

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

March 2, 2026

[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 01/22/2026 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:** 11/25/2026  
**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**

**Staffing Hours**

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

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint, Interim      **Exit Conference Date:** 01/22/2026

**Inspection Dates and Department Representative**

01/22/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 100      **Residents Served:** 71

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** 19      **Capacity:** 40      **Residents Served:** 19

**Hospice**

**Current Residents:** 4

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 71  
**Diagnosed with Mental Illness:** 1      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 21      **Have Physical Disability:** 2

**Inspections / Reviews**

01/22/2026 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 02/23/2026

03/02/2026 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 03/02/2026  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Bypass Document Submission

Inspections / Reviews (*continued*)

03/02/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/02/2026

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

On [REDACTED], the home was made aware of medication errors for Resident [REDACTED] on [REDACTED] and [REDACTED]. As of [REDACTED], the home has not reported these medication errors to the Department.

Repeat Violation: [REDACTED] et al

### Plan of Correction

Accept [REDACTED] - 03/02/2026)

By 2/27/2026, the Regional Health Care Director shall educate the Residence Director (RD) and the Health Care Director (HCD) on the reporting requirements of 2600.16c. Documentation shall be kept.

On 2/26/2026, the Residence Director reported the identified medication errors to the department. Documentation shall be kept.

Beginning 2/27/2026, the HCD or designee shall audit the eMAR daily for 2 weeks and then weekly for 4 weeks for medication errors and report to the department per 2600.16c requirements. Documentation shall be kept.

Beginning 2/27/2026, the RD shall review daily incident reports for compliance with 2600.16c. Incidents that meet the requirements for a written incident report shall be reported per 2600.16c.

On 3/26/2026, audits shall be reviewed during the next QMPI meeting for additional recommendations and recommendation shall be implemented. Residence Director/Designee shall review compliance monitoring during the monthly QMPI meeting beginning on 2/23/2026. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented [REDACTED] 03/02/2026)

## 141a 1-10 Medical Evaluation Information

### 2. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

141a 1 10 Medical Evaluation Information (continued)

Description of Violation

Resident [redacted]s initial medical evaluation completed [redacted] does not indicate if the resident's needs can be met in a personal care home.

Plan of Correction

Accept [redacted] - 03/02/2026)

By 2/27/2026, the Regional Health Care Director shall educate the Residence Director (RD)and Health Care Director (HCD) on the DME requirements per 2600.141.a. Documentation shall be kept.

On 1/22/2026, Resident [redacted] DME was updated to reflect that resident's needs can be met in a personal care home.

By 3/26/2026 the HCD or designee shall audit, current residents and new move in weekly for 4 weeks, DME to validate that they are compliant with 2600.141.a. DME out of compliance shall be addressed per Pennsylvania RCG. Documentation shall be kept.

On 3/26/2026, audits shall be reviewed during the next QMPI meeting for additional recommendations and recommendation shall be implemented. Residence Director/Designee shall review compliance monitoring during the monthly QMPI meeting beginning on 2/23/2026. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented [redacted] - 03/02/2026)

186c - Change in Medications

3. Requirements

2600.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

On [redacted] at 8:15 a.m., a verbal order was taken by an unlicensed staff person to administer [redacted] of [redacted] to Resident [redacted]

Plan of Correction

Accept [redacted] - 03/02/2026)

On 2/27/2026, the Regional Health Care Director educated the Health Care Director on 2600.186.c. Documentation shall be kept.

On 2/19/2026, the HCD reeducated current clinical associates on the requirements of 2600.186.c. Documentation shall be kept.

Beginning 2/27/2026, the HCD, or licensed designee, shall review verbal orders daily for 2 weeks and then weekly to validate compliance with 2600.186.c. Non compliance shall be addressed. Documentation shall be kept.

On 3/26/2026, audits shall be reviewed during the next QMPI meeting for additional recommendations and recommendation shall be implemented. Residence Director/Designee shall review compliance monitoring during the monthly QMPI meeting beginning on 2/23/2026. Documentation shall be kept

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented [redacted] - 03/02/2026)

187d - Follow Prescriber's Orders

4. Requirements

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

Description of Violation

Resident [REDACTED] has a physician's order for [REDACTED] to be administered on a sliding scale before meals and at bedtime.

