



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 04 2017

Mr. Darbin T. Skeans,
President
Jah-Jireh Homes of America – Allentown
2051 Bevin Drive
Allentown, Pennsylvania 18103

RE: Legacy Place Cottages
License #: 225510

Dear Mr. Skeans:

As a result of the Department of Human Services' annual licensing inspection on June 21, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: LEGACY PLACE COTTAGES		License Number: 22551
Address: 2051 BEVIN DRIVE, ALLENTOWN, PA 18103		County: Lehigh
Administrator: Jessica Robbins		Region: NORTHEAST
Legal Entity Name: JAH JIREH HOMES OF AMERICA ALLENTOWN		
Legal Entity Address: 2051 BEVIN DRIVE, ALLENTOWN, PA 18103		
Certificate(s) of Occupancy		
I-2 04/30/2015 Salisbury Township	Other 08/11/2015 Salisbury Township	
Staffing Hours		
Resident Support: NM	Total Daily Staff: 33	Waking Staff: 25
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 06/21/2017: Hummel, Jesse; Deluca, Amy		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 44 Number of Residents Served: 24 Secured Dementia Care Unit in Home: Yes Area: Separate secured building Secured Dementia Unit Capacity, if Applicable: 14 Number of Residents Served in Secured Dementia Care Unit, if applicable: 9 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 3		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 24 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 9 Have a Physical Disability: 1

Violation Report: 22551 - 06/21/2017 - Hummel, Jesse
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The home does not have a Carbon Monoxide Detector installed in the basement where two natural gas fired hot water heaters are installed. The facility is not in compliance with the Care Facility Carbon Monoxide Alarms Standards Act.

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.

This regulation ensures compliance with other health, safety, and wellness requirements not incorporated by Chapter 2600. The facility does not have a Carbon Monoxide Detector installed in the basement where the two-natural gas fired hot water heaters are installed.

The installation company was contacted and a Carbon Monoxide Detector will be installed in the basement as soon as possible. The detectors are serviced annually. If any other equipment is installed in the future that requires a Carbon Monoxide Detector it will be done during the time of installation.

The Administrator and Maintenance department will be responsible for ensuring compliance with health, safety and wellness requirements not incorporated by Chapter 2600 photos 8-16-17


* Violation under previous Administrator per date of incident (not date of inspection)

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jessica Robbins*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jessica Robbins, Administrator* Date *7/15/17*

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

The above plan of correction is approved as of <u>8-16-17</u> (Date)	Plan of correction implementation status as of <u>8-16-17</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22551 - 06/21/2017 - Hummel, Jesse
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

Department Representatives measured the hot water temperature at the sink of resident room 112 and resident room 115. The hot water temperatures measured 126.1 degrees Fahrenheit and 125 degrees Fahrenheit, respectively in each room.

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.

This regulation ensures that water in homes with private water sources is safe for use and prevents residents from accidental scalding. The hot water temperature exceeds 120 degrees Fahrenheit. Our maintenance department adjusted the temperatures on the water heaters and mixing valves in use and for all residents rooms and common areas.

Housekeeping staff is monitoring the temperatures in all resident rooms and common areas. The Administrator and Maintenance will perform random hot water temp. checks to ensure ongoing compliance. The Plumbing Company will be contacted as needed. Maintenance and Housekeeping will be responsible for notifying the Administrator if the hot water exceeds 120 degrees Fahrenheit.

* Ongoing violation under previous Administrator per date of incident (not date of inspection)

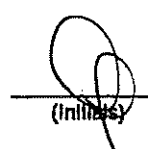
Logs

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/28/2016

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jessica Robbins Administrator Date 7/15/17

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Violation Report: 22551 - 06/21/2017 - Hummel, Jesse
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa. Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 The chest freezer located in the pantry of the secured building does not contain a thermometer to ensure the food is being stored at proper temperatures.

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.

This regulation is important because food shall be stored in safe temperatures. A thermometer was not placed in the chest freezer even though there was a thermometer built into the freezer with the temperature reading on the outside that regulated the temperature on the ~~inside~~ not inside. A thermometer was placed in the chest freezer during the time of the inspection.

The Administrator will do random checks along with the Chef to make sure that all refrigeration and freezers contain a thermometer. The Administrator and Chef will be responsible for making sure that thermometers are in refrigeration and freezers at all times.


