

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

June 11, 2024

[REDACTED], EXECUTIVE DIRECTOR
1680 SPRING CREEK ROAD OPERATIONS LLC
1680 SPRING CREEK ROAD
MACUNGIE, PA, 18062

RE: LEHIGH COMMONS
1680 SPRING CREEK ROAD
MACUNGIE, PA, 18062
LICENSE/COC#: 22205

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/09/2024, 04/10/2024 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: *LEHIGH COMMONS* License #: *22205* License Expiration: *03/16/2025*
Address: *1680 SPRING CREEK ROAD, MACUNGIE, PA 18062*
County: *LEHIGH* Region: *NORTHEAST*

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: *1680 SPRING CREEK ROAD OPERATIONS LLC*
Address: *1680 SPRING CREEK ROAD, MACUNGIE, PA, 18062*
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/19/1998* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *100* Waking Staff: *75*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *04/10/2024*

Inspection Dates and Department Representative

04/09/2024 - On-Site: [Redacted]
04/10/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	<i>80</i>	Residents Served:	<i>72</i>
Secured Dementia Care Unit			
In Home:	<i>Yes</i>	Area:	<i>secure unit</i>
Capacity:	<i>15</i>	Residents Served:	<i>12</i>
Hospice			
Current Residents:	<i>12</i>		
Number of Residents Who:			
Receive Supplemental Security Income:	<i>0</i>	Are 60 Years of Age or Older:	<i>72</i>
Diagnosed with Mental Illness:	<i>0</i>	Diagnosed with Intellectual Disability:	<i>0</i>
Have Mobility Need:	<i>28</i>	Have Physical Disability:	<i>0</i>

Inspections / Reviews

04/09/2024 - Full
Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *04/28/2024*

04/25/2024 - POC Submission
Submitted By: [Redacted] Date Submitted: *06/10/2024*
Reviewer: [Redacted] Follow-Up Type: *Document Submission* Follow-Up Date: *05/03/2024*

Inspections / Reviews (*continued*)

05/10/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/10/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/14/2024

06/11/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/10/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home did not have the inspection binder with current license inspection summaries posted conspicuously as required. The binder was stored behind the receptionist's desk.

Plan of Correction

Accept (█ - 04/25/2024)

The community immediately placed the inspection binder in plain site

The community on 4/10/24 secured a holder to the wall to store the inspection binder in a conspicuous place on the lobby wall. (Please see attached photos of the location)

Community staff educated on 4/24/24 the new location of the inspection binder.

Executive Director/ Designee will audit two times a week that the inspection binder is in the holder for three months or until compliance is determined. Findings will be reported to QAPI

Licensee's Proposed Overall Completion Date: 04/25/2024

Implemented (█ - 05/10/2024)

20b8 - Quarterly Account

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Resident #1 utilizes the facility's financial management of spending money. The most current documentation of quarterly statements of financial transactions for the account is dated 3/31/21.

Plan of Correction

Accept (█ - 04/25/2024)

Resident #1 was provided a financial statement on 4/10/24.

Community completed an audit for residents that the community provides assistance with financial management or holds residents funds on 4.10.24 Financial Statements sent to residents required on 4.10.24.

Communities Business Office Manager (BOM) was re-educated on 4/9/24 of the requirement to send a quarterly financial statement.

Executive Director/ Designee will audit monthly that residents requiring quarterly financial statements receive them for three months or until compliance is determined. Findings will be reported to QAPI.

Licensee's Proposed Overall Completion Date: 04/25/2024

Implemented (█ - 05/10/2024)

42b - Abuse

3. Requirements

42b - Abuse (continued)

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

On 3/23/24 resident #2 was observed pushing resident #3, causing resident #3 to fall and suffer a laceration to the forehead.

Plan of Correction

Accept (█) - 04/25/2024)

Resident #2 was placed immediately on 1:1 supervision. Resident remained on 1:1 until provider evaluated resident and adjusted is medication and plan of care.

Resident #3 Moved out of the community on █/24 to live with █ spouse in a memory care facility.

Memory Care resident evaluated on █/24 for Behaviors that place them at risk for impulsive actions that could cause harm to another resident.

Memory Care staff educated on 3/23/24 to monitor resident's behaviors on pushing unwilling other resident's wheelchairs.

Community completing Behavior Rounds weekly for any changes/ improvement in behaviors.

Memory Care Director / Designee will audit the Daily for residents with unwanted behaviors toward other residents and staffs interventions for three months or until compliance is determined. Findings will be reported to QAPI

Licensee's Proposed Overall Completion Date: 04/25/2024

Implemented (█) - 05/10/2024)

109b - Rabies Vaccination

4. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

The rabies vaccination for Delilah the cat residing in the home expired on 2/4/24.

Plan of Correction

Accept (█) - 04/25/2024)

Delilah received her Rabies Booster on 4/25/24

Audit completed on Rabies Vaccinations on 4/10/24. No other outstanding Rabies vaccinations found.

The Activities Director was re-educated on 4/10/24 of the retirements of monitoring animal's vaccination records for expiration dates.

The Activities Director will now monitor Quarterly for upcoming expiration dates.

