

Department of Human Services  
Bureau of Human Service Licensing

December 15, 2021

[REDACTED], ADMINISTRATOR  
[REDACTED]  
[REDACTED]

RE: LEGACY PLACE COTTAGES  
2051 BEVIN DRIVE  
ALLENTOWN, PA, 18103  
LICENSE/COC#: 22551

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/10/2021, 08/12/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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: *LEGACY PLACE COTTAGES* License #: *22551* License Expiration:  
Address: *2051 BEVIN DRIVE, ALLENTOWN, PA 18103*  
County: *LEHIGH* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *JAH-JIREH HOMES OF AMERICA - ALLENTOWN*  
Address: *2051 BEVIN DRIVE, ALLENTOWN, PA, 18103*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *08/11/2015* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *68* Total Daily Staff: *118* Waking Staff: *89*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *08/12/2021*

**Inspection Dates and Department Representative**

08/10/2021 - On-Site: [REDACTED]  
08/12/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *48* Residents Served: *33*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Separate Bldg* Capacity: *18* Residents Served: *14*

**Hospice**

Current Residents: *3*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *33*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *17* Have Physical Disability: *0*

Inspection Dates and Department Representative (*continued*)

## Inspections / Reviews

08/10/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/04/2021*

11/05/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/12/2021*

11/07/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/06/2021*

08/10/2021 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

85a - Sanitary Conditions

Physical Site

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

The strap holding the blood glucose monitor in place for Resident #1 had a dried red material on it that appeared to be dried blood, creating unsanitary conditions for any staff who may try to retrieve the monitor.

Plan of Correction

Accept

All glucose monitors have been inspected and sanitized appropriately.

The blood glucose monitors will be visually inspected on an ongoing basis to ensure that sanitary conditions are maintained.

The Resident Care Coordinator and/or designee will be responsible for compliance.

Appropriate staff will provided with training on maintaining sanitary conditions by December 4, 2021.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit evidence of training following the 12-4-21 event. Please e mail to the supervisor at the Regional Office.

Documentation should be sent in the Portal.

AG, 11-5-21

Completion Date: 12/04/2021

Document Submission

Implemented

A review and demonstration of the proper use and sanitary precautions when using a glucometer, was completed during the week of November 15th. All med techs received this training.

The Director of Wellness and Resident Care Coordinators will continue to monitor compliance in this area.

Completion Date: 11/22/2021

141a - Medical Evaluation

Resident Health

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #2's DME was completed and signed off on by a Certified Nurse Practitioner (CRNP) on [REDACTED]. It was determined that edits/changes were made to this form after it was signed by staff persons who were not licensed physicians, physician's assistants, or CRNP as required by this regulation.

Plan of Correction

Accept

Resident #2 is no longer a resident at the community.

In the future changes will not be made to the DME after it has been signed by the physician and if necessary, the physician will sign an updated DME if changes need to be made.

The Administrator will be responsible for monitoring compliance.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit a copy of a recently corrected or updated DME if one has been completed since the Renewal Inspection. This will serve as evidence of compliance. If one is not available, please state so upon resubmission.

Documentation should be sent in the Portal.

AG, 11-5-21

Completion Date: 11/05/2021

Document Submission

Implemented

On the day of our inspection, we also had an admission. There were a few errors on the DME for this resident. The changes requested, were documented in a letter and sent to the resident's physician for approval/or a request for more information to be completed.

The doctor's signatures, giving consent to the changes, is attached to this plan of correction.

The Administrator will continue to monitor compliance in this area.

Completion Date: 11/05/2021

185a - Implement Storage Procedures

Medications

1. Requirements

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.

Description of Violation

The home's narcotic count policy requires the off-going and in-coming nurse and/or med tech count narcotics together, and then sign off on the narcotic count sheet. On the following dates and times, the narcotic count sheet was not signed by the identified staff persons:

- 8/11/2021: 7am by on-coming staff; 3pm by off-going staff; 11pm by on-coming staff
- 8/12/2021: 7am by off-going and in-coming staff

Plan of Correction

Do Not Accept

Outgoing and ongoing staff will sign off on the narcotic count sheet at the change of each shift. The Resident Care Coordinator will be responsible for ongoing compliance monitoring.

Nursing staff will be provided with training on the narcotic count procedure and accountability.

A TRAINING DATE NEEDS TO BE INCLUDED IN THE PLAN OF CORRECTION.

HOW THE HOME INTENDS TO PREVENT THE VIOLATION IN THE FUTURE ALSO MUST BE ADDRESSED.

AG, 11-5-21

Completion Date: 12/04/2021

Plan of Correction

Accept

Outgoing and ongoing staff will sign off on the narcotic count sheet at the change of each shift.

Outgoing and oncoming staff will also complete a sign off sheet that verifies this task was completed. The Resident Care Coordinator and/or designee will be responsible for ongoing compliance monitoring.

Nursing staff will be provided with training on the narcotic count procedure and accountability. Training sessions for medication staff will begin on November 12 and all staff will receive training by November 22, 2021.

A TRAINING DATE NEEDS TO BE INCLUDED IN THE PLAN OF CORRECTION.

HOW THE HOME INTENDS TO PREVENT THE VIOLATION IN THE FUTURE ALSO MUST BE ADDRESSED.

AG, 11-5-21

Completion Date: 11/22/2021

**Medications (continued)****Document Submission*****Implemented***

*A review and demonstration of the narc count and proper documentation, was completed during the week of November 15th. All med techs received this training.*

*The Director of Wellness and Resident Care Coordinators will continue to monitor compliance in this area to prevent future violations.*

**Completion Date: 11/22/2021**