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

June 30, 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 05/28/2026 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**: *58* **Waking Staff**: *44*

Inspection Information

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

Reason: *Interim* **Exit Conference Date**: *05/28/2026*

Inspection Dates and Department Representative

05/28/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *67* **Residents Served**: *49*

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**: *48*

Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *9* **Have Physical Disability**: *0*

Inspections / Reviews

05/28/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/14/2026*

06/15/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/19/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/19/2026*

Inspections / Reviews *(continued)*

06/30/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/19/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

183e - Storing Medications

1. 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

Resident [redacted] has an order for [redacted] units subcutaneously 3 times a day before meals. Hold if blood sugar less than [redacted] or meal completions are 50% or less. The [redacted] for the resident on the cart was opened [redacted], with a discard date of [redacted] The manufacturer label indicates once opened the pen should be discarded after 28 days.
Resident [redacted] has an order for [redacted] units subcutaneously 3 times a day before meals. The open insulin pen on the cart did not have an open date or a discard date on it. The manufacturer label indicates discard after 28 days.
Resident [redacted] has an order for [redacted] units at bedtime. The open pen on the cart did not have an open date or a discard date on it. The manufacturer label indicates discard after 28 days.

Plan of Correction ***Accept[redacted] - 06/15/2026)***

Immediate Resolution: The Novolog Flexpen for Resident [redacted] the Insulin Apart pen for Resident [redacted] and the Lantus Solstar pen for Resident [redacted] were removed from the cart and replaced with new pens that were each dated.
Training Plan: The Resident Wellness Director and Resident Care Director were re-trained on the weekly cart audits to ensure that all appropriate medications are labeled with an open date or discard date by the Executive Director on 05/29/2026. The Resident Wellness Director and Resident Care Director will provide the Medication Technicians with retraining regarding proper labeling of all appropriate medications with open dates or discard dates. This training will be completed by 06/30/2026.
Monitoring & Audit Plan: The Resident Wellness Director and/or designee will conduct weekly med cart audits to monitor for proper labeling of all appropriate medications in the cart with active orders. The weekly audits have been ongoing since 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 next scheduled meeting is 06/18/2026. The leadership team will review all audits initiated with this POC beginning 06/18/2026, continuing through 09/17/2026 or until consistent compliance is noted. Minutes will be maintained by the Executive Director.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented[redacted] 06/30/2026)

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 12:30p.m., resident [redacted]s medication administration record lists an order for Calcium Antac 500mg as needed and Glucagon 1mg emergency kit injection solution reconstituted as needed. However, these mediations were not available in the home.

185a - Implement Storage Procedures *(continued)*

Plan of Correction ***Accept[redacted] 06/15/2026)***

Immediate Resolution: The Resident Wellness Director reviewed these medications with Resident [redacted]s CRNP. The CRNP discontinued the medications. The discontinuation orders were sent to the pharmacy and the orders were discontinued in the eMAR.
Training Plan: The Resident Wellness Director and Resident Care Director were re-trained on the weekly cart audits to ensure that there are medications available in the medication carts for all active orders by the Executive Director on 05/29/2026, with an emphasis on PRN medications. The Resident Wellness Director and Resident Care Director will retrain the Medication Technicians regarding completing Medication Cart Audits accurately to include attention to the PRN medications. The training will be completed by 06/30/2026.
Monitoring & Audit Plan: The Resident Wellness Director and/or designee will conduct weekly Medication Cart Audits to monitor for accuracy of medications in the cart with active orders. The weekly audits have been ongoing since 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 next scheduled meeting is 06/18/2026. The leadership team will review all audits initiated with this POC beginning 06/18/2026, continuing through 09/17/2026 or until consistent compliance is noted. Minutes will be maintained by the Executive Director.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented[redacted] - 06/30/2026)

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] has an order for[redacted], take one daily at 8:00 a.m. The Medication Administration Record incorrectly indicates the medication was administered at 8:00 a.m. on[redacted], when it was not available on site.

Plan of Correction ***Accept[redacted] - 06/15/2026)***

Immediate Resolution: Staff Person A immediately corrected the documentation in the eMAR indicating that the medication had not been administered as it was not available in the community. The Executive Director contacted HealthDirect Pharmacy and ordered the refill of the medication. The medication was delivered the evening of 05/28/2026. Resident[redacted] received[redacted] 8am dose on 05/29/2026 as scheduled. The Executive Director confirmed with Licensing Representative Erin Diehl via email on 05/29/2026 that the medication had been delivered and administered. The Executive Director submitted the BHSL Incident Reporting form for the missed medication doses on 05/29/2026.
Training Plan: Staff Person A was provided with training regarding proper documentation on medication administration in the eMAR on 05/28/2026. The Resident Wellness Director and Resident Care Director will complete training with the Medication Technicians regarding the proper documentation of medication administration in the eMAR during their monthly Wellness Meeting by 06/30/2026.
Monitoring & Audit Plan: The Resident Wellness Director and/or designee will conduct weekly MAR audit to monitor for the accuracy of medication administration documentation in the eMARs and weekly Medication Cart Audits to ensure that all medications with an active order are available in the Medication Carts. These audits have been

