

Department of Human Services
Bureau of Human Service Licensing

October 24, 2022

[REDACTED]
JAH-JIREH HOMES OF AMERICA - ALLENTOWN
2051 BEVIN DRIVE
ALLENTOWN, PA, 18103

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 03/28/2022, 04/25/2022 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: *LEGACY PLACE COTTAGES* License #: *22551* License Expiration: *09/20/2022*
Address: *2051 BEVIN DRIVE, ALLENTOWN, PA 18103*
County: *LEHIGH* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *4848603900* Email: [REDACTED]

Legal Entity

Name: *JAH-JIREH HOMES OF AMERICA - ALLENTOWN*
Address: *2051 BEVIN DRIVE, ALLENTOWN, PA, 18103*
Phone: *4848603900* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *08/11/2015* Issued By: *Salisbury Township, Pa.*

Staffing Hours

Resident Support Staff: *40* Total Daily Staff: *96* Waking Staff: *72*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *04/25/2022*

Inspection Dates and Department Representative

03/28/2022 - Off-Site: [REDACTED]
04/25/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* Residents Served: *40*

Secured Dementia Care Unit

In Home: *Yes* Area: *Separate building* Capacity: *18* Residents Served: *16*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *40*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *16* Have Physical Disability: *0*

Inspections / Reviews

03/28/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/27/2022*

06/23/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/30/2022*

10/24/2022 - Document Submission

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

16d - Final Incident Report

1. Requirements

2600.

16.d. The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

Description of Violation

On 2/11/22, Legacy Place Cottages administrator submitted an initial incident report regarding resident #1's fall on [REDACTED] and hospital admission for a right hip fracture. Upon discharge from the hospital, resident #1 received rehabilitation treatment at a Skilled Nursing Facility,. The provider failed to submit a final incident report to the Department regarding resident #1's hospitalization and skilled nursing rehabilitation discharge dates and return date back to Legacy Place Cottages and for any information regarding resident 1's follow-up medical care.

Plan of Correction**Accept**

Resident #1 returned to Legacy Place on [REDACTED] after [REDACTED] short term rehabilitation stay. A Final Reportable Incident report was not submitted at that time but one has been completed and submitted as part of this POC. See attachment.

Resident #1's RASP was updated to reflect current resident needs including physical and occupational therapies. See Attachment.

A Final Incident report will be completed and submitted to the Department following an initial report as necessary. This will include investigations and initial report follow up when a resident requires care at a facility outside of Legacy Place following an injury. The final report will detail follow up action taken if and when a resident returns to the community and will reflect current care needs.

Reportable incidents will be reviewed on a monthly basis as part of our quality improvement meeting.

The Administrator and/or designee will be responsible for ongoing compliance.

Completion Date: 05/27/2022

Update: 06/23/2022

in responding to Step 2 in the Portal, you can comment that documents were reviewed and accepted in Step 1.

AG, 6-23-22

Document Submission**Implemented**

Resident #1 returned to Legacy Place on [REDACTED] after [REDACTED] short term rehabilitation stay. A Final Reportable Incident report was not submitted at that time but one has been completed and submitted as part of this POC. See attachment.

Resident #1's RASP was updated to reflect current resident needs including physical and occupational therapies. See Attachment.

A Final Incident report will be completed and submitted to the Department following an initial report as necessary.

16d - Final Incident Report (continued)

This will include investigations and initial report follow up when a resident requires care at a facility outside of Legacy Place following an injury. The final report will detail follow up action taken if and when a resident returns to the community and will reflect current care needs.

Reportable incidents will be reviewed on a monthly basis as part of our quality improvement meeting.

The Administrator and/or designee will be responsible for ongoing compliance.

The documents were reviewed and accepted in step 1

234d - Support Plan Revision**1. Requirements**

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for resident #1 was completed on [REDACTED] one day after admission to Legacy Place Cottages on [REDACTED]. On [REDACTED] resident #1's support plan was updated when resident #1 was transferred to the home's Memory Care Secure Unit based on a new prescreen and medical evaluation completed by resident 1's physician. Resident #1's support plan was not updated after a [REDACTED] incident after resident #1 had been sent to Lehigh Valley Hospital for evaluation per resident #1's physician's recommendation because of increased agitation. The administrator indicated on the incident report of 1/3/22 submitted to BHSL upon resident#1's return to the home at 2AM on [REDACTED], staff would monitor resident #1 via hourly rounds. This information and any additional hospital discharge information were not updated on resident #1's support plan. On [REDACTED], resident#1 had a fall in his/her room around 4:30PM resulting in right hip and leg pain. Resident#1 was sent to [REDACTED] Hospital and admitted with a diagnosis of right hip fracture. A timely initial incident report was filed with BHSL. Resident #1 was sent from the hospital to a skilled nursing facility for rehabilitation and later returned to Legacy Place Cottages. The administrator could not provide date of discharge from the hospital to rehab or the date resident#1 was discharged from rehabilitation back to Legacy Place or any additional care information resulting from resident#1's rehabilitation which would require resident#1's support plan to be updated.

Plan of Correction**Accept**

Resident #1 no longer requires hourly monitoring for agitation as indicated on the 1-3-22 incident report. Regarding the [REDACTED] incident report of a fall resulting in a hip fracture, Resident #1 was transferred to [REDACTED] Allentown for short term rehabilitation on [REDACTED] and returned to Legacy Place on [REDACTED]. Resident #1's RASP has been updated to reflect [REDACTED] current situation regarding adjustment to the community and current behavioral state and interventions. The RASP was also updated to reflect [REDACTED] post-rehabilitation treatment including Physical and Occupational therapies. See Attachment.

Resident RASPs will be audited and updated as necessary to reflect any significant changes in condition or treatments. Staff will meet regularly to discuss resident needs to determine if RASPs are currently reflecting resident needs, and will revise the RASPs as necessary.

234d - Support Plan Revision (continued)

Residents who return to Legacy Place following a short term rehabilitation stay will have their RASPs reviewed and revised as necessary to reflect current care needs.

The Administrator and/or designee will be responsible for ongoing compliance.

Completion Date: 06/25/2022

Update: 06/23/2022

in responding to Step 2 in the Portal, you can comment that documents were reviewed and accepted in Step 1.

AG, 6-23-22

Document Submission**Implemented**

Resident #1 no longer requires hourly monitoring for agitation as indicated on the [REDACTED] incident report. Regarding the [REDACTED] 2 incident report of a fall resulting in a hip fracture, Resident #1 was transferred to [REDACTED] Allentown for short term rehabilitation on [REDACTED] and returned to Legacy Place on [REDACTED]. Resident #1's RASP has been updated to reflect [REDACTED] current situation regarding adjustment to the community and current behavioral state and interventions. The RASP was also updated to reflect her post-rehabilitation treatment including Physical and Occupational therapies. See Attachment.

Resident RASPs will be audited and updated as necessary to reflect any significant changes in condition or treatments. Staff will meet regularly to discuss resident needs to determine if RASPs are currently reflecting resident needs, and will revise the RASPs as necessary.

Residents who return to Legacy Place following a short term rehabilitation stay will have their RASPs reviewed and revised as necessary to reflect current care needs.

The Administrator and/or designee will be responsible for ongoing compliance.

The documents were reviewed and accepted in step 1