

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

November 14, 2023

[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 09/06/2023 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: *LEGACY PLACE COTTAGES* License #: *22551* License Expiration: *09/20/2024*
 Address: *2051 BEVIN DRIVE, ALLENTOWN, PA 18103*
 County: *LEHIGH* Region: *NORTHEAST*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *I-2* Date: *04/30/2015* Issued By: *Salisbury Twp.*
 Type: *I-2* Date: *08/11/2015* Issued By: *Salisbury Twp.*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *09/06/2023*

Inspection Dates and Department Representative

09/06/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *48* Residents Served: *42*

Secured Dementia Care Unit
 In Home: *Yes* Area: *N/A* Capacity: *16* Residents Served: *16*

Hospice
 Current Residents: *7*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *42*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *16* Have Physical Disability: *0*

Inspections / Reviews

09/06/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/07/2023*

10/19/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/08/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/26/2023*

Inspections / Reviews (*continued*)

10/26/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 11/09/2023

11/14/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

An undated white frozen beverage in an Arby's cup, resembling a milkshake, was found in the freezer of the home's kitchen.

Plan of Correction

Accept () - 10/26/2023)

A staff member put an Arby's milkshake with no date or label in a resident refrigerator.

The staff member's item was disposed of by the Wellness Director upon discovery on 9-6-23. All leftover food stored in the refrigerators will be appropriately covered, labeled, and dated by staff.

Additional signage has been placed on each refrigerator as a reminder to staff that employee items should be stored in separate refrigerators in the break rooms designated for employee use. This was completed by the Executive Director on 10-12-23.

Staff will be inserviced on proper food storage including labeling and dating by the Executive Director. This training will be completed by 11-6-23.

All refrigerators will be visually monitored on a daily basis by the Dining Manager and/or designee. The Dining Manager will be responsible for continued compliance by completing a Dietary Compliance Audit checklist on a weekly basis which includes checking all refrigerators for any undated or unlabeled items, the presence of thermometers in each refrigerator and freezer, and the presence of required weekly menus. This process will begin 10-23-23.

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented () - 11/13/2023)

103f - Refrigerator/Freezer Temps

2. 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

The freezer located in the kitchen of the Personal Care Home, did not contain a thermometer.

Plan of Correction

Accept () - 10/26/2023)

A freezer in the Personal care Kitchen did not have a thermometer in it. Upon discovery, a thermometer was placed in the freezer by the Dining Manager on 9-6-23

All refrigerators were audited by the Executive Director on 10-4-23, and thermometers are present in each refrigerator and freezer.

The Dining Manager will audit all refrigerators and freezers on a weekly basis by completing a Dietary Compliance

103f - Refrigerator/Freezer Temps (continued)

Tool which includes checking each refrigerator and freezer for the presence of thermometers. This tool will be utilized beginning on October 23, 2023.

Staff will be inserviced by the Executive Director on proper food storage including storage temperatures. This training will be completed by 11-6-23.

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented (█ - 11/13/2023)

162c - Menus Posted**3. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 9-6-23 menus were posted through 9-9-23.

Plan of Correction

Accept (█ - 10/26/2023)

The weekly menu in the Memory Care building was not posted a week in advance. A menu was posted but was for the current week. Upon discovery, the next week's menu was posted immediately by the Dining Manager on 9-6-23.

Weekly menus shall be posted in a conspicuous area in both buildings and will be posted one week in advance.

The Dining Manager will be responsible for ongoing monitoring by visually checking the bulletin boards in each building weekly and completing a weekly Dining Compliance Audit tool to ensure that the required menus are posted. This will be in effect on October 23, 2023.

Licensee's Proposed Overall Completion Date: 10/25/2023

Implemented (█ - 11/13/2023)

183d - Prescription Current**4. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident 1 had a prescription for Guggul Extract 500 MG supplement. which was discontinued on 8-24-23. On 9-6-23, the prescription medication was still available in the medication cart.

Plan of Correction

Accept (█ 10/26/2023)

Only current prescription, OTC, sample, and CAM for residents living in the Home will be kept in the medication carts.

The discontinued medication for Resident #1 was removed from the cart and discarded by the Wellness Director

183d - Prescription Current (continued)

upon discovery on 9-6-23.

The Director of Wellness, Resident Care Coordinator and/or Medication Techs will immediately remove any discontinued item from the medication cart once an order is received by a physician and will sign off on a log that this was completed.

Medication staff will be inserviced by the Wellness Director on medication expiration and discontinuation procedures by November 8, 2023.

The Wellness Director will be responsible for ensuring that each medication cart is audited weekly for ongoing compliance utilizing the Medication Cart Audit checklist.

Licensee's Proposed Overall Completion Date: 11/08/2023

Implemented [redacted] - 11/13/2023)

227c - Support Plan Revision

5. 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

The Resident Assessment Support Plan for Resident 2 was not updated to include the significant change of multiple rib fractures on [redacted]-23.

Plan of Correction

Accept [redacted] - 10/26/2023)

Resident RASPS will be revised within 30 days of the annual assessment or upon changes in Resident needs.

Resident #2's support plan was reviewed and updated by the Resident Care Coordinator on 9-7-23 to include a significant change for the rib fracture incident on [redacted]-23 and to reflect [redacted] current healthcare needs which includes additional fall precautions and being picked up for Hospice services.

Residents will be reviewed on a weekly basis to discuss resident conditions and the need to update any RASPs based on care needs or significant changes in condition. The Wellness Director and/or designee will be responsible for ongoing weekly monitoring to ensure that any resident experiencing a change in condition has their RASP updated appropriately. Residents whose RASPs are updated due to changes in needs or changes in condition will be entered into a log by the Resident Care Coordinator and the log will note the resident, date, and reason for update to the RASP. This process was revised on 9-7-23 and will remain in place to ensure that RASPs are updated on a timely basis.

The Wellness Director and/or designee will be responsible for ongoing monitoring

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented [redacted] - 11/13/2023)