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

ongoing since 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 next scheduled meeting is 06/18/2026. The leadership team will review all audits initiated with this POC beginning 06/18/2026, continuing through 09/17/2026 or until consistent compliance is noted. Minutes will be maintained by the Executive Director.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented [redacted] - 06/30/2026)

187c - Refusal of Medication

4. 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

Resident [redacted] has an order for their blood glucose to be taken 4 times a day, 8:00 a.m., 12:00 p.m., 4:00 p.m. and 7:00 p.m. On [redacted] at 7:00p.m., [redacted] at 8:00 a.m., 12:00 p.m., 4:00 p.m. and 7:00 p.m. The resident refused to have their blood glucose taken. These were not documented as refusals on the Medication Administration Record (MAR), it contains only the initials of the person who was to take the blood glucose. There is no documentation that the prescriber was notified of the refusal.

Resident #5 has an order for their weight to be taken daily at 8:00 a.m. On [redacted] and [redacted] the Medication Administration Record is blank, staff person B verified the resident refused to have their weight taken on those dates. There is no documentation that the prescriber was notified of the refusal.

Plan of Correction ***Accept[redacted] - 06/15/2026)***

Immediate Resolution: The Resident Wellness Director contacted the in house CRNP for our community and obtained a Refusal of Medication form to complete and fax to the office for any refusals going forward. The Executive Director contacted the community's Clinical Technology Specialist for assistance with documenting non-medication refusals in Yardi, as these did not follow the same path as medication refusals. [redacted] was able to demonstrate the steps to take to complete this documentation to the Executive Director.
Training Plan: The Executive Director trained the Resident Wellness Director and Resident Care Director of this process on 05/29/2026. The Resident Wellness Director and/or designee are providing the Medication Technicians with training regarding the non-medication refusals. This training will be completed by 06/19/2026.
Monitoring & Audit Plan: The Resident Wellness Director and/or designee will maintain documentation of refusals in the residents' medical charts. The Resident Wellness Director and/or designee will conduct weekly MAR audits to monitor for accuracy of electronic documentation of all refusals. The audits have been ongoing since 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 next scheduled meeting is 06/18/2026. The leadership team will review all audits initiated with this POC beginning 06/18/2026, continuing through 09/17/2026 or until consistent compliance is noted. Minutes will be maintained by the Executive Director.

187c Refusal of Medication *(continued)*

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented [redacted] 06/30/2026)

187d - Follow Prescriber's Orders

5. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] has an order for [redacted], 1 cap orally daily at 8:00 a.m. The Medication Administration Record (MAR) indicates on [redacted] at 8:00 a.m. the medication was administered, although the medication was not available on the cart. Staff person A initialed the MAR, and was interviewed. Staff person A stated they did not administer the medication because it was not in the cart.

Plan of Correction ***Accept [redacted] - 06/15/2026)***

Immediate Resolution: Staff Person A immediately corrected the documentation in the eMAR indicating that the medication had not been administered as it was not available in the community. The Executive Director contacted HealthDirect Pharmacy and ordered the refill of the medication. The medication was delivered the evening of 05/28/2026. Resident [redacted] received [redacted] 8am dose on 05/29/2026 as scheduled. The Executive Director confirmed with Licensing Representative Erin Diehl via email on 05/29/2026 that the medication had been delivered and administered. The Executive Director submitted the BHSL Incident Reporting form for the missed medication doses on 05/29/2026.

Training Plan: Staff Person A was provided with training regarding proper documentation on medication administration in the eMAR on 05/28/2026. The Resident Wellness Director and Resident Care Director will complete training with the Medication Technicians regarding the proper documentation of medication administration in the eMAR during their monthly Wellness Meeting by 06/30/2026.

Monitoring & Audit Plan: The Resident Wellness Director and/or designee will conduct weekly MAR audit to monitor for the accuracy of medication administration documentation in the eMARs and weekly Medication Cart Audits to ensure that all medications with an active order are available in the Medication Carts. These audits have been ongoing since 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 next scheduled meeting is 06/18/2026. The leadership team will review all audits initiated with this POC beginning 06/18/2026, continuing through 09/17/2026 or until consistent compliance is noted. Minutes will be maintained by the Executive Director.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented [redacted] - 06/30/2026)