

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

August 29, 2024

[REDACTED], ADMINISTRATOR
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 07/17/2024 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]
Human Services Licensing Supervisor

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]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 91 Waking Staff: 68

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 07/17/2024

Inspection Dates and Department Representative

07/17/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 100 Residents Served: 68
Secured Dementia Care Unit
In Home: Yes Area: REFLECTIONS Capacity: 25 Residents Served: 23
Hospice
Current Residents: 6
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 26
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 23 Have Physical Disability: 0

Inspections / Reviews

07/17/2024 Partial
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 08/18/2024
08/26/2024 - POC Submission
Submitted By: [Redacted] Date Submitted: 08/26/2024
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 08/28/2024

Inspections / Reviews *(continued)*

08/29/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/26/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

On [REDACTED], Resident # 1 pushed the call bell for assistance due to excessive pain. The resident stated no one came to assist. The resident called a family member to come and take the resident to the hospital. The Call Bell Log indicates the resident's call bell was initiated at 6:59pm, acknowledged 16minutes and 20 seconds later, and not responded to for 13 hours, 25 minutes, and 49 seconds. Staff A stated this was responded to the next morning when the staff arrived at work. Resident needs are not being met.

The Call bell log was reviewed, there are several instances when the call bell (either the pull switch or the pendant) went unanswered for over 15 minutes. There are several instances when the call bell is acknowledged in a short period of time, but then not responded to for over an hour;

7/4/24 at 755pm, Bathroom pull switch, acknowledged 1 hr 6 min, resolved 2 hrs, 52 min.

7/4/24, 8pm, Bathroom pull switch, acknowledged 1 hr 1 min, resolved 2 hr 45 min.

7/5/24, 418pm, pendant pressed, acknowledged 30 min 41 seconds, resolved 4 hr 19 min.

7/6/24 954am, Bathroom pull switch, never acknowledged, resolved 5 hours, 6 min.

Resident #5's RASP indicates a diagnosis of urinary incontinence and the need for staff assistance with toileting and changing their briefs. Based on an interview with Staff Person B, Resident #5 is frequently found to have his/her brief soaked with urine and their bed sheets wet at 6:15 am which is the start of the 1st shift. Staff Person B confirmed that 3rd shift staff do not use the task sheets used to indicate that they have provided Resident # 5 with incontinence care.

Repeat Violation 4-18-24, 12-13-23 et al

Plan of Correction

Accept ([REDACTED] - 08/26/2024)

On 7/3/24, the Healthcare Director ran the call pendant log and found that staff responded in 16 minutes and 15 seconds. The pendant was not cleared for 13 hours, 25 minutes, and 49 seconds because the Resident was transported to the hospital with the pendant on. The pendant was cleared upon the resident's return from the hospital on 7/4/24.

On 7/22/24, the Healthcare Director and Assistant Healthcare Director educated current direct care staff on the expected response time of less than 15 (As per discussion with Administrator on 8/23/24 RY) minutes from the time of notification and the correct use of task sheets, covered under Regulation 2600.23a, Activities of Daily Living. Documentation shall be retained.

Beginning 7/18/22, the Healthcare Director will run the call pendant report daily to ensure response times stay within expectations.

Four new walkie-talkies that capture call pendants were ordered on 7/24/24 to ensure all staff can communicate and be alerted when call pendants alert.

Adherence to 2600.23a, Activities of Daily Living, will be rigorously monitored during our regularly scheduled

23a - Activities of Daily Living Assistance (continued)

Quality Assurance meetings by reviewing the call pendant report. This is a critical step in ensuring compliance with regulations and the safety of our residents. Comprehensive documentation of these meetings will be maintained for reference.

Proposed Overall Completion Date: 08/31/2024

Licensee's Proposed Overall Completion Date: 08/31/2024

Implemented () - 08/29/2024)

182b - Prescription Medication**2. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Based on an interview with Staff Person C, it was determined that on several days in [REDACTED] between [REDACTED] and [REDACTED], there were no staff present in the home who were trained in medication administration. The home serves residents that have PRN medications.

Plan of Correction

Accept () - 08/26/2024)

Upon notification on 7/17/24, the Healthcare Director immediately reviewed the staffing schedule to ensure a medication provider was scheduled for all shifts.

Beginning 7/18/24, the Healthcare Director will monitor the schedule daily to ensure no medication coverage gaps. The Healthcare Director/designee will also work any open medication provider shifts to ensure coverage.

On 7/19/24, the Administrator educated the Healthcare Director and Assistant Healthcare Director on Regulation 2600.182b, Prescription Medications. This regulation's primary benefit is ensuring that medication is administered safely and that trained professionals follow best practices.

