

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

December 13, 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 11/05/2024 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:** 05/18/2018 **Issued By:** Lower Macungie Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 88 **Waking Staff:** 66

Inspection Information

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

Reason: Incident **Exit Conference Date:** 11/05/2024

Inspection Dates and Department Representative

11/05/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 64

Secured Dementia Care Unit

In Home: Yes **Area:** Unit **Capacity:** 40 **Residents Served:** 17

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 64

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

Have Mobility Need: 24 **Have Physical Disability:** 0

Inspections / Reviews

11/05/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/06/2024

12/09/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/12/2024

Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 12/16/2024

Inspections / Reviews *(continued)*

12/13/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

The following incidents were not reported in the mandatory 24hour time frame. On [redacted] at 12:30am Staff B witnessed Staff A say to Resident [redacted] "You're not going to pinch my fingers. I'll pinch your fingers before you pinch mine." Staff B then witnessed Staff A grabbing and pinching Resident [redacted] hands. this was not reported to the department until [redacted]

On [redacted] at 1:15am, Staff B witnessed Staff A grab Resident [redacted] arm near [redacted] right elbow. Resident [redacted] said Staff A "Was hurting [redacted] and to let [redacted] go." This was not reported to the department until [redacted]

Repeat Violation: 12/13/2023 Et al.; 2/1/2024 Et al.; & 4/18/2024 Et al.

Plan of Correction

Accept [redacted] - 12/09/2024)

The Administrator reported the incidents on 10/29/24, when the incidents occurred on 10/27/24. The Administrator is aware of the requirement/regulation but was not made aware in time to follow procedure/protocol.

Reporting incidents allows the Department to respond promptly to severe situations.

The Administrator will have re-trained staff regarding Regulation 2600.16c, Reportable Incidents and Conditions, by 12/1/24. The training includes reviewing the home’s "Incident Occurrence Reporting" policy and the "Commonwealth of Pennsylvania Adult Residential Living Personal Care Homes Resident Rights." Documentation shall be kept.

The Administrator conducted an audit on 11/6/2024, no other reporting issues were discovered, documentation shall be kept.

To avoid future deficiencies of this nature, effective immediately 11/6/2024, all reportable incidents will be reviewed during morning stand-up and completed/submitted by the Administrator/designee within 24 hours daily to ensure accurate resident information is captured and reported promptly.

Beginning 11/6/2024 the Administrator/Designee will begin audit of incidents weekly x 4 to ensure reportable incidents are timely.

By 12/31/2024, at the next QM meeting audits will be reviewed for continued compliance. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented [redacted] - 12/13/2024)

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] Staff A grabbed Resident [redacted] fingers and applied pressure while Resident [redacted] was resisting care. This incident was witnessed by Staff B and Staff A admitted to doing this to the resident. Later on, 10/27/2024, Staff A grabbed Resident [redacted] arm while resident was resisting care. Resident [redacted] said that [redacted] was hurting [redacted] and to stop. This was witnessed by Staff B and Staff A admitted to the accusation.

Repeat violation: 9/5/2023

Plan of Correction

Accept ([redacted] - 12/09/2024)

On [redacted], it was identified that Staff Person A was witnessed being rough with care and verbally vulgar with an SDCU resident during evening care. The community failed to protect Resident [redacted] from abuse and neglect.

Staff Person A was interviewed, and their statements were documented. On 10/29/24, the Administrator took immediate action, suspending Staff Person A and terminating them on 11/1/24.

On 11/6/24, the Healthcare Director and Assistant Healthcare Director promptly checked all SDCU residents for any marks or discolorations, confirming no signs of abuse. The Healthcare Director interviewed the SDCU residents on 11/6/24 to ensure their safety.

Staff will be re-trained on Regulation 42b Abuse, by the Administrator by 12/1/24, utilizing the PA Department of Aging's "Learning Management System." This online education provides information on the Older Adult Protective Services Act, Resident Rights, and Mandatory Reporting. This training will continue with new hires to ensure the critical nature of timely reporting and avoid incurring other occurrences from those associates in question until the fact-finding is completed and addressed. Documentation shall be kept.

