have a completed medical evaluation for 2026. These dates will be their new due dates for their next annual medical evaluations.

Training Plan: The Resident Wellness Director was provided with training regarding the completion and required time frames of the Document of Medical Evaluation by the Executive Director on 04/01/2026.

Monitoring & Auditing: A full audit of the Documents of Medical Evaluations of all residents was completed on 03/26/2026 and 03/31/2026 by the Resident Wellness Director and the Resident Care Director of our sister Inspirit Community. Our Resident Wellness Director is following up on completing any medical evaluations identified in the audit as due now and overdue. These medical evaluations will be completed and obtained by 04/30/2026. The Executive Director will be reviewing all DMEs upon receipt as a second level of supervision for completion and compliance with time frames before the documents are filed in the medical records going forward. A Wellness Tickler has been created to track the due dates of all Medical Evaluations to ensure compliance.

Sustainability Plan: To monitor compliance, monthly quality management meetings are conducted ongoing on the third Thursday of the month. The leadership team met on 03/19/2026 to review the LIS received from the site visit on 03/10/2026 and agenda items. The leadership team will review all audits initiated with this POC beginning 04/16/2026, continuing through 07/16/2026 or until consistent compliance is noted. Minutes will be maintained

141b1 Annual Medical Evaluation (continued)

by the Executive Director.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented (████ - 06/04/2026)

183d - Prescription Current

8. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

At 11:40A.M., resident █████ had a prescription for █████ in medication cart 1 that was filled on █████ to be given 4xs per day for 7 days being D/C on █████

Repeat Violation: █████

Plan of Correction

Accepted (████ - 04/08/2026)

Immediate Resolution: The Resident Care Director removed the eyedrops from medication cart 1 immediately.

Training Plan: The Resident Wellness Director and Resident Care Director were re trained on the weekly cart audits to ensure that there is a current order for every medication in the cart and removing any medications from the cart that do not have an active order by the Executive Director on 04/01/2026. The Resident Wellness Director and Resident Care Director will provide the Medication Technicians with training regarding completing Medication Cart Audits to be able to assist with the weekly audits once they have noted consistent compliance during their own medication cart audits. Training completion with the Medication Technicians is 04/30/2026.

Monitoring & Audit Plan: The Resident Wellness Director and/or designee will conduct weekly med cart audits to monitor for accuracy of medications in the cart with active orders. The weekly audits began on 03/19/2026. The audit binder will be maintained in the Wellness Office.

Sustainability Plan: To monitor compliance, monthly quality management meetings are conducted ongoing on the third Thursday of the month. The leadership team met on 03/19/2026 to review the LIS received from the site visit on 03/10/2026 and agenda items. The leadership team will review all audits initiated with this POC beginning 04/16/2026, continuing through 07/16/2026 or until consistent compliance is noted. Minutes will be maintained by the Executive Director.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented (████ - 06/04/2026)

187a - Medication Record

9. Requirements

2600.

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

Description of Violation

Resident █████ is prescribed █████. The resident's medication administration record does not indicate the medication was administered at 2:00P.M., on █████. Staff member A noted being the med tech for that shift and

187a - Medication Record (continued)

administered the medication.

Resident [REDACTED] is prescribed [REDACTED]. The resident's medication administration record does not indicate the medication was administered at 2:00P.M., on [REDACTED] or [REDACTED]. Staff member [REDACTED] noted being the med tech for those shifts and administered the medication.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/08/2026)

Immediate Resolution: Staff Member A completed late entries for the administration of Resident [REDACTED] at 2p on 02/27/2026 and for Resident [REDACTED] at 2pm on 02/13/2026 and 02/27/2026.

Training Plan: The Resident Wellness Director and/or designee provided the Medication Technicians with re-education regarding checking the eMAR dashboard for "Missed Medications" after each medication pass to ensure they have completed the electronic documentation for all administered medications fully. The training was completed on 04/03/2026.

Monitoring & Audit Plan: The Resident Wellness Director and/or designee will conduct weekly MAR audits to monitor for accuracy of electronic documentation of all administered medications. The audits will begin 04/03/2026. The audit binder will be maintained in the Wellness Office.