Beginning 7/18/24, The Administrator/designee will monitor the applicant tracking system daily for candidates to fill open positions. The community has posted two new open positions for LPNs to assist with medication management. A Med Tech training class will be held on 8/24/24, and three staff members are currently enrolled.

Compliance monitoring on adherence to 2600.182b, Prescription Medications, will be conducted during regularly scheduled Quality Assurance meetings by reviewing schedules. Nursing schedules will be kept for department review upon request.

Licensee's Proposed Overall Completion Date: 08/31/2024

Implemented () - 08/29/2024)

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

Resident # 2 has an order for [REDACTED], take orally every morning. *HOLD for Systolic Blood Pressure (SBP) less than [REDACTED] or Heart Rate (HR) less than [REDACTED].

- On [REDACTED] the resident had a HR of [REDACTED]. The medication was administered and should have been held.
- On [REDACTED] the resident had a HR of [REDACTED]. The medication was administered and should have been held.
- On [REDACTED] the resident had a HR of [REDACTED]. The medication was administered and should have been held.

Resident # 3 has an order for [REDACTED] tablet, administer orally 3 times a day. *HOLD for Systolic Blood Pressure (SBP) of greater than [REDACTED].

- On [REDACTED] the resident had a [REDACTED] of [REDACTED] at [REDACTED] [REDACTED] tablet was administered when it should have been held.

Repeat Violation: 6-18-24, 4-18-24, 12-13-24 et al

Plan of Correction

Accept [REDACTED] - 08/26/2024)

On [REDACTED], the Healthcare Director obtained physician orders to discontinue the parameter orders on the [REDACTED] for Resident #2.

We respectfully request that this citation be removed, as this was cited on our 6/18/2024 visit and was considered fully implemented by the licensing agency on 7/8/2024 utilizing the below plan of correction. July MARs do not include the orders for parameters.

Resident #1 receives an [REDACTED] tablet every morning at [REDACTED]. 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 [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 #1's chart during the inspection on 6/18/24, 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 6/18/24 (attached). Also, effective 6/18/24, 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 6/24/24, 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 6/25/24, 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

187d Follow Prescriber's Orders (continued)

Bypass Document Submission Implemented (RY 07/

Upon notification of the medication error on 7/17/24, the Healthcare Director immediately sent a reportable incident to BHSL for Resident #3.

On 7/17/24, the Healthcare Director educated the Med Tech responsible for the medication errors on Regulation 187d, Follow Prescriber Orders. The primary benefit of this training was to ensure the Med Tech ensures that residents receive medications and treatments as ordered by a physician. This Med Tech has subsequently been terminated as of 7/31/24 for non medication reasons.

By 8/31/24, the Administrator/designee will train all Med Techs on Regulation 187d, Follow Prescriber Orders. This training will include customer service, resident safety, resident rights, and the processes to follow for medication orders. Documentation will be retained.

Beginning 7/18/24, the Administrator/Designee will audit MARs weekly for six (6) weeks to ensure ongoing compliance with Regulation 2600.187d.

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

Licensee's Proposed Overall Completion Date: 09/01/2024

Implemented (█ - 08/29/2024)

227d - Support Plan Medical/Dental**4. 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 # 4 resides in the Personal Care portion of the facility. The Resident Assessment and Support Plan (RASP) dated █ indicates on page 5 they resident in Secure Dementia Care Unit, when they live in Personal Care. Page 5 also indicates the resident has a diagnosis of dementia, when on page 9 the indications are the resident is oriented, makes good decisions, and on page 10 indicates the resident has no long or short term memory issues. The RASP contradicts itself as to the care the resident requires.

Repeat Violation: 3 5 24, 12 13 23 et al, 9 5 23

Plan of Correction

Accept (█ - 08/26/2024)

Upon immediate notification of the discrepancy on 7/17/24, the Healthcare Director promptly reviewed the assessment for resident #4, who was out of the home at the time of the inspection. A new Resident Assessment Support Plan (RASP) was completed upon return from a rehab stay on 8/5/24 to include accurate information.

227d - Support Plan Medical/Dental (continued)

On 7/18/24, the Administrator educated the Healthcare Director and Assistant Healthcare Director on Regulation 227d, Support Plan Medical/Dental. This training was diligently provided to the staff to ensure that each resident's needs are met as those needs change and that accountability for meeting those needs is firmly established.

The Healthcare Director/designee will complete an audit of all RASPs for accurate content to be completed by 8/19/24. The Healthcare Director and Assistant Healthcare Director will complete monthly audits for accuracy, beginning on 9/1/24, for three months.

Adherence to 2600.227d, Support Plan Medical/Dental, will be rigorously monitored during our regularly scheduled Quality Assurance meetings. This is a critical step in ensuring compliance with regulations and the safety of our residents. Comprehensive documentation of these meetings will be maintained for reference.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented (█) - 08/29/2024)