

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

November 18, 2025

[REDACTED]
JAH-JIREH HOMES OF AMERICA - ALLENTOWN
[REDACTED]

RE: LEGACY PLACE COTTAGES
2051 BEVIN DRIVE
ALLENTOWN, PA, 18103
LICENSE/COC#: 22551

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/23/2025 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: LEGACY PLACE COTTAGES License #: 22551 License Expiration: 09/20/2026
 Address: 2051 BEVIN DRIVE, ALLENTOWN, PA 18103
 County: LEHIGH Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: JAH-JIREH HOMES OF AMERICA - ALLENTOWN
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 04/30/2015 Issued By: Salisbury Twp.
 Type: I-2 Date: 08/11/2015 Issued By: Salisbury Twp.

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 53 Waking Staff: 40

Inspection Information

Type: Full Notice: Announced BHA Docket #:
 Reason: Renewal Exit Conference Date: 09/23/2025

Inspection Dates and Department Representative

09/23/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 48 Residents Served: 36

Secured Dementia Care Unit
 In Home: Yes Area: secured Capacity: 18 Residents Served: 17

Hospice
 Current Residents: 8

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 36
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 17 Have Physical Disability: 0

Inspections / Reviews

09/23/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/24/2025

10/27/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/18/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/03/2025

Inspections / Reviews (*continued*)

11/03/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/10/2025

11/18/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At 9:25a.m., a gallon of pure bright bleach and Koze place fresh cotton and lavender air and fabric freshener , with a manufacture's label indicating "if swallowed call poison control", was unlocked, unattended in the laundry room, and accessible to residents of the memory care unit . At 9:30a.m. a tube of zinc oxide, with a manufacture's label indicating "if swallowed call poison control", was unlocked, unattended in the storage room off of the laundry room in Memory care, and accessible to resident of the memory care unit. None of the residents of the memory care unit have been assessed capable of recognizing and using poisons safely.

At approximately 9:43 a.m. the door to the hair salon in the secure dementia building was unlocked. A bottle of Barbicide liquid and an aerosol can of Clippicide were found in a cabinet inside the hair salon. Both items were labeled as "harmful if swallowed".

Plan of Correction

Accept [redacted] - 11/03/2025)

The hazardous items noted were secured immediately upon discovery by the Wellness Director. The Hair Salon door was locked immediately upon discovery by the Wellness Director.

All poisonous materials shall be kept in locked cabinets or storage areas inaccessible to residents. Staff will lock cabinets in rooms after providing care.

Staff will receive training on proper storage of materials in the Memory Care unit provided by the Executive Director and that training will be completed by 11-22-25.

Compliance will be ensured by ongoing daily observation and the completion of a weekly room audit tool.

The Wellness Director will be responsible for monitoring and compliance.

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented [redacted] 11/18/2025)

85d - Trash Receptacles

2. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At approximately 9:30 a.m. the lid to the shared memory care common area bathroom trash can was missing the flap to the lid to cover the trash can.

At approximately 1:40 p.m. the trash can in the shared bathroom of room 203 did not have a lid.

Plan of Correction

Accept [redacted] - 11/03/2025)

The garbage can in the Parlor bathroom was removed and replaced by the Executive Director with a new garbage can with a full cover. Room [redacted] had a covered garbage can already in the bathroom and someone inadvertently

85d Trash Receptacles (continued)

placed an additional uncovered can in the bathroom next to the covered can. The uncovered can was removed by the Executive Director.

Garbage cans in all areas including bathrooms shared by more than one person will be audited on a weekly basis and will have an appropriate can in place.

Bathrooms with multiple users will be visually monitored to endure compliance. The Wellness Director will be responsible for ongoing compliance.

Proposed Overall Completion Date: 11/24/2025

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented [redacted] - 11/18/2025)

89b - Hot Water Temperature

3. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At approximately 1:35 p.m. the water temperature in the bathroom sink located in room [redacted] measured [redacted] degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 10/27/2025)

Water temperature to Room [redacted] was adjusted to below [redacted] degrees as required by regulation.

