

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

July 1, 2024

[REDACTED]
1680 SPRING CREEK ROAD OPERATIONS LLC
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/16/2024, 05/24/2024 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *1* Total Daily Staff: *99* Waking Staff: *74*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *05/24/2024*

Inspection Dates and Department Representative

05/16/2024 - On-Site: [REDACTED]
 05/24/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *80* Residents Served: *70*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Memory Support* Capacity: *14* Residents Served: *14*

Hospice
 Current Residents: *6*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *28* Have Physical Disability: *0*

Inspections / Reviews

05/16/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/07/2024*

06/21/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/28/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/26/2024*

Inspections / Reviews (*continued*)

06/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/28/2024

07/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On [REDACTED] at 9:00am Department Representative (Dept. Rep.) entered the building to investigate an incident reported by the home and was met at the entrance by Staff Person "A". When Dept. Rep. requested to speak to the Administrator, Staff Person "A" stated the administrator was not in. Dept. Rep. then asked to speak to the Designee. Staff person "A" replied, "there is none". Finally, Dept. Rep. asked to speak to the Director of Wellness, or any staff that has access to Resident Records. Staff Person "A" responded, "there is no one here that can get you what you need". Staff Person "A" then handed Dept. Rep. Staff Person "B"'s phone number stating, "I was instructed to give this number to anyone who comes in and asks for something". Staff Person "D" was contacted and stated they were on their way to the building. Staff Person "A" also attempted to keep Dept. Rep. from entering the Secured Unit to interview staff stating, "I have to let them know you're coming first". At 9:45 am, this worker located a Med Tech in the Med Room where the Resident Records are stored and who provided records needed. Dept. Rep. was not given immediate access to the resident record and staff information requested.

Plan of Correction

Accept [REDACTED] - 06/21/2024)

Staff member A was educated on [REDACTED] on the designated staff representative for the community on hours the executive director or director of health & wellness is not in the community. Staff member B educated on [REDACTED] on the designated staff representative for the community on hours the executive director or director of health & wellness is not in the community.

Community staff educated on who is in charge of the community when the Ed and/or DHW is not on the property and the requirement for immediate access to records for a regulatory body on 6/10/24. The daily staffing sheet will indicate the staff member in charge when the ED and DHW are not on the property.

The staffing coordinator/designee will audit weekly for the designee listed on the daily staffing sheet and staff knowledge of the required person to alert for regulatory onsite visits for 3 months or until compliance is determined. Findings will be reported to QAPI

Licensee's Proposed Overall Completion Date: 06/20/2024

Implemented [REDACTED] - 06/26/2024)

42b - Abuse

2. 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

On [REDACTED] Resident [REDACTED] was residing in the Personal Care side of the home. At approximately 11:30pm, Staff person "C" was making rounds in their assigned section and noted Resident [REDACTED] was asleep in [REDACTED] bed. At approximately [REDACTED] on [REDACTED] Staff person "D" was making rounds and was told by another resident that they could hear someone crying for help outside their window. Staff Person "D" looked out the window and saw Resident [REDACTED] lying in the grass, face down and dressed in pajamas. Staff Person "D" alerted Staff Persons "E" and "F" who grabbed blankets to cover Resident [REDACTED]. When interviewed, Staff Person "C" admitted they did not check on Resident [REDACTED] after [REDACTED] the previous evening because [REDACTED] was too busy. Staff Person "G", who reviewed the video of Resident [REDACTED] exiting the building,

42b - Abuse (continued)

observed Resident [redacted] walking out of the first-floor stair well exit at approximately 12:30am. Resident [redacted] laid on the ground unattended for 5 hours before they were found by staff.

Plan of Correction

Accept [redacted] - 06/21/2024)

Resident [redacted] was reevaluated on [redacted] to determine elopement status. Resident [redacted] was relocated to the secured dementia neighborhood on [redacted]. Community-wide elopement evals were completed to validate the resident's risk for unsafe wandering on [redacted]. No other residents were found to be at risk.

Community staff educated on a new process to evaluate community residents for those at risk for wandering and interventions in place to monitor for resident safety on [redacted]

ED/designee will audit weekly for changes of at-risk residents and appropriate interventions for 3 months or until compliance is determined. Findings will be reported in QAPI.

Licensee's Proposed Overall Completion Date: 06/20/2024

Implemented [redacted] - 06/26/2024)

141a 1-10 Medical Evaluation Information

3. 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 [redacted] DME dated [redacted] does not indicate if the resident has allergies or if they require body positioning. The Resident's MAR indicates they are prescribed Claritin PRN for allergy symptoms.

Plan of Correction

Accept [redacted] - 06/21/2024)

Resident [redacted] was updated to include allergies and required body positioning on [redacted]. A community audit was completed on [redacted] to validate that residents on PRN medication have allergies listed have allergies indicated and any positioning of the body needed on [redacted].

The ED/designee will audit any new admissions, annual and significant change DMEs for allergies/ medications for allergies, and required body positioning for 3 months or until compliance is determined. Findings will be reported to QAPI

Licensee's Proposed Overall Completion Date: 06/20/2024

Implemented [redacted] - 07/01/2024)

202 - Prohibitions

4. Requirements

202 - Prohibitions (*continued*)

2600.

202. The following procedures are prohibited:

6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

Based on an interview with Staff Person "B", Personal Care Aides were instructed by Staff Person "I" to "do whatever it takes" to change the clothes and briefs of a combative resident. When interviewed, Staff Persons "D" & "E" confirmed that they routinely held the arms of combative residents in order for another aide to provide care without being hit by the resident.

Plan of Correction

Accept [REDACTED] - 06/21/2024)

Staff members B, D, and E were all re-educated on [REDACTED] on physical restraints. Staff member H was terminated on [REDACTED]. Community staff was re-educated by the interim ED and regional clinical lead on [REDACTED] on the definition of physical restraint and the requirement to report. New staff will be educated during orientation on what defines physical restraint. The ED/designee will randomly question the staff on each shift to validate their understanding of what is a physical restraint and who to notify if they have a concern for 3 months or until compliance is determined. Findings will be reported to QAPI.

Licensee's Proposed Overall Completion Date: 06/20/2024

Implemented [REDACTED] - 06/26/2024)

231e - No Objection Statement

5. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident [REDACTED] was transferred to the home's Secured Dementia Care Unit (SDCU) on [REDACTED]. The Resident's record does not have documentation that the resident or their designated person have not objected to the resident's transfer to the SDCU.

Plan of Correction

Accept [REDACTED] - 06/21/2024)

Resident [REDACTED] admission to the memory support neighborhood statement was acknowledged on [REDACTED]. An audit was completed on [REDACTED] to validate that all residents residing in the memory care neighborhood have an acknowledgment statement. The memory care director and the admissions director were re-educated on the requirement for a new admission and/ or a resident who transfers is required to have a signed acknowledgment by the responsible party before the transfer on [REDACTED]. ED/ designee will audit any new admissions or transfers to the secured unit for 3 months or until compliance is determined. Findings will be reported to QAPI.

Licensee's Proposed Overall Completion Date: 06/20/2024

Implemented [REDACTED] - 07/01/2024)