Executive Director/ Designee will audit the Activities Directors audits to validate that expiring vaccines have been addressed for six months or until compliance is determined. Findings will be reported to QAPI

Licensee's Proposed Overall Completion Date: 04/25/2024

Implemented (█) - 05/10/2024)

132e - Fire Drill Sleeping Hours

5. Requirements

132e - Fire Drill Sleeping Hours (continued)

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home's fire drill logs indicate sleeping hour drills were conducted in March 2023 and then again in November 2023, more than six months apart.

Plan of Correction

Accept (█) - 04/25/2024)

Maintenance Director entered November 2023 Fire Drill on 11/29/23 in the TELs for automated notification of next drill required.

Executive Director(ED) notified the communities contracted service of Fire and Life Safety Solutions on 4/10/24.

Community ED reviewed state regulations with the company.

Maintenance Director re-educated on 4/10/24 of utilization of TELS and State Fire Drill regulations.

Executive Director/ Designee will audit Fire Drills are placed in TELS monthly and follow State Requirements for six months or until compliance is determined . Findings will be reported to QAPI

Licensee's Proposed Overall Completion Date: 04/25/2024

Implemented (█) - 05/10/2024)

141a 1-10 Medical Evaluation Information

6. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #4's Documentation of medical evaluation (DME) form dated █ did not indicate the resident's ability to self administer medications.

Plan of Correction

Accept (█) - 04/25/2024)

Resident #4 DME was updated on the ability to Self-Administer Medication on █.

Community audit will be completed for medication Self Administration by 5.10.24. Residents that require modification will occur by 5.15.24.

Licensed Nurses re-educated on 4/24/24 on verifying that the Self Administration section of the DME is completed.

The Director of Health and Wellness/ Designee will audit weekly new DMEs for completions for three months or until compliance is determined. Findings will be reported to QAPI

141a 1-10 Medical Evaluation Information (continued)

Licensee's Proposed Overall Completion Date: 04/25/2024

Implemented (█) - 06/11/2024)

183e - Storing Medications

7. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

The Novolog insulin pen belonging to resident #5 was not dated and initialed when the pen was opened for use. The pharmacy label indicates the pen is to be discarded 28 days after it is opened for use.

One half of an orange pill was found in a cup in the top drawer of the medication cart. The half pill was later identified as the medication Myrbetriq, 50mg which was prescribed to resident #6. The 50mg tablet, which had been cut in half by the med tech prior to administration to the resident was not properly stored or disposed of after medication administration was completed for resident #6.

Plan of Correction

Accept (█) - 04/25/2024)

Residents #5 Novolog Insulin pen was replaced on 4/10/24. Then, pen was dated when opened for use.

Residents #6 pill in the cup was appropriately disposed of on 4/10/24.

Medication Tech that inappropriately stored resident # 6's medication was re- educated and a medication observation completed on 4/24/24.

Insulin Pens audit for appropriate date when opened on 4/10/24. No other non-compliance noted.

Community medication carts checked for inappropriately stored medication on 4/10/24. No other non-compliance determined.

Nurses and Med Techs educated on appropriate dating of Insulin pens and storage of medication on 4/24/24.

Community initiated a weekly clean cart audit that includes medication dating and proper storage of medication.

Director of Health & Wellness/ Designee randomly audit one medication cart for appropriate medication storage and dating of insulin pens weekly for three months or until compliance is determined. Findings will be reported to QAPI

Licensee's Proposed Overall Completion Date: 04/25/2024

Implemented (█) - 06/11/2024)

184a - Resident's Meds Labeled

8. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #6 has an order for Myrbetriq 25mg, one tablet daily. The pharmacy label on the blisterpack indicates an incorrect order of 50mg, one tablet daily.

184a - Resident's Meds Labeled (continued)

Plan of Correction

Accept (█) - 04/25/2024

Residents #6 medication order was corrected on 4/10/24.

Staff member incorrectly transcribing the order was re- educated on 4/10/24

Community audit completed on 4/11/24 to validate resident's orders and blister pack have the same medication information order.

Med Techs and Nurses re- educated on "the rights of medication administration" and verification correct dose on hand on 4/24/24.

Director of Health & Wellness/ Designee randomly audit one medication cart for appropriate medication labels and orders matching weekly for three months or until compliance is determined. Findings will be reported to QAPI

Licensee's Proposed Overall Completion Date: 04/25/2024

Implemented (█) - 06/11/2024

185a - Implement Storage Procedures

9. 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 #7 has a PRN order for the medication Ondansetron, 1 tablet three times daily as needed. The medication was not available in the medication cart for administration if needed.

Plan of Correction

Accept (█) - 04/25/2024

Resident # 7 medication was re ordered and in the community on 4/10-11/24.

Current resident's prn medication audit completed on 4/11/24 to validate medication is available. No other non-compliance noted.

Nurses and Med Techs educated on appropriate ordering of PRN medication on 4/24/24.

