

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

April 28, 2025

[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 03/18/2025 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: *LEGEND PERSONAL CARE AND MEMORY CARE OF ALLENTOWN* License #: *23139* License Expiration: *11/25/2025*

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: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *85* Waking Staff: *64*

**Inspection Information**

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

Reason: *Complaint, Incident* Exit Conference Date: *03/18/2025*

**Inspection Dates and Department Representative**

03/18/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information

License Capacity: *100* Residents Served: *59*

Secured Dementia Care Unit

In Home: *Yes* Area: *n/a* Capacity: *40* Residents Served: *17*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *59*

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

Have Mobility Need: *26* Have Physical Disability: *3*

**Inspections / Reviews**

03/18/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/18/2025*

04/18/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/24/2025*

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/25/2025*

Inspections / Reviews (*continued*)

04/28/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 202 - Prohibitions

## 1. Requirements

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).

## Description of Violation

On [REDACTED] Resident [REDACTED] was put into bed against their wishes by Staff Person's A & B. Resident [REDACTED] is unable to get out of the bed on their own and requires a staff assist of 2 to get out of the bed.

## Plan of Correction

Accept [REDACTED] - 04/18/2025)

1. On 1/1/25 staff members A & B were suspended by the Administrator pending gathering of information. Resident 2 reported that [REDACTED] was put to bed against [REDACTED] wishes.
2. On 1/1/25 the Assistant Healthcare Director interviewed Resident [REDACTED] for bedtime preferences and [REDACTED] prefers to go to bed around 10:00pm, support plan updated per resident's preferences. Resident [REDACTED] was assessed 1/1/25 by Assistant Healthcare Director, no new skin issues were noted, no change in status noted, resident remained at baseline assessment.
3. By 4/16/25, the Administrator will interview ten residents to confirm if their preferences are being followed while staff are providing care. Concerns will be addressed accordingly.
4. The Administrator/Designee will educate staff on resident rights, following the resident's care plan and abuse and neglect by 4/25/25. Documentation shall be kept.
5. Beginning on 4/23/25 the Administrator/Designee will interview five residents weekly to ensure their preferences are being followed while staff are providing care.
6. Beginning 4/23/25, the Healthcare Director/Designee will observe five caregivers weekly X 4 weeks to ensure they are providing care according to the residents' preferences.
7. To ensure consistent adherence to Regulation 202, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting on 4/24/25 documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented [REDACTED] - 04/28/2025)

## 225c - Additional Assessment

## 2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

## Description of Violation

Resident [REDACTED] assessment plan dated [REDACTED] for a significant change was not updated to reflect that the resident requires assistance with dressing and standby assistance when ambulating. Staff interviews indicate that in recent months resident [REDACTED] has experienced some decline which required increased supervision while the resident ambulates and morning and evening care to include assisting the resident with dressing.

## Plan of Correction

Accept [REDACTED] - 04/18/2025)

1. Resident [REDACTED] assessment plan was reviewed on 3/18/25 and updated appropriately by the Assistant Healthcare

**225c - Additional Assessment (continued)**

Director.

2. By 4/25/25, the Healthcare Director/Designee will review residents' assessment plans to ensure they accurately reflect the residents' needs.
3. The Administrator will educate the Healthcare Director and Assistant Healthcare Director by 4/16/25 on regulation 2600.225(c) The resident shall have additional assessments as follows: Annually, If the condition of the resident significantly changes prior to the annual assessment and at the request of the Department upon cause to believe that an update is required. Documentation shall be kept.
4. Healthcare Director/Designee will educate the wellness staff by 4/25/25 on communicating changes in residents' care as it occurs. Documentation shall be kept.
5. Beginning on 4/26/25, the Administrator will review newly completed assessment plans weekly for four weeks to ensure they accurately reflect the residents' needs.
6. To ensure consistent adherence to Regulation 2600.225(c), compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting on 4/24/25 documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented [REDACTED] - 04/28/2025)

**231b - Medical Evaluation****3. Requirements**

2600.

- 231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**Description of Violation**

Resident [REDACTED] resides in the home's secure dementia unit. The Medical Evaluation form dated [REDACTED] does not include a diagnosis of dementia or Alzheimer's related disease in section 2 of the form and the need for secure dementia care is not indicated in section 4. In addition, the Medical Evaluation form dated [REDACTED] is missing the resident's height, weight, pulse rate, temperature, and blood pressure.

**Plan of Correction**

Accept [REDACTED] - 04/18/2025)

1. Resident [REDACTED] medical evaluation was updated on 3/15/25 by the provider to include a diagnosis of dementia in section 2, the need for a secure dementia care selected in section 4 and all areas on the form were completed as required.
2. By 4/25/25 the Healthcare Director/Designee will review residents' current medical evaluations to ensure they are accurate and completed in their entirety; further findings of missing information shall be updated/ corrected by the providers or by a nurse in communication with the provider.
3. The Administrator will educate the Healthcare Director and Assistant Healthcare Director by 4/16/25 on regulation 2600.231(b) A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit. Documentation shall be kept.
4. Beginning on 4/26/25, the Healthcare Director or designee will review newly completed medical evaluations

**231b Medical Evaluation (continued)**

weekly for four weeks to ensure they are accurate and completed in their entirety.

5. To ensure consistent adherence to Regulation 2600.231(b), compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting on 4/24/25 documentation shall be kept, further ensuring our commitment to transparency and accountability.

**Licensee's Proposed Overall Completion Date: 05/16/2025**

**Implemented [REDACTED] - 04/28/2025)**