

Department of Human Services  
Bureau of Human Service Licensing

March 19, 2021

██████████ VICE PRESIDENT  
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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/18/2021, 02/23/2021 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 **Licen e #:** 22205 **Licen e Expiration Date:** 03/16/2021  
**Addr e :** 1680 SPRING CREEK ROAD, MACUNGIE, PA 18062  
**County:** LEHIGH **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED] **Phone:** 6105308089 **Email:** [REDACTED]

**Legal Entity**

**Name:** 1680 SPRING CREEK ROAD OPERATIONS LLC  
**Address:** 1680 SPRING CREEK ROAD, MACUNGIE, PA, 18062  
**Phone:** 6105308089 **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP **Date:** 12/19/1997 **Issued By:** L & I

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 90 **Waking Staff:** 68

**Inspection**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Rea on:** Renewal **Exit Conference Date:** 02/23/2021

**Inspection Dates and Department Representative**

02/18/2021 - On-Site: [REDACTED]  
02/23/2021 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 80 **Residents Served:** 62

**Secured Dementia Care Unit**

**In Home:** Yes **Area:** 1st floor **Capacity:** 14 **Re ident Served:** 11

**Hospice**

**Current Residents:** 6

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 62  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 28 **Have Physical Disability:** 0

## Inspections / Reviews

02/18/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *03/13/2021*

3/16/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/19/2021*

3/19/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

During the initial walk through inspection a housekeeping closet located in the secure dementia unit of the home was found unlocked and accessible to residents. The closet contained several bottles of multi purpose cleaner and a container of Comet bleach cleaner.

Plan of Correction

Accept

The closet was immediately locked and secured. Poisonous materials will be kept in a locked room inaccessible to residents. An in-service will be completed with all center staff on the importance of maintaining products in a safe location and locking the door immediately upon exiting the room by March 10th 2021. See attachment #1. Ongoing compliance will be monitored by the Director of Maintenance or designee going forward.

Completion Date: 03/09/2021

Update - 03/16/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

See attachment #1.

96b - First Aid Location

1. Requirements

2600.

96.b. Staff persons shall know the location of the first aid kit.

Description of Violation

Staff person A could not identify the locations where the home's emergency first aid kits were stored.

Plan of Correction

Accept

An in-service will be completed with all center staff on the importance of knowing where the location of the first aid kits are by March 10th 2021. See attachment #2. Ongoing compliance will be monitored by the Director of Maintenance or designee going forward.

Completion Date: 03/09/2021

Update - 03/16/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

See attachment #2.

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.

182c - Medication Administration (continued)

**Description of Violation**

Resident #1 has an order for Digoxin to be taken every day and held if the heart rate is less than 60. On 2/19/21 the medication was administered but the heart rate was not recorded on the Medication Administration Record.

**Plan of Correction**

**Accept**

Resident #1 had no ill effect. All nursing staff received an in-service on the medication administration. See attachment #3. The employee involved received a written counseling on March 4th, 2021. The employee was notified that further infractions will result in disciplinary action. See attachment #4. Ongoing compliance will be monitored for completeness by Resident Care Director or designee going forward.

Completion Date: 03/09/2021

**Update - 03/16/2021**

Please send/Attach proof of staff training.

**Document Submission**

**Implemented**

See attachment #3 and #4.

234b - Support Plan Needs Elements

**1. Requirements**

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

**Description of Violation**

Resident #2 was admitted to the home's secure dementia unit on [REDACTED] The resident's support plan was not completed until 01/12/21, more than 72 hours after admission.

**Plan of Correction**

**Accept**

Resident #2 72 hour support plan was completed on 1/12/21. See attachment #5. All nursing staff received an in-service on the requirements of completing the 72 hours support plan when a resident is admitted to the secured dementia. See attachment #6. Ongoing compliance will be monitored for completeness by the Memory Support Director or designee going forward.

Completion Date: 03/09/2021

**Document Submission**

**Implemented**

See attachment #5 and #6.