Water temperature in all rooms accessible to residents was taken and adjusted as necessary.

Water temperature in both buildings will be monitored weekly and the Maintenance Director will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented [redacted] 11/18/2025)

103e - Left Overs

4. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At approximately 10:05 a.m. there were two clear bottles of orange juice stored in the memory care area refrigerator that were not labeled with the contents of the bottles or the dates the juice was stored in the bottles.

At approximately 9:30 a.m. there was an unlabeled, undated flat of eggs in the memory care refrigerator.

Repeated violation [redacted].

103e Left Overs (continued)

Plan of Correction

Accept [redacted] - 11/03/2025)

All refrigerators will be audited and updated signage will be added to each refrigerator as guidance to staff to properly date and label any opened item. This will be completed by the Executive Director.

Staff will be unserviced on proper food storage including dating and labeling. This will be completed by the Executive Director by 11 22 25.

All refrigerators will be monitored on a daily basis by the Dining Manager and/or designee. The Dining Manager will be responsible for continued compliance by the completion of a Dietary Compliance Audit checklist which will be completed on a weekly basis. This audit tool includes checking all refrigerators for any undated or unlabeled items.

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented [redacted] - 11/18/2025)

103f - Refrigerator/Freezer Temps

5. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At approximately 10:00 a.m., there was no thermometer in the memory care refrigerator.

Plan of Correction

Accept [redacted] - 10/27/2025)

All refrigerators and freezers have thermometers and are monitored weekly. The cited refrigerator thermometer was inadvertently placed in that same unit's freezer. Upon discovery, the thermometer was moved back into the refrigerator by a Dining staff member.

All refrigerators were audited for the presence of a thermometer. Thermometers were fastened inside of each refrigerator and freezer to prevent future accidental removal.

Refrigerators and freezers will be checked for compliance weekly for the presence of a thermometer. The Dining Manager will be responsible for ongoing monitoring and compliance.

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented [redacted] - 11/18/2025)

132d - Evacuation

7. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

132d Evacuation (continued)

Description of Violation

The home's fire safety inspection letter dated [redacted] indicates a maximum safe evacuation time of 6 minutes and 45 seconds. On [redacted] the evacuation time for the fire drill conducted at 11:33 p.m. in the personal care building was 7 minutes and 14 seconds.

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert beginning [redacted]. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:

- [redacted] at 1:05 p.m. evacuation time 2 minutes 56 seconds. Personal Care building
- [redacted] at 9:25 p.m. evacuation time 4 minutes 11 seconds. Personal care building
- [redacted] at 6:14 a.m. evacuation time 5 minutes 37 seconds. Personal care building
- [redacted] at 12:52 p.m. evacuation time 3 minutes 14 seconds. Memory care building
- [redacted] at 9:06 p.m. evacuation time 6 minutes 17 seconds. Memory care building
- [redacted] at 6:03 a.m. evacuation time 6 minutes 13 seconds. Memory care building

Plan of Correction

Accept [redacted] - 10/27/2025)

The letter received in June 2025 from the Fire Safety expert did not specify the required evacuation time. A new letter was obtained on 9 24 25 and the revised letter states the time of six minutes and forty five seconds (which has been the stated time on all letters since 2019). The Fire Safety expert also completed the DHS model form on 9 30 25 with the same stated time of 6:45.

Staff will receive training on fire drills and the required evacuation times by the Executive Director.

The fire safety inspection letter will be updated on an annual basis and the Executive Director will be responsible for ensuring that it contains the required evacuation time.

All future drills will be completed within the required evacuation time.

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented [redacted] - 11/18/2025)

132h - Designated Meeting Place

8. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill on [redacted] at 11:33 p.m. the resident in room [redacted] did not evacuate to a designated meeting place away from the building or within the fire safe areas.

Plan of Correction

Accept [redacted] 11/03/2025)

The resident in room [redacted] who was not evacuated was a resident who was under COVID 19 isolation precautions.

