

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

September 28, 2023

[REDACTED]
LW ALLENTOWN OPCO LLC
[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 06/08/2023 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]

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: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 05/18/2018 Issued By: Lower Macungie Twp

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 122 Waking Staff: 92

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:

Reason: Complaint Exit Conference Date: 06/08/2023

Inspection Dates and Department Representative

06/08/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 88

Secured Dementia Care Unit

In Home: Yes Area: 40 Capacity: n/a Residents Served: 33

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 88

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

Have Mobility Need: 34 Have Physical Disability: 0

Inspections / Reviews

06/08/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/21/2023

09/22/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/28/2023

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/28/2023

Inspections / Reviews *(continued)*

09/28/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/28/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

185a - Implement Storage Procedures

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

Resident #1 has an order for blood glucose checks twice daily. On the following dates and times the blood glucose readings found in the resident's glucometer were documented incorrectly on the blood glucose monitoring sheets:

3/12/23: The morning reading was 192 but documented as 166

3/21/23: the morning reading was 202 but documented as 220

3/29/23: the morning reading was 153 but documented as 157

Plan of Correction

Accept [REDACTED] - 09/22/2023)

Current residents receiving blood glucose monitoring were reviewed for the month of September for accuracy of the recorded readings on September 19th 2023 checking for additional irregularities.

The MT's responsible for the error of incorrect documentation will be re-educated and counseled by 9-22-2023. [REDACTED] respectively.

The current Certified Medication Technician do possess current and appropriated diabetic education. -Current MT's have been reeducated on 9-19-2023 through 9-21-2023 on the importance of accuracy of the correct entry to the E MAR immediately when a reading is completed.

The ability of PRN entries to the EMAR 's has also been added for additional as needed glucose monitoring for any resident that may present with signs and symptom of hypo-hyperglycemia.

Each month a report will be printed and reviewed by the Health Care Director and or designee as a quality assurance against the E MAR's entries for accuracy. Any irregularity found to the entries will be coached, counsel and re-educated to the respective MTs for 6 months by the Health Care Director The results of this audit will be reviewed in the quality assurance meetings each month.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] - 09/28/2023)

187d - Follow Prescriber's Orders

2. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 has an order for blood glucose checks twice daily. On the following dates and times the resident's blood glucose was not tested:

3/4/23 at 4:30pm; 3/5/23 at 4:30pm; 3/8/23 at 4:30pm; 3/25/23 at 4:30pm.

Resident #1 also has an order for Lantus solostar insulin 20 units twice daily.

On 3/4/23 at 8pm and 3/8/23 at 8pm the insulin was not administered.

Plan of Correction

Accept [REDACTED] - 09/22/2023)

The lack of glucose monitoring not completed on March 4,5,8 and 25th as ordered by the physician was made in error by a MT that is no longer employed by Legend of Allentown.

187d - Follow Prescriber's Orders (continued)

As identified on this complaint survey, on March 4 and 8th , insulin was found not to be administered. This error was made by an MT that is no longer employed by Legend of Allentown.

The current MT's will be educated by September 29th 2023 to the safety of the medication administration to assure the current residents do receive the necessary medication and respective testing as order by their physicians. They will also be educated on the simple report audit of "medication exception report" in the E MAR program at the end of their respective shift. This will assure that all scheduled medications/testing have been attempted and or documented as ordered by the physician. The MT will report any irregularities to the Health Care Director and or provide resolution ASAP.

The Health Care Director and or designee will also conduct the same audit each morning when working for the prior day or weekend prior. The Health Care Director and or designee will address, and report any medication errors immediately to the Physician, family and DHS.

Licensee's Proposed Overall Completion Date: 10/15/2023

Implemented [REDACTED] - 09/28/2023)