- On [REDACTED] at 4:46 pm, the resident's blood sugar reading was [REDACTED] requiring [REDACTED] units of insulin. The Medication Administration Record indicates that 0 units of insulin were administered.
- On [REDACTED] at 4:42 pm, the resident's blood sugar reading was [REDACTED] requiring [REDACTED] units of insulin. The Medication Administration Record indicates that 0 units of insulin were administered.
- On [REDACTED] at 7:04 pm, the resident's blood sugar reading was [REDACTED] requiring [REDACTED] units of insulin. The Medication Administration Record indicates that [REDACTED] units of insulin were administered.
- On [REDACTED] at 4:09 pm, the resident's blood sugar reading was [REDACTED] requiring [REDACTED] units of insulin. The Medication Administration Record indicates that [REDACTED] units of insulin were administered.
- On [REDACTED] at 4:21 pm, the resident's blood sugar reading was [REDACTED] requiring [REDACTED] units of insulin. The Medication Administration Record indicates that [REDACTED] units of insulin were administered.

Repeat Violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] 03/02/2026)

On 2/27/2026, the Regional Health Care Director educated the Health Care Director on the requirements of 2600.187.d. Documentation shall be kept.  
On 2/19/2026, current nurses and medication techs received training on the sliding scale administration and 2600.187.d. Additional training shall be conducted by a Certified Diabetic Trainer with current nurses and medication techs on 3/16/2026. Documentation shall be kept.  
Beginning 2/27/2026, the HCD or designee shall audit, daily for 2 weeks and then weekly, residents with sliding scale orders to validate that sliding scale orders were administered per provider's orders. Documentation shall be kept.  
On 3/26/2026, audits shall be reviewed during the next QMPI meeting for additional recommendations and recommendation shall be implemented. Residence Director/Designee shall review compliance monitoring during the monthly QMPI meeting beginning on 2/23/2026. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented [REDACTED] 03/02/2026)

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.

Description of Violation

On [REDACTED], the home was made aware of medication errors for Resident [REDACTED] on [REDACTED] and [REDACTED]. As of [REDACTED], the medication errors were not reported to the resident, the residents' designated person, or the residents' prescriber

Repeat Violation [REDACTED] et al

188b - Medication Error Reporting (continued)

Plan of Correction

Accept [REDACTED] - 03/02/2026

On 2/27/2026, the Regional Health Care Director educated the Residence Director (RD) and the Health Care Director (HCD) on the reporting requirements of 2600.188.b. Documentation shall be kept.

On 2/26/2026, the HCD reported the identified medication errors to the Resident/resident's designated person and resident's prescriber. Documentation shall occur in the resident's record. No additional orders received at this time.

Beginning 2/23/2026, the HCD or designee shall audit the eMAR daily for 2 weeks and then weekly for 4 weeks for medication errors and report per 2600.188.b. requirements. Documentation shall be kept.

On 3/26/2026, audits shall be reviewed during the next QMPI meeting for additional recommendations and recommendation shall be implemented. Residence Director/Designee shall review compliance monitoring during the monthly QMPI meeting beginning on 2/23/2026. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented [REDACTED] - 03/02/2026

224a - Preadmission Screen Form

6. 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] however, the resident's preadmission screening form was not completed.

Plan of Correction

Accept [REDACTED] 03/02/2026

On 2/27/2026, the Regional Health Care Director shall educate the Residence Director (RD) and Health Care Director (HCD) on the DME requirements per 2600.224.a. Documentation shall be kept.

By 3/6/2026, the HCD or designee shall audit current resident Preadmission Screen Form, and then new resident move ins weekly for 4 weeks, to validate that they are compliant with 2600.224.a. Documentation shall be kept.

On 3/26/2026, audits shall be reviewed during the next QMPI meeting for additional recommendations and recommendation shall be implemented. Residence Director/Designee shall review compliance monitoring during the monthly QMPI meeting beginning on 2/23/2026. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented [REDACTED] 03/02/2026

234a - Admission Support Plan

7. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident # [REDACTED] was admitted on [REDACTED], however, the resident's support plan was completed on [REDACTED].

234a - Admission Support Plan (continued)

**Plan of Correction**

**Accept** [redacted] - 03/02/2026)

*By 2/27/2026, the Regional Health Care Director shall educate the Residence Director (RD) and Health Care Director (HCD) on the RASP requirements per 2600.234.a. Documentation shall be kept.*

*By 3/6/2026, the HCD or designee shall audit current resident support plans to and then new move in support plans weekly for 4 weeks to validate that they are compliant with 2600.234.a. Support plans that are out of compliance shall have "Resident Record audit completed on XX/XX/XXXX by WHO to identify and correct noncompliance and establish ongoing compliance." Documentation shall be kept.*

*On 3/26/2026, audits shall be reviewed during the next QMPI meeting for additional recommendations and recommendation shall be implemented. Residence Director/Designee shall review compliance monitoring during the monthly QMPI meeting beginning on 2/23/2026. Documentation shall be kept.*

**Licensee's Proposed Overall Completion Date: 03/26/2026**

**Implemented** [redacted] - 03/02/2026)