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

July 23, 2025

[redacted]
LW ALLENTOWN OPCO LLC
[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 04/22/2025, 05/21/2025 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**: *05/18/2025* **Issued By**: *PA Dept. L&I*

Staffing Hours

Resident Support Staff: *1* **Total Daily Staff**: *85* **Waking Staff**: *64*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *05/21/2025*

Inspection Dates and Department Representative

04/22/2025 - On-Site: [redacted]

05/21/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *61*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: **Residents Served**: *19*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *61*

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

Have Mobility Need: *23* **Have Physical Disability**: *0*

Inspections / Reviews

04/22/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/15/2025*

Inspections / Reviews *(continued)*

06/13/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/27/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/18/2025*

07/23/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/27/2025*

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

Resident # was prescribed at 8:00 a.m. for 5 days; to . A new order for tablets was filled and was to start on at bedtime. However, the resident's Medication Administration Record indicates staff began administering the 2 mg. of at 8:00 p.m. The medication error was not reported to the Department until 4/22/25.

Resident was prescribed . 1 tablet daily at 3:00 p.m. However, the resident's Medication Administration Record indicates from to staff administered the 3:00pm dose late and outside of the medication time parameters. The medication error was not reported to the Department until
Repeat Violation-

Plan of Correction ***Accept (- 06/13/2025)***

1. The incident report for Resident medication errors was sent to DHS on 4/22/25 and 5/6/25 by the Healthcare Director, unable to correct as it was sent late.
2. By 6/30/25 the Administrator/Designee will review incident reports for the prior 30 days to confirm that no other incident reports required reporting to DHS. Any further findings will be reported at time of audit.
3. By 6/30/25 the Administrator will educate the Department Head team on regulation 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. Documentation shall be kept.
4. Beginning on 6/12/25 the Healthcare Director/Designee shall review incident reports daily to ensure incident reports are reported to DHS timely as per requirement.
5. To ensure consistent adherence to Regulation 16c, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting on 7/10/25 documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: *06/30/2025*

Implemented - 07/23/2025)

187b - Date/Time of Medication Admin.

2. 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 is prescribed . tablets; 1 tablet once daily. Resident Medication Administration Record was not initialed by staff on at 5:00 p.m. to indicate the medication was administered.
Resident is prescribed ; apply to left knee twice daily. Resident Medication Administration Record was not initialed by staff on at 8:00 a.m. to indicate the medication was administered.
Resident is prescribed . tablet every morning. Resident Medication Administration Record was not initialed by staff on at 8:00 a.m. to indicate the medication was administered.

187b Date/Time of Medication Admin. (continued)

Resident [redacted] is prescribed [redacted]; 1 tablet every morning. Resident [redacted] Medication Administration Record was not initialed by staff on [redacted] at 8:00 a.m. to indicate the medication was administered.
Resident [redacted] is prescribed [redacted]; apply to lower extremities every morning and remove at bedtime or edema. Resident [redacted] Medication Administration Record was not initialed by staff on [redacted] at 8:00 a.m. to indicate the medication was administered.

Plan of Correction ***Accept ([redacted] - 06/13/2025)***

1. Resident [redacted] MAR unable to be corrected. The incident report for Resident [redacted] medication errors was sent to DHS on 6/10/25 by the Administrator. PCP and Family aware.
2. By 6/30/25 the Healthcare Director/Designee will review Medication administration records for the prior 30 days, further findings to be addressed at time of audit.
3. By 6/30/25 the Healthcare Director/Designee will educate the wellness staff on 187b Date/Time of Medication Admin. Documentation shall be kept.
4. Beginning on 6/12/25 the Healthcare Director/Designee shall review Medication administration records daily to ensure compliance with 187b.
5. To ensure consistent adherence to Regulation 187b, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting on 7/10/25 documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: *06/30/2025*

Implemented [redacted] - 07/23/2025)

187c - Refusal of Medication

3. Requirements

2600.
187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On [redacted] at 5:00 p.m., resident [redacted] refused to take a scheduled dose of [redacted].
On [redacted], at 8:00 a.m., resident [redacted] refused to take a scheduled dose of [redacted].
On [redacted] at 8:00 a.m., resident [redacted] refused to take a scheduled dose of [redacted].
On [redacted] at 8:00 a.m., resident [redacted] refused to take a scheduled dose of [redacted]
On [redacted] at 8:00 a.m., resident [redacted] refused to have their [redacted] applied as prescribed.
The home did not document any of the refusals on resident [redacted] Medication Administration Record or report the refusal to the resident's physician.

