

Department of Human Services
Bureau of Human Service Licensing

January 14, 2021

THOMAS HOWANITZ, EXECUTIVE DIRECTOR
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 12/21/2020 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)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *LEHIGH COMMONS* License #: *22205* License Expiration Date: *03/16/2021*
Address: *1680 SPRING CREEK ROAD, MACUNGIE, PA 18062*
County: *LEHIGH* Region: *NORTHEAST*

Administrator

Name: *Tom Howanitz* Phone: *6105308089* Email:
Thomas.Howanitz@genesishcc.com,
lindscott@pa.gov, mmoskalczy@pa.gov

Legal Entity

Name: *1680 SPRING CREEK ROAD OPERATIONS LLC*
Address: *1680 SPRING CREEK ROAD, MACUNGIE, PA, 18062*
Phone: *6105308089* Email: *WILLIAM.TIMM@GENESISHCC.COM*

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *95* Waking Staff: *71*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *12/21/2020*

Inspection Dates and Department Representative

12/21/2020 - Off-Site: Corey Pica

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* Residents Served: *63*

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *63*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *32* Have Physical Disability: *0*

Inspections / Reviews

12/21/2020 - Partial

Lead Inspector: *Corey Pica*Follow-Up Type: *POC Submission*Follow-Up Date: *01/08/2021*

1/5/2021 - POC Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Document Submission*Follow-Up Date: *01/12/2021*

1/14/2021 - 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 Repeat Violation

Staff Member A used the glucometer of Resident 1 to check the blood glucose levels of Resident 2 on 8/4/2020.

Plan of Correction

Accept

Proper protocol was followed in which each glucometer was cleaned and sanitized between residents. Resident #1 was immediately issued a new glucometer. The primary care physician and resident family members were notified. No residents suffered ill effects. DHS reporting submitted when discovered. The LPN was given education concerning the use of one glucometer to one resident only in relation to blood borne pathogen transmission, education provided by the Resident Care Director, RN, see attachment #1. Ongoing compliance will be monitored by the Resident Care Director and / or designee going forward.

Completion Date: 12/18/2020

Update - 01/05/2021

Please send/ATTACH proof of staff training.

Document Submission

Implemented

Attachment #1, proof of staff training was submitted on 1/5/21.