

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

October 1, 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] [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/27/2026 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: 06/03/2003

Issued By: 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: 08/27/2026

Inspection Dates and Department Representative

08/27/2026 - 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: 4

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 53

Diagnosed with Mental Illness: 3

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 5

Have Physical Disability: 0

Inspections / Reviews

08/27/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/24/2026

09/25/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 09/30/2026

Inspections / Reviews *(continued)*

10/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] at 8:00a.m.. However, this medication was not administered to resident from [REDACTED] to [REDACTED] because the medication was not available in the home.

Repeated Violation [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/25/2026)

Immediate Resolution: On 08/15/2026, the Executive Director immediately contacted the Resident Wellness Director and the Resident Care Director upon learning of the unavailable medication and missed administrations to learn if they were already working on the situation. The ED learned that a new script was needed. The RCD had contacted the resident's identified PCP Office for a new script; however, the RWD informed the ED that the resident's hospice agency was now supplying all of her medications, not just comfort medications. The RWD contacted the resident's Hospice RN who was notified of the missed administrations, obtained a new script from the hospice Medical Director, and sent it into the pharmacy. The medication was received in the community on 08/15/2026 and the resident began receiving it as scheduled on 08/16/2026. The Medication Technicians were verbally informed by the ED that all of the resident's medications now go through her hospice agency. An Informational Order was placed in the eMAR indicating that her hospice now provides her medications and for 15-day supplies.

The missed medication administrations of the Olmesartan 40MG from 08/10/2026 to 08/15/2026 were reported to the BHSL by the ED on 08/15/2026 with the BHSL Incident Reporting Form when the ED learned of the unavailable medication and missed administrations for Resident [REDACTED] from the Medication Technician on 08/15/2026. This report submission resulted in the site visit on 08/27/2026.

Training Plan: The Executive Director provided the Resident Wellness Director and the Resident Care Director with training regarding MAR reviews, to include Exception Reports. MAR reviews identify the missed/undocumented administrations. The Exception Report identifies medications that have been documented on as missed and the reason why. This training was provided verbally on 08/28/2026. The training will be reviewed and documented on the State Training Record by 09/29/2026. The Medication Technicians were provided with verbal training on 08/15/2026 by the ED regarding proper medication ordering, notification to the RWD and RCD of medication needs and proper follow-up. Training will be reviewed with them and documented on the State Training Record on 09/29/2026 with our Monthly Staff Meeting.

Monitoring & Audit Plan: The Resident Wellness Director and/or designee will conduct daily MAR audits rather than weekly beginning 09/25/2026, to include the Exception Reports, 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 at all times. These audits have been ongoing since 03/19/2026. The daily MAR audits will continue for a period of 60 days or until consistent compliance is noted. The audit binder will be maintained in the Wellness Office.

Sustainability Plan: To monitor compliance, monthly quality management meetings are now conducted ongoing 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: 09/30/2026

Implemented [REDACTED] 10/01/2026)

187d - Follow Prescriber's Orders (*continued*)

188b - Medication Error Reporting

2. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] at 8:00a.m.. However, this medication was not administered to resident from [REDACTED] to [REDACTED] 26 because the medication was not available in the home. The medication error was not reported to the physician until [REDACTED]

Plan of Correction

Accepted [REDACTED] 09/25/2026)

Immediate Resolution: On 08/15/2026, the Resident Wellness Director reported the missed medication administrations to Resident [REDACTED]'s hospice RN to relay to the hospice Medical Director in the process of obtaining a new order; however, this was completed by phone without having documentation to show it occurred.

Training Plan: The Executive Director provided the Resident Wellness Director and the Resident Care Director with training regarding notification and documentation of missed medication administrations to the physicians, identifying methods such as fax and emails as documented notifications that can be printed and placed in the medical chart. They were also instructed to complete a progress note in the medical chart to notate the notification. The training was completed by the ED verbally on 08/28/2026. The training will be reviewed and documented on the State Training Record on 09/29/2026.

Monitoring & Audit Plan: The Resident Wellness Director and/or designee will conduct weekly medical chart audits in conjunction with MAR audits for any resident identified as having a missed medication administration during that week to ensure that documentation of the notification of the physician is in the medical chart as well as the progress notes. The audit binder will be maintained in the Wellness Office.

Sustainability Plan: To monitor compliance, monthly quality management meetings are now conducted ongoing 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: 09/30/2026

Implemented [REDACTED] - 10/01/2026)