pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **LW ALLENTOWN OPCO LLC**
LEGAL ENTITY

To operate **LEGEND PERSONAL CARE AND MEMORY CARE OF ALLENTOWN**
NAME OF FACILITY OR AGENCY

Located at **6043 LOWER MACUNGIE ROAD, MACUNGIE, PA 18062**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **100**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 40**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **November 25, 2024** until **November 25, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **231390**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Emailing Date: November 25, 2024

LW Allentown OPCO LLC

RE: Legend Personal Care and Memory Care of Allentown
6043 Lower Macungie Road
Macungie, Pennsylvania 18062
License: 231390

Dear :

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on October 1, 2024 and October 2, 2024, and the corrections you have made after our inspection we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

November 20, 2024

LW ALLENTOWN OPCO LLC

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

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/01/2024, 10/02/2024 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,

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:

Legal Entity

Name: *LW ALLENTOWN OPCO LLC*

Address:

Certificate(s) of Occupancy

Type: *I-1* **Date**: *05/18/2018* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *94* **Waking Staff**: *71*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Provisional, Incident, Interim* **Exit Conference Date**: *10/02/2024*

Inspection Dates and Department Representative

10/01/2024 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *67*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *NA* **Capacity**: *40* **Residents Served**: *20*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *67*

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

Have Mobility Need: *27* **Have Physical Disability**: *0*

Inspections / Reviews

10/01/2024 - Full

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/28/2024*

Inspections / Reviews *(continued)*

11/19/2024 - POC Submission

Submitted By: [redacted]
Date Submitted: *11/19/2024*
Reviewer: [redacted]
Follow-Up Type: *Document Submission* **Follow-Up Date**: *11/24/2024*

11/20/2024 - Document Submission

Submitted By: [redacted]
Date Submitted: *11/19/2024*
Reviewer: [redacted]
Follow-Up Type: *Not Required*

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107b - Emergency Procedures

3. Requirements

2600.
107.b. The home shall have written emergency procedures that include the following:

Description of Violation

On 9-16-24, a small fire started in the kitchen stove of the home. The home did not pull the fire alarm when the fire was observed as per the home's polices regarding staff responsibility during a fire.

Plan of Correction ***Accept - 11/13/2024)***

Primary Benefit: Ensures that the home is prepared to respond to localized and general emergencies.

The violation occurred because The RD failed to manually trigger a pull station.

The small fire ignited and was extinguished within 60 seconds and although the Residence Director was present at the location of the small fire, the fire had already been completely extinguished. The Residence Director had simultaneously given verbal instruction to several staff present to evacuate and was also on the phone with 911 for the fire department to respond to the address for an inspection of the occurrence and therefore did not activate a pull station.

On 9/17/24 The Residence Director did complete a training review of the home's policy and on 10/27/2024 completed a Relias training course.

To prevent future occurrence, effective 10.05.2024 the Residence Director will ensure that when all associates complete fire safety training there is an emphasis on engaging the alarm system manually as needed. Training records will be maintained accordingly.

107b - Emergency Procedures *(continued)*

Licensee's Proposed Overall Completion Date: *10/27/2024*

Evidence of Completion ***Implemented (█ - 11/20/2024)***

See attached.

162c - Menus Posted

4. Requirements

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 10-1-24 the menus were posted through 10-5-24 and were not posted 1 week in advance.
Posted through 10-12 while onsite.

Repeated Violation: 12-13-23 et al, 3-5-24

Plan of Correction ***Accept █ - 11/13/2024)***

Primary Benefit: Having a menu that is prepared one week in advance and is followed is beneficial for residents so they can plan their meals in advance.
The violation occurred because the PCH had the prior week starting 09.22.2024-09.28.2024 and the current week of 09.29.2024-10.05.2024 and the Chef failed to update the menu display.
The violation was corrected at time of inspection within minutes of identifying the issue. The Residence Director posted the week of 10.06.2024-10.12.2024 which would represent the next weeks menu cycle.
The Chef did review the regulatory requirement with the Residence Director on the date of inspection.
Effective 10.05.2024 Further occurrences will be avoided because the home has assigned the responsibility to the administrative reception staff who date the menu's and post them prior to the start of each week and therefore operational consistency is maintained. The Chef also inspects the display board prior to the start of each week for accuracy of the menus posted.

