



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

**MAILING DATE: December 8, 2016**

Mr. James C. O'Brien, Executive Director  
1680 Spring Creek Road Operations LLC  
1680 Spring Creek Road  
Macungie, Pennsylvania 18062

RE: Lehigh Commons  
License #: 222050

Dear Mr. O'Brien:

As a result of the Department of Human Services' licensing inspection on November 1, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: LEHIGH COMMONS		License Number: 22205
Address: 1680 SPRING CREEK ROAD, MACUNGIE, PA 18062		County: Lehigh
Administrator: James O' Brien		Region: NORTHEAST
Legal Entity Name: 1680 SPRING CREEK ROAD OPERATIONS LLC		
Legal Entity Address: 1680 SPRING CREEK ROAD, MACUNGIE, PA 18062		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 12/19/1997 PA I & i		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 89	Waking Staff: 67
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
11/01/2016: Valence, Duane		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 80	<b>Number of Residents who:</b>	
Number of Residents Served: 69	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 69	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 20	
Number of Current Hospice Residents: 2	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 10		

Violation Report: 22205 - 11/01/2016 - Valence, Duane  
PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa.Code §2600

2600.130(g) - If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.

2a. DESCRIPTION OF VIOLATION

On 8/31/2016 at 6:20 PM, the fire alarm system sounded at the home. The fire alarm system became inoperative due to water damage to the master fire alarm system panel. Repairs to the fire alarm system were not completed within 48 hours of the fire alarm system becoming inoperative. Repairs to the fire alarm system were not completed until 9/9/2016 and the fire alarm system was placed back on line at 3:30PM.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 8/31/2016 at 6:20pm the fire alarm sounded. Residents were evacuated per protocol and the fire department responded. Fire Chief [redacted] determined that water damage from the housekeeping closet located 1 floor above the fire panels had damaged the fire panel and triggered the alarm. Hourly fire checks were implemented immediately and continued until the fire system was on-line on 9/9/2016. However, on 9/2/2016, once it was determined that the system would need to be off-line for an extended period of time due to new panels being unavailable at the warehouse and needing to be ordered from out of state, the fire checks were increased to every half hour. See attached fire watch log. Immediately following the incident the housekeeping floor sink which had damaged the fire panel was removed from service and the water supply turned off. This closet is to be used only as storage and not as a water source or empty stallion. Other housekeeping floor sinks were identified as operational and to be utilized in place of this sink.

Unfortunately, the project wasn't completed within 48 hours due to Simplex Grinnell not having any fire panels available in their storage. Therefore, new panels had to be ordered from their supplier. Through the whole process, [redacted] (Executive Director), [redacted] (Maintenance Supervisor) and [redacted] (Property Manager) were in constant contact with [redacted] (Simplex Grinnell Electronic Service Rep) working on updates and getting the new panels in the building as quickly as possible. - as per regulation. Of 11-19-16

On 9/9/2016 the new fire panels were installed by Simplex Grinnell and at 3:30pm the system was deemed operational and on-line. This status is reflected on the first page of the attached fire watch log.

On 9/19/2016, Simplex Grinnell was back to inspect the new system. No issues were discovered during this inspection. See attached Report of Inspection.

The housekeeping floor sink where the incident occurred continues to be storage only with the water supply turned off. Alternative floor sinks in the building are utilized for that purpose. Also, various flooring options for the housekeeping closet and surrounding area are currently being examined for potential future installation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Marc Heil, Executive Director

Date 11/4/2016

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

11-19-16  
(Date)

Plan of correction implementation status as of

11-19-16  
(Date)

The above plan of correction was approved by

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented