

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

October 20, 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 09/05/2023 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: *07/15/2018* Issued By: *Lower Macungie Twp*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *111* Waking Staff: *83*

Inspection Information

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

Reason: *Complaint, Incident* Exit Conference Date: *09/05/2023*

Inspection Dates and Department Representative

09/05/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *81*

Secured Dementia Care Unit

In Home: *Yes* Area: *back* Capacity: *40* Residents Served: *28*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *81*

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

Have Mobility Need: *30* Have Physical Disability: *0*

Inspections / Reviews

09/05/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/13/2023*

10/16/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/20/2023*

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/19/2023*

Inspections / Reviews *(continued)*

10/20/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/20/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1 suffered bruises to both hands and forearms that were unable to be explained by staff. The home was unclear on how the resident received the injuries to their hands and arms. The resident had numerous unwitnessed falls all within a month period of time where the resident needed medical evaluation and treatment. This is neglect by caregiver due to lack of supervision.

On [REDACTED]/23, Resident #1 was pushed by Resident #2. Resident #1 fell and sustained a laceration to their mouth and hand. Staff was in the area at the time when resident 1 was pushed by Resident #2. However, staff did not do anything to safeguard resident from being injured when resident #2 pushed them from behind.

Plan of Correction**Accept ([REDACTED] - 10/16/2023)**

Resident #1 was under order for daily Eloquis, a blood thinner, both at the time of concern and through survey period. The resident was evaluated by PCP [REDACTED] on [REDACTED]/2023 for bruising of unknown origin. Resident refused vital signs, no additional concerns noted and PCP did not update plan of care at this time. Health Care Director [REDACTED] will educate all direct care staff on the importance of skin integrity checks on each shift for all residents on blood thinners, with the purpose of immediately reporting areas of concern. This education will take place on 10/16/2023. Though not required by 2600 regulations as not major injuries, these incidents were each reported to BHSL and AAA in a timely fashion by Regional Director [REDACTED] on 8/2/2023 and Health Care Director [REDACTED] on 8/24/2023. [REDACTED] or Designee to monitor incident reports daily for 60 days to ensure continued compliance. Health Care Director [REDACTED] will also educate all direct care staff members as to the importance of medical evaluation for all injuries of unknown origin on 10/16/2023.

Per the BHSL Reportable submitted to the department upon the [REDACTED]/23 incident Resident #1 aggressively approached unnamed resident, causing Resident #2 to become agitated and push Resident #1 from behind. Staff attempted to intervene but was unable to successfully do so prior to contact between Resident #1 and Resident #2. Care plans for Resident #1 and Resident #2 were both updated upon incident by [REDACTED] to instruct direct caregivers to redirect residents away from each other and no further incident occurred during Resident #1 or #2's tenure in the facility. Health Care Director [REDACTED] will provide education to direct care staff members on 10/16/2023 about appropriate behavior interventions and timeliness of response to agitated residents. Health Care Director [REDACTED] will monitor incident reports daily for 60 days to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/16/2023

Implemented [REDACTED] - 10/20/2023)

227c - Support Plan Revision

2. 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 become incontinent of bladder following recent falls and the resident's most recent RASP was not updated to address this change.

Following Resident #1's hospitalization in [REDACTED] 2023 for a [REDACTED] the resident was ordered to utilize

227c - Support Plan Revision (continued)

compression stockings daily which was not addressed in the resident's RASP.

Plan of Correction

Accept [REDACTED] - 10/16/2023)

Resident's RASP was corrected/updated by Health Care Director [REDACTED] on 9/5/2023 to include the order to utilize compression stockings daily and incontinence of bladder. Regional Health Care Director [REDACTED] educated Health Care Director [REDACTED] and Residence Director [REDACTED] on 2600 227.c requirements on 9/6/2023. Health Care Director [REDACTED] to audit all RASPs within 30 days of admission upon change in care need for 60 days.

Licensee's Proposed Overall Completion Date: 10/16/2023

Implemented [REDACTED] 10/20/2023)

227d - Support Plan Medical/Dental**3. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment and support plan was not updated to show resident #1s current support needs. No additional supports were added to support plan such as more frequent checks or OT/PT to ensure residents safety.

Resident #1 had become incontinent of bladder following recent falls and the resident's RASP was not updated to address this change.

Following Resident #1's hospitalization [REDACTED] 2023 for [REDACTED] the resident was ordered to utilize compression stockings daily was not addressed in the resident's RASP.

Plan of Correction

Accept [REDACTED] - 10/16/2023)

Resident's RASP was corrected/updated by Health Care Director [REDACTED] on 9/5/2023 to include the current practice of more frequent safety checks, the order to utilize compression stockings daily and incontinence of bladder. Regional Health Care Director [REDACTED] educated Health Care Director [REDACTED] and Residence Director [REDACTED] on 2600 227.d requirements on 9/6/2023. Health Care Director [REDACTED] to audit all RASPs within 30 days of admission or upon change in care need for 60 days.

Licensee's Proposed Overall Completion Date: 10/16/2023

Implemented [REDACTED] - 10/20/2023)