Logs

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Jessica Robbins, Administrator Date 4/15/17

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Violation Report: 22551 - 06/21/2017 - Hummel, Jesse
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed two unsealed bags of what appeared to be hash browns located in the freezer in the main kitchen. Neither bag was labeled or dated.

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.

This regulation ensures that food is stored safely and protected from spoilage or infestation by ~~the~~ insects and rodents. Food wasn't properly sealed, labeled or dated in the freezer.

During the inspection that food was thrown away and staff was reminded to seal, ~~label~~ label and ~~date~~ date anything that goes into the refrigerators and freezers. The Administrator and Chef will do random checks of refrigerators and freezers to ensure that all food is sealed, labeled and dated. The Administrator and all dietary staff will be responsible for making sure that all food is sealed, labeled and dated in refrigerators and freezer daily.

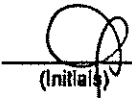
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Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jessica Robbins*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica Robbins Administrator</i>	Date <i>7/15/17</i>
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Violation Report: 22551 - 08/21/2017 - Hummel, Jesse
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 65 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the facility's dry food storage area. Observed with the food was a 105 ounce can of red beats. The can was dented.

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.

This regulation ensures that food is safe for use. A dented can of red beats was on the shelf and could have been used during a meal. The 105oz can was thrown away during the time of the inspection.

All food that comes into the community will be checked by the chef and dietary staff. Random checks will be made during the month. The chef and dietary staff along w/ the Administrator will be responsible for preventing future violation with outdated, spoiled food or dented cans.

training on 8-7-17

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/28/2016

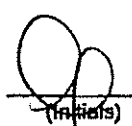
Signature of Legal Entity Representative
 (Required on EVERY Page) *Jessica Robbins*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Jessica Robbins, Administrator Date 7/15/17

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 (Date)

Plan of correction implementation status as of 8-16-17
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 22551 - 06/21/2017 - Hummel, Jesse
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The facility did not review, update or submit their Emergency Procedures to the local emergency management agency.

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.

This regulation ensures that the local emergency management officials are aware of the homes emergency. The local Emergency management agency was notified the next day June 22nd and they reviewed and updated.

The Emergency Procedures will be reviewed if anything should/should not change along with an annual basis to the local emergency management agency along with documentation. The Administrator will be responsible for the reviewing, updating the Emergency Procedures if anything should/should not change along with an annual basis to the local emergency management agency along with documentation.

* violation under previous Administrator per date of incident (not date of inspection)

docs

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jessica Robbins*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Jessica Robbins, Administrator Date 7/15/17

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 (Date)

Plan of correction implementation status as of 8-16-17
 (Date)

The above plan of correction was approved by *JR*
 (Initials)

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

Violation Report: 22551 - 06/21/2017 - Hummel, Jesse
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed the front door leading to the patio locked with a key locking device. The facility indicated that the door is not used as an exit, however the door clearly appears as an exit and is not labeled as "not an exit."

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.

This regulation is important to keep exits unblocked so people can escape in an emergency situation. The door is locked at all times without an exit sign above the door. However, since this is a door leading outside and not used there should be a sign stating it is not an exit.

During the inspection a sign was posted on the door that it was not an exit. Any door that is leading outside that is not used as an exit route should have a sign stating that it is not an exit. The maintenance dept. along with the Administrator will be responsible for preventing future violations.

* violation under previous Administrator per date of incident (not date of inspection)


(photo) 8-16-17

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) Jessica Robbins, Administrator Date 7/15/17

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Violation Report: 22551 - 06/21/2017 - Hummel, Jesse
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.123(a) - Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

2a. DESCRIPTION OF VIOLATION
 Department Representatives determined that the secondary egress door leading to the garage is enabled with a card reading magnetic locking mechanism deactivation device. Exit doors must be easily opened without the use of a key or other manual device that can be removed, misplaced or lost.

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.

This regulation is important because if an egress-route door is locked with a key or other manual device, which has been removed, misplaced, or lost, people will be unable to escape in the event of a fire or other emergency. The Keypad on the unit door that led to the garage did not work properly; however the keypad did.

On July 12th, 2017 the keypad was fixed and is working properly. Keypads are used on a daily basis and will be checked on a weekly basis. The maintenance department along with Administrator will check the Keypads on a weekly basis to ensure they are working properly.

