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

August 27, 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 06/10/2026 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**: *12/06/2026*

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**: *55* **Waking Staff**: *41*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *06/10/2026*

Inspection Dates and Department Representative

06/10/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *67* **Residents Served**: *50*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *49*

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

Have Mobility Need: *5* **Have Physical Disability**: *0*

Inspections / Reviews

06/10/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/16/2026*

07/17/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/21/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/21/2026*

Inspections / Reviews *(continued)*

08/27/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/21/2026*

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

141b1 - Annual Medical Evaluation

1. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] annual medical evaluation completed on [redacted] does not list the resident's weight.

Repeated violation [redacted]

Plan of Correction ***Accept [redacted] - 07/17/2026)***

Immediate Resolution: The Resident Wellness Director/LPN obtained the weight of Resident [redacted] on 06/12/2026 and updated [redacted] annual medical evaluation with this information. [redacted] NP was notified of the update to the DME.
Training Plan: The Resident Care Director was provided with retraining regarding the full completion of the Document of Medical Evaluation by the Executive Director on 06/12/2026.
Monitoring & Auditing: An audit of the Documents of Medical Evaluations of all residents was completed on 07/14/2026 by our Regional Operations Specialist. All vitals information, specifically weights, were confirmed as completed on each medical evaluation. 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 is in place to track the completion 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 06/11/2026 to review the preliminary citations received from the site visit on 06/10/2026. The leadership team will review all audits initiated with this POC beginning 07/17/2026, continuing through 10/15/2026 or until consistent compliance is noted. Minutes will be maintained by the Executive Director.

Licensee's Proposed Overall Completion Date: *07/17/2026*

Implemented [redacted] - 08/27/2026)

181c - Self-administration Assessment

2. Requirements

2600.
181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident [redacted] self-administers medications to include [redacted]; however, resident [redacted] has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction ***Accept [redacted] - 07/17/2026)***

Immediate Resolution: Resident [redacted] did not have an active order for the [redacted] They had been provided by family at the resident's request. The resident's NP was notified of the resident's request for the medication. The resident's NP met with [redacted] on 06/10/2026 and determined that the resident was able to self-administer this medication. The NP provided an order for [redacted], 2 tabs (650mg) orally every 4 hours as

181c Self administration Assessment (continued)

need for Pain/Fever, not to exceed 3000MG/24 hours. The order was written on 06/10/2026.
Training Plan: Resident [redacted] was provided with education by the NP on 06/10/2026 regarding requests for any additional medications, explaining that all OTC medications do need an order from the NP. Resident [redacted] verbalized understanding. The Resident Wellness Director was educated regarding providing increased room/medication checks, in between our quarterly Self Administration Re Assessments, with the residents who self administer their medications to ensure that all medications in their rooms match our current physician's orders for them.
Monitoring & Audit Plan: The Resident Wellness Director and/or designee will conduct monthly room/medication checks with the residents who self administer their medications utilizing their current Physician's Order List. A copy of their Physician's Order List will be maintained in the MAR Audit Binder in Wellness.
Sustainability Plan: To monitor compliance, monthly quality management meetings are conducted ongoing on the third Thursday of the month. The leadership team met on 06/11/2026 to review the preliminary citations received from the site visit on 06/10/2026. The leadership team will review all audits initiated with this POC beginning 07/17/2026, continuing through 10/15/2026 or until consistent compliance is noted. Minutes will be maintained by the Executive Director.

Licensee's Proposed Overall Completion Date: *07/17/2026*

Implemented [redacted] - 08/27/2026)

181d -Storing Medication

3. Requirements

2600.
181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident [redacted] is able to self administer medications. The resident lives in a shared bedroom with a resident [redacted] who cannot self administer their own medications as per the resident's most recent medical evaluation dated [redacted] On [redacted] at approximately 11:00 a.m., there were several unlocked, unattended medications to include [redacted] mg tablets and [redacted] in the shared bedroom.

Resident#[redacted] resident [redacted] and resident [redacted] all self administer medications and store medications in their rooms. As per interviews conducted with the residents and staff, the resident's medications are not all secured in a lock box, and all residents advised they do not lock the door to the apartment when going to meals or leaving the home.

Plan of Correction ***Accept [redacted] - 07/17/2026)***

Immediate Resolution: Upon notification by the Licensing Representative of the unsecured medications in the apartment of Resident [redacted] and Resident #[redacted], the community Wellness staff entered the apartment and secured the two medications in Resident [redacted] lock box.
Training Plan: The Resident Wellness Director and Resident Care Director were re trained on the state regulations and the community's policy regarding the storing and securing of medications in the rooms of residents who self administer their medications on 06/12/2026. The residents, as a group, were provided with education regarding the state regulations and the community's policy regarding storing and securing medications in their rooms if they self administer during Resident Council on 06/18/2026. The individual residents who have been assessed as capable of

181d Storing Medication (continued)

self administering their medications are being provided with individual education regarding the regulations and our policies, to include utilizing locked boxes and locking the doors of their rooms, by the Resident Wellness Director and our Regional Operations Specialist as they review and obtain resident signatures on our new Resident Self Medication Administration Acknowledgement and Agreement Form. These will be completed with our existing residents who self administer medications by 07/31/2026. Going forward, they will be completed with residents upon completion and approval of the initial assessment for self administering medications. The Acknowledgment/Agreement forms will be maintained in the residents' medical records.

Monitoring & Audit Plan: The Resident Wellness Director and/or designee will review all completed Acknowledgement/Agreement forms with the Executive Director upon completion. The Resident Wellness Director and/or designee will audit the resident's medical record with each quarterly Self Administration Re Assessment to confirm the form is in place and document it on the Re Assessment. Re Assessment forms are maintained in the residents' medical records.

Sustainability Plan: To monitor compliance, monthly quality management meetings are conducted ongoing on the third Thursday of the month. The leadership team met on 06/11/2026 to review the preliminary citations received from the site visit on 06/10/2026. The leadership team will review all audits initiated with this POC beginning 07/17/2026, continuing through 10/15/2026 or until consistent compliance is noted. Minutes will be maintained by the Executive Director.

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

Implemented [redacted] 08/27/2026)