

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

November 4, 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 09/05/2024, 09/12/2024, 10/04/2024 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**

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 117 Waking Staff: 88

**Inspection Information**

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

**Inspection Dates and Department Representative**

09/05/2024 On Site [Redacted]  
 09/12/2024 On Site [Redacted]  
 10/04/2024 Off Site [Redacted]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 80 Residents Served: 74

**Secured Dementia Care Unit**  
 In Home: Yes Area: *Memory Support* Capacity: 14 Residents Served: 13

**Hospice**  
 Current Residents: 5

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 74  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 43 Have Physical Disability: 0

**Inspections / Reviews**

09/05/2024 - Partial

Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: 10/26/2024

10/25/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 10/29/2024  
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: 10/30/2024

Inspections / Reviews (*continued*)

## 10/28/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/29/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/01/2024

## 11/04/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/29/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] medication administration record was not documented to verify the administration of the following medications on the following dates/times:

- [redacted] tab on 8/20/24 at 6am and 2pm, and on 8/21/24 at 10pm
- [redacted] tab [redacted] on 8/19/24 at 9am
- [redacted] on 8/19/24 at 9am
- [redacted] on 8/19/24 at 9am and 9pm
- [redacted] on 8/19/24 at 9am

Plan of Correction

Accept ([redacted] - 10/28/2024)

On 10/24/2024, certified med techs and nurses completed an in service on documenting and recording medication. Med techs and nurses will record all medication in the MAR when administered or refused. An audit was completed for the rest of the MAR to ensure there are no other issues. The ED and DHW will be responsible for maintaining compliance and will continue auditing the MARS for the next 60 days or until compliance is met.

Licensee's Proposed Overall Completion Date: 11/24/2024

Implemented ([redacted] - 11/04/2024)

227d - Support Plan Medical/Dental

2. 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 [redacted] has repeatedly displayed paranoid behaviors, such as falsely accusing staff of refusing to assist [redacted] with care and accusing staff of verbally abusing [redacted] and accusing staff of stealing. Resident [redacted] displays increased agitation toward staff when they do not pay enough attention to [redacted]. These behaviors and the home's plan to address these behaviors are not documented in Resident [redacted] assessment and support plan dated 4/3/24.

Plan of Correction

Accept ([redacted] - 10/28/2024)

On 10/24/2024, Nursing staff and designees completed an in service on the importance of documenting and updating RASP's when resident behavior significantly changes. Rasps for all changes will be documented and updated by nurse and or designee. The ED and DHW will be responsible for maintaining compliance and will continue to audit RASPs for the next 60 days or until compliance is met.

Licensee's Proposed Overall Completion Date: 10/26/2024

Implemented ([redacted] - 11/04/2024)