

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

March 14, 2025

[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 01/08/2025 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: *86* Waking Staff: *65*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *01/08/2025*

Inspection Dates and Department Representative

01/08/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *80* Residents Served: *63*

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

Hospice
 Current Residents: *8*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *63*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *23* Have Physical Disability: *0*

Inspections / Reviews

01/08/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/09/2025*

02/24/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/03/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/03/2025*

Inspections / Reviews (*continued*)

03/14/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/03/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted] was admitted to the home on [redacted]. The Preadmission screening was completed [redacted] incorrectly indicating the facility can meet the resident's needs although the resident does not meet the admittance requirements in the homes description of services.

Plan of Correction

Accept [redacted] - 02/24/2025)

An in-service was completed with the admissions director and the DHW on the appropriate requirements for new admissions. The admissions director and the DHW will be responsible for auditing all prescreen forms to ensure proper placement, completed by 2/25/25. The DHW will be responsible for admitting appropriate admissions beginning 2/12/25 and the ED will be responsible for maintaining compliance. Prescreens will be checked thoroughly by the ED before any admission beginning 2/25/25

Licensee's Proposed Overall Completion Date: 02/25/2025

Implemented [redacted] - 03/10/2025)

224c - Preadmission Screening

2. Requirements

2600.

224.c. The preadmission screening shall be completed by the administrator or designee. If the resident is referred by a State-operated facility, a county mental health and intellectual disability program, a drug and alcohol program or an area agency on aging, a representative of the referral agent may complete the preadmission screening.

Description of Violation

The Preadmission screening for Resident [redacted] was completed by Staff A who is not the Administrator, Administrator's designee, or a representative of a referral agency.

Plan of Correction

Accept [redacted] - 02/24/2025)

Staff A was made aware that [redacted] is unable to do the pre-screenings moving forward as of 1/8/25. An audit will be completed by 2/28/25 on all prescreens since 1/8/25 by the ED. The ED will complete a monthly audit on prescreening paperwork for 6 months or until we comply.

Licensee's Proposed Overall Completion Date: 08/06/2025

Implemented [redacted] - 03/10/2025)

225a - Assessment 15 Days

3. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [redacted] was admitted to the home on [redacted], an assessment was not completed within 15 days of admission.

225a Assessment 15 Days (continued)

Plan of Correction

Accept [REDACTED] - 02/24/2025)

An audit was done of all support plans to find any additional assessments that may be out of compliance. This was done by the DHW and the Memory support director. The policy was enacted to review assessments of new residents and determine the progress of initial support plans at morning meetings x3 every week. This is to ensure no one is missed or not completed on time. This is a combined responsibility of the Memory Support Director for admissions in the memory dept. And the responsibility of the DHW for the rest of the building. Completion of the plans will be overseen by the ED or his designee weekly for 3 months or until compliance is met

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented ([REDACTED] 03/10/2025)