

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

July 8, 2024

[REDACTED]  
LW ALLENTOWN OPCO LLC  
[REDACTED]  
[REDACTED]

RE: LEGEND PERSONAL CARE AND  
MEMORY CARE OF ALLENTOWN  
6043 LOWER MACUNGIE ROAD  
MACUNGIE, PA, 18062  
LICENSE/COC#: 23139

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/18/2024 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: *LEGEND PERSONAL CARE AND MEMORY CARE OF ALLENTOWN* License #: 23139 License Expiration: 12/11/2024

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: 05/17/2018 Issued By: Lower Macungie Twp

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 98 Waking Staff: 74

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:

Reason: Fine Exit Conference Date: 06/18/2024

**Inspection Dates and Department Representative**

06/18/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information

License Capacity: 100 Residents Served: 72

Secured Dementia Care Unit

In Home: Yes Area: n/a Capacity: 32 Residents Served: 26

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 72

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

Have Mobility Need: 26 Have Physical Disability: 0

**Inspections / Reviews**

06/18/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/04/2024

Inspections / Reviews (*continued*)

## 07/08/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/08/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document  
Submission*

## 07/08/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/08/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 187d - Follow Prescriber's Orders

## 1. Requirements

2600.

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

## Description of Violation

Resident [REDACTED] receives an [REDACTED] tablet every morning at 8am. As per the prescriber's instructions, the medication is to be held for SBP less than [REDACTED] or heart rate less than [REDACTED]. The resident had a heart rate of [REDACTED] on [REDACTED], a heart rate of [REDACTED] on [REDACTED] and a heart rate of [REDACTED] on [REDACTED]. The medication was administered on all 3 days even though the residents heart rate was less than 60. There was no documentation to indicate the medication was held in accordance with physician's orders.

Repeat violation: 4/18/24, 12/13/23 et al.

## Plan of Correction

Accept ( [REDACTED] - 07/08/2024)

With Respect to the specific deficiency cited:

Resident [REDACTED] receives an [REDACTED] tablet every morning at 8 am. As per the prescriber's instructions, the medication is to be held for SBP less than [REDACTED] or a heart rate less than [REDACTED]. The resident had a heart rate of [REDACTED] on [REDACTED], a heart rate of [REDACTED] on [REDACTED], and a heart rate of [REDACTED] on [REDACTED]. The medication was administered on all 3 days even though the residents' heart rate was less than [REDACTED]. The home failed to document an indication that the medication was held in accordance with the physician's orders.

With Respect to Systemic Measures that have been put into place to address the stated concern:

Upon immediate review of Resident [REDACTED] chart during the inspection on [REDACTED], The Healthcare Director identified the error and took swift action. The medication technician responsible for the error was provided on-the-spot training on reading physician orders and understanding medication parameters by the Asst Health Care Director (EMT). Hospice was promptly notified, and a new order was received to discontinue the parameters for the amlodipine (attached.) A reportable incident was sent to DHS by the Healthcare Director on [REDACTED] (attached). Also, effective [REDACTED], the home has committed to immediately and ongoingly following the prescriber's directions, demonstrating our unwavering dedication to patient safety.

The home's medication technicians underwent comprehensive retraining by the Regional Healthcare Specialist on [REDACTED], focusing on regulations 2600.181a-189b (attached). This thorough retraining ensures that our staff is fully equipped to adhere to all necessary regulations, instilling confidence in their competence and ability to prevent future errors.

Beginning [REDACTED], the Administrator/Designee will audit MARs weekly for six (6) weeks to ensure ongoing compliance with Regulation 2600.187d.

With Respect to How the Plan of Corrective Measures will be Monitored:

Compliance monitoring on Regulation 2600.187d, Follow Prescriber Orders, will be conducted for three (3) months during Quality Assurance meetings, beginning 6/20/24 (attached). All records will be retained and made available for Department review upon request.

Licensee's Proposed Overall Completion Date: 06/24/2024

Implemented ( [REDACTED] - 07/08/2024)