Sustainability Plan: To monitor compliance, monthly quality management meetings are conducted ongoing on the third Thursday of the month. The leadership team met on 03/19/2026 to review the LIS received from the site visit on 03/10/2026 and agenda items. The leadership team will review all audits initiated with this POC beginning 04/16/2026, continuing through 07/16/2026 or until consistent compliance is noted. Minutes will be maintained by the Executive Director.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [REDACTED] - 06/04/2026)

225c - Additional Assessment

10. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [REDACTED] had an annual Assessment and Support Plan on [REDACTED]. The next Assessment and Support Plan was a significant change completed on [REDACTED], prior to the resident returning from a month-long stay at the hospital.

Resident [REDACTED] most recent Assessment and Support Plan is [REDACTED]

Resident [REDACTED] utilizes and enabler bar. The resident's Assessment and Support Plan dated [REDACTED] does indicate the resident utilizes a bedside mobility device to get out of bed. The Assessment and Support Plan does not indicate if there are any risks associated with the device, if the resident can use the device safely or if the FDA requires a covering of the device.

Plan of Correction

Accept [REDACTED] - 04/08/2026)

Immediate Resolution: The Executive Director and the Resident Wellness Director reviewed Resident [REDACTED]'s medical

225c - Additional Assessment (continued)

chart regarding [REDACTED] return from [REDACTED] hospitalization/rehab stay. The discharge paperwork from the rehab unit verifies that the resident was discharged and returned to the community on 01/28/2026 when [REDACTED] Significant Change Assessment and Support Plan were completed.

Resident [REDACTED] has an Assessment and Support Plan in [REDACTED] medical record dated and signed by the Resident Wellness Director and the resident from 02/24/2026. [REDACTED] did not have an Assessment and Support Plan completed in 2025. The Resident Wellness Director updated Resident [REDACTED] Assessment and Support Plan dated 05/05/2025 to include [REDACTED] use of a bedside mobility device to get out of bed, that [REDACTED] is able to use it safely and that the device is covered due to FDA requirements for the size of the opening and to reduce safety risks.

Training Plan: The Resident Wellness Director and Resident Care Director were provided with re-education regarding the assessment and support plan regulations, specifically the finalization timeframes for initial, annuals and significant change plans and the addition of ongoing updates as the resident's needs change by the Executive Director on 04/01/2026. The Resident Care Director is scheduled to attend our sister Inspirit Community the week of 04/06/2026 for training regarding the Resident Assessment and Support Plan with their Resident Care Director.

Monitoring & Audit Plan: A full audit of the Resident Assessment and Support Plans of all residents was completed on 03/26/2026 and 03/31/2026 by the Resident Wellness Director and the Resident Care Director of our sister Inspirit Community. Our Resident Wellness Director and Resident Care Director are following up on completing any Resident Assessment and Support Plans identified in the audit as due now and overdue. These Assessment and Support Plans will be completed and obtained by 04/30/2026. The Executive Director will be reviewing all Assessment and Support Plans upon completion as a second level of supervision for completion and compliance with time frames before the documents are filed in the medical records going forward. A Wellness Tickler has been created to track the due dates of all Assessment and Support Plans to ensure compliance.

Sustainability Plan: To monitor compliance, monthly quality management meetings are conducted ongoing on the third Thursday of the month. The leadership team met on 03/19/2026 to review the LIS received from the site visit on 03/10/2026 and agenda items. The leadership team will review all audits initiated with this POC beginning 04/16/2026, continuing through 07/16/2026 or until consistent compliance is noted. Minutes will be maintained by the Executive Director.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [REDACTED] - 06/04/2026)

227a - Support Plan 30 Days

11. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [REDACTED] was admitted on [REDACTED]. The residents Support Plan is not finalized as of [REDACTED] as it is not signed by the assessor or the resident.

Resident [REDACTED], was admitted on [REDACTED], Initial Assessment completed [REDACTED]. The Plan is not finalized as page 5, under supervision and mobility, both indicate minimal. There is no plan in place to meet the resident's needs.