All residents (including those who may be COVID 19 positive) will be evacuated to fire safe areas during each monthly fire drill.

Staff will receive training on fire drills and proper evacuation of residents. The Executive Director will be

132h - Designated Meeting Place (continued)

responsible for the training which will be completed by 11-22-25 and for continued compliance.

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented [redacted] 11/18/2025)

183b - Meds and Syringes Locked

9. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At approximately 9:30a.m. the medication cart located in the personal care building was unlocked, unattended, and accessible.

At approximately 1:49 p.m. packets of [redacted] were found in the unlocked first aid kit stored in the home's vehicle.

At 3:00p.m., Resident [redacted] s [redacted], and ensure liquid were stored in the residents room. Resident is not able to self medicate any medications except for vitamins.

Plan of Correction

Accept [redacted] - 11/03/2025)

All prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked.

The medication cart was locked immediately after discovery. Staff will receive training on proper storage of medication including keeping the medication carts secure and locked when not attended. This will be completed by the Resident Care Coordinator by 11-22-25.

A packet of Tylenol was inadvertently placed inside of a first aid kit after a resident outing. The Tylenol was removed immediately upon discovery. First aid kits will only contain items which are noted in the regulation. Signage will be added to each first aid kit which specifies the required contents.

All First Aid kits will be audited monthly by the Wellness Director to ensure compliance.

Resident #2 received updated orders to self administer the amicare gel and the biotene dry mouth lozenges. The order for Nutritional supplement was updated as well to allow self administration.

All residents who self administer medications will be reviewed to ensure that they have the proper orders for self medication.

The Wellness Director will be responsible for monitoring and compliance.

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented [redacted] - 11/18/2025)

183f - Discontinued Medications

10. Requirements

2600.

183f - Discontinued Medications (continued)

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

At approximately 2:15p.m. [redacted] belonging to resident [redacted] was in the medication cart. This medication was discontinued on [redacted]

Plan of Correction

Accept [redacted] - 11/03/2025)

The discontinued medication for Resident [redacted] was removed from the medication cart and disposed of upon discovery.

Any discontinued medication will be removed from the medication cart immediately upon discontinuation. Medication carts will be audited on a weekly basis to ensure that all medications in the cart for residents are current.

The Wellness Director and/or designee will be responsible for ongoing monitoring and compliance.

Staff will be trained on medication storage including removal and disposal of expired and discontinued medications.

The training will be provided by the Resident Care Coordinator by 11-22-25.

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented [redacted] - 11/18/2025)

184b - Labeling OTC/CAM

11. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

At approximately 2:45p.m. 3 opened bottles of tums were in the PRN/treatment cart in the personal care building. The bottles did not a residents name on them and staff was unaware which residents they belonged to.

Plan of Correction

Accept [redacted] - 11/03/2025)

All medications that belong to residents will be identified with the resident's name.

Two of the bottles of TUMS were empty and were discarded. The last bottle was labeled with the resident's name.

Medication carts will be audited to determine if there are any additional items that were not identified with resident names.

Staff will receive training from the Resident Care Coordinator on proper storage and labeling of resident medications by 11-22-25.

Medication carts will be audited on a weekly basis to ensure that all medications located in the carts are identified properly. The Wellness Director will be responsible for ongoing monitoring and compliance.

184b Labeling OTC/CAM (continued)

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented (█) - 11/18/2025)

233c - Key-Locking Devices

12. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

At approximately 9:36 a.m. the directions for operating the home's locking mechanism were not conspicuously posted at the main exit door for the Secure Dementia Care Unit. The code to the keypad was posted on the lower right side of the door frame near the floor.

Plan of Correction

Accept (█) - 11/03/2025)

New signage which includes the code to the keypads in the secured dementia unit will be posted by 10 27 25 in a more conspicuous location at each exit.

The Executive Director will be responsible for ongoing compliance through regular visual observation and weekly audit.

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented (█) - 11/18/2025)