

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

May 6, 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

Dear Ms. Arlene Henry,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/02/2026 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]
Human Services Licensing Supervisor

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

Type: *I-1* Date: *05/18/2018* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *106* Waking Staff: *80*

Inspection Information

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

Reason: *Incident* Exit Conference Date: *04/02/2026*

Inspection Dates and Department Representative

04/02/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *75*

Secured Dementia Care Unit

In Home: *Yes* Area: *connections* Capacity: *40* Residents Served: *31*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *75*

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

Have Mobility Need: *31* Have Physical Disability: *0*

Inspections / Reviews

04/02/2026 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/25/2026*

04/28/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *05/05/2026*

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/05/2026*

Inspections / Reviews (*continued*)

05/06/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

225c - Additional Assessment

1. Requirements

2600.

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

1. Annually.

Description of Violation

Resident [REDACTED] most recent assessment was completed on [REDACTED]. It indicates the resident does not have any problems with short term memory. However, the resident's medical evaluation, dated [REDACTED] indicated resident has short term memory deficits.

Plan of Correction**Accept [REDACTED] - 04/28/2026)**

On 4/2/2026, the Health Care Director audited resident [REDACTED] RASP. The Health Care Director added to the resident's addendum the correct cognitive status and ensured it aligned with the resident's medical evaluation.

On 04/02/2026, the Residence Director educated the Health Care Director on 2600.225. Documentation will be maintained.

By 5/6/2026, the Health Care Director will audit all current residents most recent DME and ensure the most recent RASP captures everything correctly. Documentation will be maintained.

Beginning 04/28/2026, The Health Care Director will review any new DME and RASP to ensure everything is captured correctly. This will continue to for 4 weeks.

On 5/25/2026, the above audit findings for 2600.225 will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 05/25/2026

Implemented [REDACTED] - 05/06/2026)