Violation under previous Administrator per date of incident (not date of inspection) photo

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Jessica Robbins*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jessica Robbins, Administrator* Date *7/15/17*

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Plan of correction implementation status as of *8-16-17* (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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

Violation Report: 22551 - 06/21/2017 - Hummel, Jesse
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's letter to the local fire department dated 11/18/2016 does not include the following information: The name and address of the facility, the total capacity of the facility, floor plans, and updated information about the memory care unit's capacity and layout.

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.

This regulation is important because in the event of a fire or other emergency, the local fire department will usually arrive within minutes. Having advance knowledge of the layout of the home and the needs of the resident will help the fire department evacuate resident quickly. The local fire department was notified the next day June 22nd, 2017 at that time reviewed immobile list on letter head, capacity, floor plans and any updated information with the Memory Care Unit capacity and layout.
 *Violation under previous Administrator per date of incident (not date of inspection) * make sure all letters have address, capacity of home, & needs for an's tance in event of an emergency. A.H. 8-16-17.

The local fire department reviewed immobile list on letter head, capacity, floor plans and any updated information with the Memory Care Unit capacity and layout. Updates will be sent at the time of change with proper information along with documentation from local fire department. The Administrator will be responsible for updates sent at the time of change with proper information along with documentation from local fire department.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jessica Robbins*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jessica Robbins Administrator* Date *7/15/17*

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Plan of correction implementation status as of 8-16-17
 (Date)

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 (Initials)

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

Violation Report: 22551 - 06/21/2017 - Hummel, Jesse
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 The glucometer prescribed to resident #1 is not calibrated to the current date and or time.
 The home does not have a written policy to document the home's policies and procedures with regard to the safe storage and use of medications and medical equipment.

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.

This regulation reduces the risk that medications and medical equipment will be misplaced, lost or misused. The violation occurred due to a glucometer calibration was not current date and time and a policy and procedure was not implemented regarding the safe storage and use of medication and medical equipment. Resident Care Coordinator did not want to touch the calibration for date and time due to being concerned that it would throw off the readings of the blood sugars. A policy and procedure has been implemented regarding the safe storage and use of medication and medical equipment with a portion of the policy concerning calibration of glucometers. Calibration was performed on the glucometer during inspection.

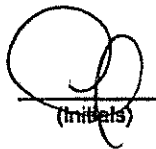
A policy and procedure has been implemented regarding the safe storage and use of medication and medical equipment with a portion of the policy concerning calibration of glucometers. Glucometers will be checked on a weekly basis. A policy and procedure has been implemented regarding the safe storage and use of medication and medical equipment with a portion of the policy concerning calibration of glucometers. The Administrator along w/ the Resident Care Coordinator will check the

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/26/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Jessica Robbins*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
 Jessica Robbins, Administrator 7/15/17

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 (Date)
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 (Initials)

Plan of correction implementation status as of 8-16-17
 (Date)

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

glucometer and glucometer calibration for date and time on a weekly basis.

Violation Report: 22551 - 06/21/2017 - Hummel, Jesse
 PCH Name: LEGACY PLACE COTTAGES

1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.


2a. DESCRIPTION OF VIOLATION
 The code or operation instructions are not posted on or near the key pad device of the magnetically locked doors at each of the exits leading from the secured dementia building.

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.

The directions for the operation of key-locking devices, electronic cards systems or other devices that prevent immediate egress help to ensure that persons in the Secured Dementia Care Unit who do not have an identified need to be in a Secured Unit, can exit the Secured Unit on their own and at will. The violation occurred since there were no directions posted in a conspicuously spot or near the device for operation of the keypad which did not allow a person who does not have an identified need in the Secured Unit can exit on their own and at will. At the time of the inspection directions were posted in a conspicuous spot near the device and daily communication with any visitors who do not have an identified need for the Secured Unit can exit on their own and at will.

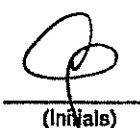
The Administrator along with the Resident Care Coordinator will make sure the directions are posted in the conspicuous spot near the device and ongoing communication with any visitors who do not have an identified need for the Secured Unit can exit on their own and at will. *Violation under previous Administrator per date of violation

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) Jessica Robbins, Administrator Date 7/15/17

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of the incident (not date of inspection) photo