

Department of Human Services  
Bureau of Human Service Licensing

June 30, 2020

1680 SPRING CREEK ROAD OPERATIONS LLC  
1680 SPRING CREEK ROAD  
MACUNGIE, PA, 18062

RE: LEHIGH COMMONS  
1680 SPRING CREEK ROAD  
MACUNGIE, PA, 18062  
LICENSE/COC#: 22205

Dear Mr. Howanitz,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/29/2020, 06/01/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cs: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSE INSPECTION SUMMARY**

**Facility Information**

Name: *LEHIGH COMMONS* License #: *22205* License Expiration Date:  
 Address: *1680 SPRING CREEK ROAD, MACUNGIE, PA 18062*  
 County: *LEHIGH* Region: *NORTHEAST*

**Administrator**

Name: *Thomas Howanitz* Phone: *(610) 530-8089* Email: *thomas.howanitz@genesishcc.com*

**Legal Entity**

Name: *1680 SPRING CREEK ROAD OPERATIONS LLC*  
 Address: *1680 SPRING CREEK ROAD, MACUNGIE, PA, 18062*  
 Phone: *6105308089* Email: *thomas.howanitz@genesishcc.com*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *10/09/1997* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *96* Waking Staff: *72*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *06/01/2020*

**Inspection Dates and Department Representative**

*05/29/2020 - Off-Site: Corey Pica*  
*06/01/2020 - Off-Site: Corey Pica*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *80* Residents Served: *73*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *SDU* Capacity: *14* Residents Served: *14*

**Hospice**

Current Residents: *9*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *72*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *23* Have Physical Disability: *0*

## Inspections / Reviews

## 05/29/2020 - Partial

Lead Inspector: *Corey Pica*Follow-Up Type: *POC Submission*Follow-Up Date: *06/14/2020*

## 6/17/2020 - POC Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Document Submission*Follow-Up Date: *06/17/2020*

## 6/26/2020 - Document Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Staff member A used the Glucometer of resident 1 to check the blood glucose levels of resident 2 and 3 on 5/16/2020.

Plan of Correction - 06/16/2020

Accept

The LPN acknowledged that she did follow protocol for the sanitizing of the glucometer between residents. Resident # 1 was immediately issued a new glucometer. No residents suffered ill effects. The primary care physicians and family members were immediately notified. DHS reporting submitted when discovered.

The LPN was given education concerning the use of one glucometer per resident. Attached is a copy of the completed education. Ongoing compliance will be monitored by Resident Care Director and / or designee going forward.

Completion Date: 06/10/2020

Update - 06/10/2020

Please submit supporting documentation regarding the homes compliance with this regulation.

Document Submission - 06/18/2020

Implemented

Supporting documentation was attached on both 6/10/20 and 6/18/20. See attachment section.