Residents are regularly informed of their rights (upon admission and during resident council), residents reeducated on 11/22/24 at resident council meeting. They are and will continue to be encouraged to report if someone is allegedly mistreating or neglecting them promptly.

Beginning 11/12/24, the Healthcare Director/Designee will interview five residents in the SDCU neighborhood privately weekly for one month to ensure they feel safe from neglect or abuse. Those interviews will be discussed with the Administrator at the Quality Assurance meeting by 12/31/24. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented ([redacted] - 12/13/2024)

42c - Treatment of Residents

3. Requirements

2600.

42c - Treatment of Residents (continued)

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Staff A threatened to hurt Resident [redacted] if they did not do what was told of them. Staff A told Resident [redacted] "You're not going to pinch my fingers. I'll pinch your fingers before you pinch mine." The statement was witnessed by Staff B and Staff A admitted to making the statement to Resident [redacted].

Staff A used vulgar language in front of a resident and was speaking disrespectfully about the resident and other staff. The statements were witnessed by Staff B and Staff A admitted to making the statement to Resident [redacted].

Repeat violation: 8/15/2024

Plan of Correction

Accept ([redacted] - 12/09/2024)

On [redacted], it was identified that Staff Person A was witnessed being rough with care and verbally vulgar with an SDCU resident during evening care. The community failed to protect Resident [redacted] from abuse and neglect.

Staff Person A was interviewed, and their statements were documented. On 10/29/24, the Administrator took immediate action, suspending Staff Person A and terminating them on 11/1/24.

On 11/6/24, the Healthcare Director and Assistant Healthcare Director promptly checked all SDCU residents for any marks or discolorations, confirming no signs of abuse. The Healthcare Director interviewed the residents on 11/6/24 to ensure their dignity and respect.

Staff will be re-trained on Regulation 42c, Dignity/Respect, by the Administrator by 12/1/24, utilizing the PA Department of Aging's "Learning Management System." This online education provides information on the Older Adult Protective Services Act, Resident Rights, and Mandatory Reporting. This training will continue with new hires to ensure the critical nature of timely reporting and avoid incurring other occurrences from those associates in question until the fact-finding is completed and addressed. Documentation shall be kept.

Residents are regularly informed of their rights (upon admission and during resident council), residents reeducated at resident council meeting on 11/22/24. They are and will continue to be encouraged to report if someone is allegedly mistreating or neglecting them promptly.

Beginning 11/12/24, the Healthcare Director/Designee will interview five residents in the SDCU neighborhood privately weekly for one month to ensure they feel safe from neglect or abuse. Those interviews will be discussed with the Administrator at the Quality Assurance meeting by 12/31/24. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented ([redacted] - 12/13/2024)

227d - Support Plan Medical/Dental

4. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

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 been receiving Ascend Health Hospice Services since [REDACTED]. The current Resident Assessment and Support Plan dated [REDACTED] was not updated to reflect that hospice services are involved.

Plan of Correction

Accept ([REDACTED] 12/09/2024)

The home failed to ensure the current Resident Assessment Support Plan for Resident [REDACTED], dated 8/10/24, addressed the significant change for hospice services. Upon reviewing the RASP for resident [REDACTED], it was noted that page 1 of the RASP was not included. Page 1 of the RASP reprinted, hospice services are reflected in the appropriate area on the RASP. The Healthcare Director reviewed the RASP to ensure information remains accurate on 11/6/24.

The Healthcare Director completed a chart audit of all SDCU Residents on 11/13/24, ensuring each chart had a completed accurate Resident Assessment Support Plan.

To prevent recurrence, on 11/12/24, the Administrator re-trained the Healthcare Director/Designee on Regulation 227d, Support Plan Medical/Dental. Documentation shall be kept.

Beginning 11/12/2024 the Administrator/Designee will perform a weekly audit of completed RASPs for accuracy, the audit will continue for 4 weeks.

Beginning at the next Quality Management meeting by 12/31/24, audits will be reviewed for continued compliance. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented ([REDACTED] - 12/13/2024)