Plan of Correction ***Accept [redacted] 06/13/2025)***

1. On 6/9/25 PCP was made aware of Resident [redacted]'s medication refusals on 4/14/25 and 4/15/25 by the Healthcare Director.
2. By 6/30/25 the Healthcare Director/Designee will review Refusals on Medication administration records for the prior 30 days to confirm that medications are recorded as such and PCP has been properly notified.
3. By 6/9/25 the Administrator will educate the Healthcare Director on 187c Refusal of Medication. By 6/30/25

187c - Refusal of Medication (continued)

the Healthcare Director/Designee will educate the wellness staff on 187c - Refusal of Medication. Documentation shall be kept.
4. Beginning on 6/12/25 the Healthcare Director/Designee shall review refusals on the Medication administration records daily to ensure that refusals of medications are recorded appropriately and PCP has been properly notified.
5. To ensure consistent adherence to Regulation 187c, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting on 7/10/25 documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: *06/30/2025*

Implemented [redacted] - 07/23/2025)

187d - Follow Prescriber's Orders

4. Requirements

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

Description of Violation

Resident [redacted] was prescribed [redacted] t at 8:00 a.m. for 5 days; [redacted] to [redacted] A new order for [redacted] tablets was filled [redacted] and was to start on [redacted] at bedtime. However, the resident's Medication Administration Record indicates staff began administering the 2 mg. of [redacted] at 8:00 p.m.

Resident [redacted] was prescribed [redacted] 1 tablet daily at 3:00 p.m. However, the resident's Medication Administration Record indicates from [redacted] to [redacted], staff administered the 3:00pm dose late and outside of the medication time parameters.

Plan of Correction ***Accept [redacted] - 06/13/2025)***

1. Resident [redacted]'s Physician and POA were notified of the medication errors on 6/9/25 by Healthcare Director. No new order or orders received.
2. By 6/30/25 the Healthcare Director/Designee will conduct a full MAR to cart audit, any further findings to be corrected at time of audit.
3. By 6/30/25 the Healthcare Director/Designee will educate staff who administer medications on 187d - Follow Prescriber's Orders. Documentation shall be kept.
4. Beginning on 6/16/25 the Healthcare Director/Designee shall review 10 resident MAR to cart audits weekly.
5. To ensure consistent adherence to Regulation 187d, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting on 7/10/25 documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: *06/30/2025*

Implemented [redacted] - 07/23/2025)

188b - Medication Error Reporting

5. Requirements

2600.
188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

188b Medication Error Reporting *(continued)*

Description of Violation

Resident [redacted] was prescribed [redacted]. tablet at 8:00 a.m. for 5 days; [redacted] to [redacted] A new order for [redacted] tablets was filled [redacted] and was to start on [redacted] at bedtime. However, the resident's Medication Administration Record indicates staff began administering the 2 mg. of [redacted] at 8:00 p.m. The medication error was not reported to the Resident [redacted] family or physician.

Resident [redacted] was prescribed [redacted]. 1 tablet daily at 3:00 p.m. However, the resident's Medication Administration Record indicates from [redacted] to [redacted] staff administered the 3:00pm dose late and outside of the medication time parameters. The medication error was not reported immediately to Resident [redacted] family or physician.

Plan of Correction ***Accept [redacted] 06/13/2025)***

1. The incident report for Resident [redacted] medication errors reported to the family and physician on 6/9/25 by Administrator.

2. By 6/30/25 the Healthcare Director/Designee will review incident reports for the prior 30 days to confirm that no other incident reports required reporting to DHS. Any further findings will be reported at time of audit.

3. By 6/30/25 the Administrator will educate the Healthcare Director and staff who administer medications on 188b Medication Error Reporting. Documentation shall be kept.

4. Beginning on 6/12/25 the Healthcare Director/Designee shall review Medication administration records and EMAR dashboard daily to ensure medication errors are reported timely.

5. To ensure consistent adherence to Regulation 188b, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting on 7/10/25 documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: *06/30/2025*

Implemented [redacted] - 07/23/2025)

227g -Support Plan Signatures

6. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] RASP dated [redacted] was not signed by resident.

Plan of Correction ***Accept [redacted] - 06/13/2025)***

1. Healthcare Specialist met with Resident [redacted] on 6/9/25 RASP reviewed with Resident. Resident unable to sign and noted on RASP accordingly.

2. By 6/30/25 the Healthcare Director/Designee will review current RASPS to ensure they are signed by the resident.

3. By 6/9/25 the Administrator will educate the Healthcare Director on 227g Support Plan Signatures. Documentation shall be kept.

4. Beginning on 6/12/25 the Residence Director/Designee shall review newly completed RASPS weekly for four weeks prior to filing to ensure resident's signatures are obtained.

5. To ensure consistent adherence to Regulation 227g, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting on 7/10/25 documentation shall be kept, further ensuring our commitment to transparency and accountability.

227g -Support Plan Signatures *(continued)*

Licensee's Proposed Overall Completion Date: *06/30/2025*

Implemented [redacted] - 07/23/2025)