Licensee's Proposed Overall Completion Date: *10/27/2024*

Update: *11/13/2024*

Please send a photo of the menus posted in the home.

Evidence of Completion ***Implemented (█ 11/20/2024)***

See attached.

182c - Medication Administration

5. Requirements

2600.
182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

On 10-2-24-medication administration that includes the 7 following activities, based on the needs of the resident was not followed. Resident #5's medication Furosemide 40mg tablet was popped out of the bubble pack and then taped

182c - Medication Administration (continued)

back before checking resident #5's blood pressure parameters on 10-2-24, which the blood pressure parameter was too low to give the resident the medication.

Repeated Violation: 2-1-24 et al, 4-18-24 et al.

Plan of Correction ***Accept [redacted] - 11/13/2024)***

Primary Benefit: Ensures that medication will be administered safely and in accordance with best practices by trained professionals.

The violation occurred because the med tech failed to follow step 2 of the seven steps of medication administration. The regulatory requirement of step 2 is "If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.". The med tech poured all medications first and then took the residents blood pressure at which time needed to withhold the residents furosemide, which she did. The med tech then pulled the furosemide from the meds to be administered, replaced the pill back in its original container and placed tape on the back of the blister packing to secure it in place. The med tech should have followed step 2 of the administration process and physicians order by taking the residents blood pressure in advance of pouring the medication.

To prevent future occurrences on 10.07.2024 & 10.11.2024 all med techs completed one on one training regarding this regulation and the seven steps of administration with the Healthcare Director/Assistant Healthcare Director and/or the Residence Director accordingly and this regulation is part of our annual medication administration training course content. In addition, effective 10.07.2024 the PCH Healthcare Director/Assistant Healthcare Director began weekly audits monitoring the blister packaging to be sure all bubbles are intact and no medications have been taped into the blister. The audits will remain in process through the remainder of 2024.

Licensee's Proposed Overall Completion Date: *10/27/2024*

Evidence of Completion ***Implemented [redacted] - 11/20/2024)***

See attached.

183d - Prescription Current

6. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #2 Medication Latanoprost .005 eye drops placed in the medication cart did not have a date of first use or expiration date. The manufacturer recommends discarding the medication after 6 weeks.

Repeated Violation: 12-13-23 et al.

Plan of Correction ***[redacted] - 11/13/2024)***

Per conversation with BHSL/Northeast office representative [redacted] guidance I respectfully request this violation be modified to 183e as it is applicable to the occurrence and labeling requirement of the home vs the pharmacy.

183d - Prescription Current (continued)

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.

The Primary Benefit: Ensures that medications will be stored in a manner that prevents damage or loss.

The purpose of the recommended manufacturers instructions indicate the date the medication is opened is tied to how long a medication is expected to stay effective and contaminant-free. These types of eye drops should include guidance for use and be clearly marked with expiration dates both before and after opening the bottle.

The reason for the violation is the med tech retrieved a brand new refill of this medication as received by the pharmacy, she opened the medication and administered it according to the prescribers instructions However failed to add the "date opened" to the label sticker on the prescription medication.

Effective 10.05.2024 To prevent future occurrences all med techs completed one on one training regarding this regulation and compliance with the manufacturer's instructions with the Healthcare Director/Assistant Healthcare Director and/or the Residence Director on 10/7/24 and/or 10/11/2024 accordingly. This regulation is also part of our annual medication administration training course content.   In addition, effective 10.07.2024 the PCH Healthcare Director/Assistant Healthcare Director began weekly audits monitoring the med carts to be sure all labels are in accordance with the manufacturers guidelines to include the "date opened" label. The audits will remain in process through the remainder of 2024.

Licensee's Proposed Overall Completion Date: *10/27/2024*

Evidence of Completion ***Implemented █ - 11/20/2024)***

See attached.

