

Department of Human Services
Bureau of Human Service Licensing

May 17, 2022

[REDACTED]
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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/03/2022, 01/14/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

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: *03/16/2022*
Address: *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: *Pa. Dept. of L & I*

Staffing Hours

Resident Support Staff: *73* Total Daily Staff: *176* Waking Staff: *132*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *01/14/2022*

Inspection Dates and Department Representative

01/03/2022 - Off-Site: [REDACTED]
01/14/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

In Home: *Yes* Area: *first floor* Capacity: *14* Residents Served: *14*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *73*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *30* Have Physical Disability: *0*

Inspections / Reviews

01/03/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/27/2022*

03/15/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/22/2022*

04/27/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/07/2022*

05/17/2022 - Document Submission

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

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1 was admitted to Lehigh Commons on [redacted]; however, resident #1's assessment was not completed until [redacted] 1 and not within 15 days of admission.

Plan of Correction

Do Not Accept

Staff was oriented to the regulation that the initial assessment must be completed within 15 days of admission

Completion Date: 02/14/2022

Update: 03/15/2022

An acceptable Plan of Correction must include, at minimum:
what was done to immediately address the problem
how future violations will be prevented
who will be responsible for managing these duties

AG, 3-15-22

Plan of Correction

Accept

- 1) An audit was done of all support plans in order to find any additional assessments that may be out of compliance. This was done by the DON and the Memory support director.
- 2) Policy was enacted to review assessments of new residents and determine progress of initial support plans at morning meeting x3 every week. M,W,F This is to ensure no one is missed or not completed in a timely manor.
- 3) This is a combined responsibility of the Memory Support Director for admissions in the memory dept. And the responsibility of the DON for the rest of the building.
- 4) Completion of the plans will be oversaw by the Executive Dir or his designee on a weekly basis.

Completion Date: 03/20/2022

Update: 04/27/2022

Please send in an example of a new admission done within 15 days of admission and an annual done within the annual time frame for renewal.

Please send in a copy of the audit with the findings and the actions taken.

These verifications will demonstrate compliance for Step 2.

AG, 4-27-22

Document Submission

Implemented

Please send in an example of a new admission done within 15 days of admission and an annual done within the annual time frame for renewal.

Please send in a copy of the audit with the findings and the actions taken.

225a - Assessment 15 Days (continued)

These verifications will demonstrate compliance for Step 2.

AG, 4-27-22

227c - Support Plan Revision**1. Requirements**

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #1 had a fall on [REDACTED]. No injuries were noted. Resident #1 however had a black and blue eye lid. Resident #1's Primary Care Doctor, Family and Physical Therapy were notified. Resident #1's support plan was not updated to indicate resident #1 had a fall on [REDACTED] and what steps were taken to meet resident #1's care needs.

Plan of Correction**Do Not Accept**

All med-tech and nursing staff were oriented that support plans must be revised upon and changes in the residents current needs such as falls

Completion Date: 02/14/2022

Update: 03/15/2022

An acceptable Plan of Correction must include, at minimum:

what was done to immediately address the problem

how future violations will be prevented

who will be responsible for managing these duties

AG, 3-15-22

Plan of Correction**Accept**

1)An audit was completed by nursing administration to determine if this policy was being followed by staff and all support plans were up to date.

2)On a daily basis at the end of morning meeting we as a staff conduct a change of status meeting. At this time we will oversee everything that was documented for the previous 24 hours. At this time the team will discuss each event that occurred, any follow-up that may be needed. Review any interventions that may have been implemented.

Review support plans to determine if everything that is in place has been followed. If all proper documentation has been completed. Verify that everyone who needed to be notified has been notified.

Completion Date: 03/20/2022

Update: 04/27/2022

Please send in a recent example of a 227c or a 227d where Support Plan needed to be updated based on a medical or behavioral change. It can be a decline or improvement.

These verifications will demonstrate compliance for Step 2.

AG, 4-27-22

Document Submission**Implemented**

Please send in a recent example of a 227c or a 227d where Support Plan needed to be updated based on a medical or behavioral change. It can be a decline or improvement.

227c - Support Plan Revision (continued)

*These verifications will demonstrate compliance for Step 2.
AG, 4-27-22*