227a - Support Plan 30 Days (continued)

Plan of Correction

Accept [redacted] - 04/08/2026)

Immediate Resolution: The Resident Wellness Director signed the Support Plan for Resident [redacted], as well as obtained the resident's signature. The Resident Wellness Director completed the resident's needs for supervision and mobility on page 5 of [redacted] Support Plan.

Training Plan: The Resident Wellness Director and Resident Care Director were provided with re-education regarding the assessment and support plan regulations, specifically the finalization timeframes, signatures and completion of plan for needs by the Executive Director on 04/01/2026. The Resident Care Director is scheduled to attend our sister Inspirit Community the week of 04/06/2026 for training regarding the Resident Assessment and Support Plan with their Resident Care Director.

Monitoring & Audit Plan: A full audit of the Resident Assessment and Support Plans of all residents was completed on 03/26/2026 and 03/31/3026 by the Resident Wellness Director and the Resident Care Director of our sister Inspirit Community. Our Resident Wellness Director and Resident Care Director are following up on completing any Resident Assessment and Support Plans identified in the audit as due now and overdue. These Assessment and Support Plans will be completed and obtained by 04/30/2026. The Executive Director will be reviewing all Assessment and Support Plans upon completion as a second level of supervision for completion and compliance with time frames before the documents are filed in the medical records going forward. A Wellness Tickler has been created to track the due dates of all Assessment and Support Plans to ensure compliance.

Sustainability Plan: To monitor compliance, monthly quality management meetings are conducted ongoing on the third Thursday of the month. The leadership team met on 03/19/2026 to review the LIS received from the site visit on 03/10/2026 and agenda items. The leadership team will review all audits initiated with this POC beginning 04/16/2026, continuing through 07/16/2026 or until consistent compliance is noted. Minutes will be maintained by the Executive Director.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [redacted] - 06/04/2026)

227h - Support Plan Refuse Sign

12. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident [redacted]'s initial Assessment and Support Plan dated [redacted] is not signed by the resident, and there is no indication of refusal or inability.

Resident [redacted] Initial Assessment and Support Plan dated [redacted] is not signed by the assessor or the resident, there is no indication of refusal or inability.

Plan of Correction

Accept ([redacted] - 04/08/2026)

Immediate Resolution: The Resident Wellness Director obtained the signature of the Resident [redacted] for the Assessment and Support Plan dated 02/03/2026. The Resident Wellness Director signed the Assessment and Support Plan for Resident #2, as well as obtained the resident's signature.

Training Plan: The Resident Wellness Director and Resident Care Director were provided with re-education

227h Support Plan Refuse Sign (continued)

regarding the assessment and support plan regulations, specifically completing the signature page with all participants involved in the plan by the Executive Director on 04/01/2026. The Resident Care Director is scheduled to attend our sister Inspirit Community the week of 04/06/2026 for training regarding the Resident Assessment and Support Plan with their Resident Care Director.

Monitoring & Audit Plan: A full audit of the Resident Assessment and Support Plans of all residents was completed on 03/26/2026 and 03/31/2026 by the Resident Wellness Director and the Resident Care Director of our sister Inspirit Community. Our Resident Wellness Director and Resident Care Director are following up on completing any Resident Assessment and Support Plans identified in the audit as due now and overdue. These Assessment and Support Plans will be completed and obtained by 04/30/2026. The Executive Director will be reviewing all Assessment and Support Plans upon completion as a second level of supervision for completion and compliance with time frames before the documents are filed in the medical records going forward. A Wellness Tickler has been created to track the due dates of all Assessment and Support Plans to ensure compliance.

Sustainability Plan: To monitor compliance, monthly quality management meetings are conducted ongoing on the third Thursday of the month. The leadership team met on 03/19/2026 to review the LIS received from the site visit on 03/10/2026 and agenda items. The leadership team will review all audits initiated with this POC beginning 04/16/2026, continuing through 07/16/2026 or until consistent compliance is noted. Minutes will be maintained by the Executive Director.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [REDACTED] - 06/04/2026)