187d - Follow Prescriber's Orders

7. Requirements

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

Description of Violation

Resident #4 has orders blood sugar checks at 8am. Upon inspection of resident's glucometer it was discovered many of the checks were occurring prior to 7am. The glucometer was calibrated correctly. Resident had checks at the following times which were more than one hour before they should have been.
9-29-24 6:42am
9-27-24 at 6:23am
9-26-24 at 6:38 am
9-25-24 at 6:32am
9-24-24 at 6:33am
9-17-24 at 6:14am

Repeated Violation: 12-13-23 et al, 4-18-24 et al.

187d - Follow Prescriber's Orders *(continued)*

Plan of Correction ***Accept ▇ - 11/13/2024)***

Primary Benefit: Ensures that residents receive medications and treatments as ordered by a physician.

The physician initially requested morning glucometer readings at 8 a.m. The violation occurred as a result of the med tech performing the Accu-Chek prior to the resident attending breakfast yet too early to comply with the 8:00 a.m. physicians' order.

Order amended at time of inspection. To support the residents routine and meal attendance, the physician did amend the order to read "check patient's blood sugars twice daily between 6;00 and 8:00 a.m. and 4:00-6:00 p.m.

Effective 10.05.2024 To prevent future occurrences all med techs completed one on one training regarding this regulation and the rights of administration with the Healthcare Director/Assistant Healthcare Director and/or the Residence Director on 10/7/24 and/or 10/11/2024 accordingly. This regulation is part of our annual medication administration training course content.

Licensee's Proposed Overall Completion Date: *10/27/2024*

Evidence of Completion ***Implemented ▇ - 11/20/2024)***

See attached.

227d - Support Plan Medical/Dental

8. 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 Resident Assessment Support Plan (RASP) dated ▇/24 does not indicate the use of an enabler bar to maintain independence with transfers and turning in bed. The RASP also does not include the required verbiage:
• risks associated with the device
• ability to use the device safely for the intended purpose
• identification of the specific device
• FDA guidelines to cover the device.

Resident #2's support plan RASP dated ▇/24 does not indicate the use of an enabler bar to maintain independence with transfers and turning in bed. The RASP also does not include the required verbiage:
• risks associated with the device
• ability to use the device safely for the intended purpose
• identification of the specific device
• FDA guidelines to cover the device.

227d - Support Plan Medical/Dental (continued)

Resident #3's Department Medical Evaluation (DME), dated 24, states that the resident can self-administer, but needs assistance with taking medications at prescribed times. Resident #3's RASP, dated 24, states that resident can completely self-administer without assistance.

Repeated Violation: 12-13-23 et al.

Plan of Correction ***Accept (- 11/13/2024)***

Primary Benefit: Ensures that each resident's needs are met as those needs change, and that accountability for meeting those needs is firmly established.

Resident 1 and Resident 2: Corrected at time of inspection: Both resident 1 & 2 did have the use of an enabler included on the RASP; The violations occurred due to the Healthcare Director not including the required verbiage for the use of the enabler in the RASP. The Healthcare Director had previously received guidance from BHSL on March 5th and amended the RASP accordingly. The Healthcare Director did receive additional guidance from BHSL during this on-site inspection and has a clear understanding of the regulatory requirement and importance thereof.

To prevent future occurrence, affective 10.05.2024, the Healthcare Director will review written RASP prior to completion to ensure the required language is present and that all needs are indicated.

Resident 3: Corrected at time of inspection.

Primary Benefit: Provides residents who administer their own medications with basic assistance in medication management to maximize their independence.

Although the resident was provided with assistance to take medication at prescribed times the Healthcare Director failed to indicate this information on the RASP.

The Healthcare Director did receive additional guidance from BHSL during this on-site inspection and has a clear understanding of the regulatory requirement and importance thereof.

Affective 10.05.2024 To prevent future occurrence the Healthcare Director will review written RASP prior to completion to ensure the required language is present and that all needs are indicated.

Licensee's Proposed Overall Completion Date: *10/27/2024*

Evidence of Completion ***Implemented - 11/20/2024)***

See attached.