

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

November 20, 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 licensing inspections on 11/06/2025 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *LEHIGH COMMONS* License #: *22205* License Expiration: *03/16/2026*  
 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**

Type: *C-2 LP* Date: *10/09/1997* Issued By: *Dept of L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *92* Waking Staff: *69*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *11/06/2025*

**Inspection Dates and Department Representative**

*11/06/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *80* Residents Served: *73*  
 Secured Dementia Care Unit  
 In Home: *Yes* Area: *Memory Care* Capacity: *14* Residents Served: *14*  
 Hospice  
 Current Residents: *4*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *73*  
 Diagnosed with Mental Illness: *35* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *19* Have Physical Disability: *0*

**Inspections / Reviews**

*11/06/2025 Partial*  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND