

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

September 24, 2026

[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 07/28/2026 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: 12/06/2026

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: dept L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 59

Waking Staff: 44

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Incident

Exit Conference Date: 07/28/2026

Inspection Dates and Department Representative

07/28/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 67

Residents Served: 53

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 55

Diagnosed with Mental Illness: 3

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 6

Have Physical Disability: 0

Inspections / Reviews

07/28/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/28/2026

09/09/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 09/11/2026

Inspections / Reviews (*continued*)

09/24/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

227a - Support Plan 30 Days

1. 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

Review of resident [REDACTED] assessment, dated [REDACTED] revealed the resident requires staff prompting/cueing for transfers into and out of bed/chair. Review of the resident's support plan, dated [REDACTED], revealed the support plan did not include the identified need and frequency for staff prompting/cueing with transfers or instructions for staff regarding the assessed needs of the resident. The home did not ensure the resident's initial support plan was developed to reflect the resident's needs as required.

Plan of Correction**Accept [REDACTED] 09/09/2026)**

Review of Resident [REDACTED] assessment, dated [REDACTED], revealed the resident requires staff prompting/cueing for transfers into and out of bed/chair. Review of the resident's support plan, dated 06/29/2026, revealed the support plan did not include the identified need and frequency for staff prompting/cueing with transfers or instructions for staff regarding the assessed needs of the resident. The home did not ensure the resident's initial support plan was developed to reflect the resident's needs as required.

Immediate Resolution: Resident [REDACTED] had moved into the community on 06/26/2026. [REDACTED] was hospitalized on 07/03/2026. Community was informed by the hospital and [REDACTED] that [REDACTED] was admitted to inpatient hospice on 07/09/2026. The resident's [REDACTED] moved out [REDACTED] belongings on 07/10/2026 and [REDACTED] was discharged from the community. The community learned that [REDACTED] had passed at the hospital on 07/14/2026. [REDACTED] medical record had been closed prior to the Site Visit on 07/28/2026. The Executive Director contacted the Area Operations Director and the Clinical Technology Specialist regarding the missed documentation on the support plan which is completed electronically in the Yardi program and then printed. The Clinical Technology Specialist identified that both the resident's Health Service Assessment and Service Plan need to be completed and activated in the Yardi program before printing the support plan to ensure all information is populated on the printed document. The community had been printing the support plan prior to activating the Service Plan.

Training Plan: The Resident Wellness Director and the Resident Care Director were provided with training regarding this process by the Executive Director on 07/29/2026. They are now ensuring that both the Health Service Assessment and the Service Plan are completed and activated prior to printing the Resident Assessment and Support Plan.

Monitoring & Auditing: Resident Wellness Director and the Resident Care Director are completing an audit of all printed Resident Assessment and Support Plans (RASPs) in the medical records to ensure that all documentation has been populated and all check boxes completed for compliance. This audit will be completed by 09/04/2026. The Resident Wellness Director and/or designee will audit all new resident RASPs, annual RASPs and change of condition RASPs monthly to ensure they are complete.

Sustainability Plan: To monitor compliance, monthly quality management meetings are now conducted ongoing

227a Support Plan 30 Days (continued)

on the fourth Monday of the month. The leadership team will review all audits initiated with this POC beginning 09/28/2026, continuing through 12/28/2026 or until consistent compliance is noted. Minutes will be maintained by the Executive Director.

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented  **09/24/2026)**