

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

April 3, 2023

[REDACTED]  
LW ALLENTOWN OPCO LLC  
[REDACTED]  
[REDACTED]

RE: LEGEND PERSONAL CARE AND  
MEMORY CARE OF ALLENTOWN  
6043 LOWER MACUNGIE ROAD  
MACUNGIE, PA, 18062  
LICENSE/COC#: 23139

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/15/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *LEGEND PERSONAL CARE AND MEMORY CARE OF ALLENTOWN* License #: *23139* License Expiration: *12/01/2023*

Address: *6043 LOWER MACUNGIE ROAD, MACUNGIE, PA 18062*

County: *LEHIGH* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *LW ALLENTOWN OPCO LLC*

Address: *4500 DORR STREET, TOLEDO, OH, 43615*

Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *05/17/2018* Issued By: *Lower Macungie Twp*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *112* Waking Staff: *84*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:

Reason: *Incident, Interim* Exit Conference Date: *02/15/2023*

**Inspection Dates and Department Representative**

*02/15/2023 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *79*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Reflections* Capacity: *40* Residents Served: *33*

**Hospice**

Current Residents: *6*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *79*

Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *33* Have Physical Disability: *0*

**Inspections / Reviews**

**02/15/2023 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/17/2023*

**03/20/2023 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *03/31/2023*

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/24/2023*

Inspections / Reviews (*continued*)

## 03/28/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/31/2023

## 04/03/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 85a - Sanitary Conditions

## 1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

## Description of Violation

*On 2/14/2023, the glucometer of Resident 1 was used in error on Resident 2.*

## Plan of Correction

Accept (MM - 03/20/2023)

*The plan of correction is the facility reached out to pharmacy to obtain new glucometers for every diabetic resident. Staff was educated on infectious control on tag number 2600 .85a sanitary conditions shall be maintained with the cleaning of glucometers after each use. Routine auditing will be conducted and monitored by the Health Care Director on this regulation. 2x weekly for 6 weeks. Starting on 3/16/2023*

**Licensee's Proposed Overall Completion Date: 03/16/2023**

Implemented (MM - 04/03/2023)

## 91 - Telephone Numbers

## 2. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

## Description of Violation

*There were no emergency numbers posted by the landline telephone in the Reminiscence parlor.*

## Plan of Correction

Accept (MM - 03/28/2023)

*The plan of correction was completed and 2600.91 was addressed all emergency telephone numbers were put in place during facility inspection. Routine auditing will be done by Maintenance Director [REDACTED] on a routine basis x 60 days to ensure the 2600. 91 is in compliance per state regulations. Beginning 2/16/2023*

**Licensee's Proposed Overall Completion Date: 03/24/2023**

Implemented (MM - 04/03/2023)

## 103f - Refrigerator/Freezer Temps

## 3. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

## Description of Violation

*There was no thermometer in the refrigerator located in the bistro.*

## Plan of Correction

Accept (MM - 03/28/2023)

*The plan of correction for 2600.103.f. was corrected while inspector was on-site Director of Culinary Services [REDACTED] placed a thermometer in refrigerator per state regulations. The Director of Culinary Service will routinely monitor and surveil the refrigerator on a weekly basis. A sign off sheet has been established so that monitoring of refrigeration is done. 3/16/2023*

**Licensee's Proposed Overall Completion Date: 03/24/2023**

103f - Refrigerator/Freezer Temps *(continued)**Implemented (MM - 04/03/2023)*

## 131e - Accessible Extinguishers

**4. Requirements**

2600.

131.e. Fire extinguishers shall be accessible to staff persons. Fire extinguishers shall be kept locked if access to the extinguisher by a resident could cause a safety risk to the resident. If fire extinguishers are kept locked, each staff person shall be able to immediately unlock the fire extinguisher in the event of a fire emergency.

**Description of Violation**

*The fire extinguishers in the reflection unit are locked and inaccessible in the event of an emergency.*

**Plan of Correction***Accept (MM - 03/28/2023)*

*The plan of correction was corrected for 2600.131.e. while inspector was on-site. Maintenance Director unlocked all fire extinguishers so that all staff have access to extinguishers in case of an emergency. [REDACTED] Maintenance Director will monitor on going compliance the locking mechanism was unlocked on all units that fire extinguishers were housed in. March 16th 1x a week for 30 days*

**Licensee's Proposed Overall Completion Date:** 03/24/2023

*Implemented (MM - 04/03/2023)*

## 233c - Key-Locking Devices

**5. Requirements**

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**Description of Violation**

*The incorrect code was posted near the keypad to operate the magnetic lock exiting the building from the dining room in the reflection's unit.*

**Plan of Correction***Accept (MM - 03/28/2023)*

*The plan of correction for 2600.233.c. was ensuring the key code was posted at exit. The correction was made while the inspector was on site. The Maintenance Director [REDACTED] ensured and tested the keypad and reprogrammed. [REDACTED] will conduct audits on a routinely basis to ensure that placement of the code is conspicuously posted by the exit door near the device. The audits are to begin 2/15/2023.*

**Licensee's Proposed Overall Completion Date:** 03/24/2023

*Implemented (MM - 04/03/2023)*