Director of Health & Wellness/ Designee randomly audit one medication cart for PRN medication on hand weekly for three months or until compliance is determined. Findings will be reported to QAPI

Licensee's Proposed Overall Completion Date: 04/25/2024

Implemented (█) - 06/11/2024

187a - Medication Record

10. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

13. Date and time of medication administration.

14. Name and initials of the staff person administering the medication.

Description of Violation

The following medications were not initialed as administered by the staff person who administered them to resident #8 on 4/9/24: Olanzapine 2.5mg and Lantus insulin, 22 units at 9pm.

187a - Medication Record (continued)

The following medications were not initialed as administered by the staff person who administered them to resident #3 on 4/9/24: Acetaminophen 500mg, Famotidine 20mg, Gabapentin 100mg, Isosorbe 20mg, Meloxicam 7.5mg, Metoprolol 25mg, Mirtazapine 15mg, Valproic acid 250mg, and Risperidol .5mg. All medications were scheduled for administration at 5pm or 9pm.

Also, resident #6 has an order for Vitamin D3 1 tablet, 1000units daily. The Medication administration record (MAR) listed an incorrect order of 2 tablets daily.

Plan of Correction

Accept () - 04/25/2024

Resident # 8 Provider was notified on 4/10/24 on the medications not initialed/administered Nurse/Med Tech was re- educated and Medication Pass Observation completed on 4/11/24. Resident #3 Provider was notified on 4/10/24 on the medications not initialed/administered Nurse/Med Tech was re- educated and Medication Pass Observation completed on 4/10/24. Resident #6 Provider was notified on 4/10/24 on the medications not initialed/administered Nurse/Med Tech was re- educated and Medication Pass Observation completed on 4/10/24. Community residents April MARS/TARS audited on 4/10/24 to validate no other omissions identified. Nurses and Med Techs educated on Rights of Medication Observation on 4/24/24. Director of Health & Wellness/ Designee randomly audit one medication cart for completed documentation medication weekly for three months or until compliance is determined. Findings will be reported to QAPI

Licensee's Proposed Overall Completion Date: 04/25/2024

Implemented () - 06/11/2024

187d - Follow Prescriber's Orders

11. Requirements

2600. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 has an order for Meloxicam 7.5mg every 12 hours. On 4/7/24 the medication was not administered at 9pm, 12 hours after the 9am dose. Resident #8 has an order for Metformin 1000mg at 9am and 6pm. The medication was not administered on 4/9/24 at 9am or 6pm and on 4/10/24 at 9am due to not being available in the medication cart. Resident #9 has an order for Gabapentin 100mg two capsules at bedtime. The medication was not administered on 4/7/24 at 9pm. Resident #9 also has an order for Labetalol 300mg 1/2 tablet twice daily, hold for systolic blood pressure (SBP) less than 110 or Heart rate less than 60. On 4/3/24 at 5pm the resident's heart rate was 49 and the medication was not held as per the physician's orders.

Plan of Correction

Accept () - 04/25/2024

Resident # 3 Provider was notified on 4/10/24 on the medications not initialed/administered Nurse/Med Tech was re- educated and Medication Pass Observation completed on 4/24/24. Resident #8 Provider was notified on 4/10/14 on the medications not initialed/administered Nurse/Med Tech was re- educated and Medication Pass Observation completed on 4/24/24. Resident #9 Provider was notified on 4/10/24 on the medications not initialed/administered

187d - Follow Prescriber's Orders (continued)

Community residents April MARS/TARS audited on 4/10/24 to validate no other omissions identified.
Nurses and Med Techs educated on Rights of Medication Observation on 4/24/24.
Director of Health & Wellness/ Designee randomly audit one medication cart for completed documentation medication weekly for three months or until compliance is determined. Findings will be reported to QAPI

Licensee's Proposed Overall Completion Date: 04/25/2024

Implemented (█) - 06/11/2024)

227d - Support Plan Medical/Dental

12. 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

Resident #1's support plan update on █ indicates the resident utilizes an enabler bar to transfer in and out of bed. The support plan does not include the following required items: Specific device being used and whether the FDA guidelines require the device to be covered.

Resident #5's support plan update on █ indicates the resident utilizes an enabler bar to pull themselves up, turn and reposition in bed, and the risks associated with the use of the enabler bar. It does not include the following required items: the Specific device being used and whether the FDA guidelines require the device to be covered.

Resident #10's support plan update on █ indicates the resident utilizes an enabler bar to pull themselves up, turn, and reposition in bed, and the risks associated with the use of an enabler bar. The support plan does not include the following required items: Specific device being used and whether the FDA Guidelines require the device to be covered.

Plan of Correction

Accept (█) - 04/25/2024)

Residents #1 Support Plan was updated on █

Resident # 5 Support Plan was updated on █

Residents #10 Support Plan was updated on █

Community wide audit completed on 4/10/24 to validate utilization of an Enabler Bar and that it is included on their service plan.

Community staff educated on 4/24/24 requirements for specific types of Enabler Bars.

Director of Health & Wellness/ Designee will audit community Enabler Bars for appropriate Service Plans/

Documentation weekly for three months or until compliance is determined. Findings will be reported to QAPI

Licensee's Proposed Overall Completion Date: 04/25/2024

Implemented (█) - 06/11/2024)