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

October 15, 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 07/28/2026, 08/03/2026, 08/10/2026, 09/15/2026 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**: **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**: *Lower Macungie TWP*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *118* **Waking Staff**: *89*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *09/15/2026*

Inspection Dates and Department Representative

07/28/2026 - On-Site: [redacted]
08/03/2026 - On-Site: [redacted]
08/10/2026 - Off-Site: [redacted]
09/15/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *84*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *n/a* **Capacity**: *40* **Residents Served**: *33*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *84*

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

Have Mobility Need: *34* **Have Physical Disability**: *1*

Inspections / Reviews

07/28/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/03/2026*

10/05/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *10/15/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *10/15/2026*

10/15/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/15/2026*

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] resident [redacted] experienced a choking incident during lunch and afterwards was sent to the hospital for evaluation. The home did not report the incident to the department.

Plan of Correction ***Accept [redacted] - 10/02/2026)***

By 10/6/2026, the Regional Director of Operations will train the Residence Director and Assistant Healthcare Director on the requirements of regulation 2600.16c. Documentation shall be maintained.

Beginning 10/5/2026, the Residence Director/Designee shall audit reportable incidents submitted to DHS weekly for 4 weeks then monthly for 2 months to ensure proper documentation is obtained. Documentation of audit shall be maintained.

On 10/29/2026, the Residence Director or designee, will review the above findings for 2600.16c. during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *10/16/2026*

Implemented [redacted] - 10/15/2026)

23a - Activities of Daily Living Assistance

2. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [redacted] requires assistance with toileting and with showering. During a resident interview on [redacted] resident [redacted] stated that they have had accidents in bed due to staff not responding to their call bell quickly enough. Also during the interview, the resident stated that they were told they wouldn't be assisted with their scheduled shower that day because there was no one available to provide the shower assistance.

Plan of Correction ***Accept [redacted] - 10/02/2026)***

Immediate action taken was that Resident [redacted] care was moved to first on the resident assistant's assignment to avoid delay in care.

By 10/9/26, the Residence Director will educate current staff on regulation 2600.23a and the importance of responding to call bell times promptly. Documentation shall be kept

Beginning 10/5/26, the Residence Director or designee will review Resident [redacted] call bell record and shower schedule weekly for 4 weeks then monthly for 2 months.

On 10/29/26, the Residence Director or designee, will review the above findings for 2600.23a during the

23a - Activities of Daily Living Assistance (continued)

community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance.

Licensee's Proposed Overall Completion Date: *10/23/2026*

Implemented [redacted] 10/15/2026)

57c - 2 Hours/Day

3. Requirements

2600.
57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On [redacted] the home had 87 residents in the home, including 38 residents with mobility needs, requiring a total minimum of 125 hours of direct care service. On this date, only 113 hours of direct care staffing was provided.

Plan of Correction ***Accept [redacted] - 10/02/2026)***

By 10/6/2026, the Regional Director of Operations will train the Residence Director and Assistant Healthcare Director on the requirements of regulation 2600.57c. Documentation shall be maintained.

Beginning 10/5/2026, the Residence Director/Designee shall audit for direct care staff personal shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs daily for 2 weeks then weekly for 4 weeks to ensure proper staffing needs are maintained. Documentation of audit shall be maintained.

On 10/29/2026, the Residence Director or designee, will review the above findings for 2600.57c. during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *10/23/2026*

Implemented [redacted] 10/15/2026)

57d - Waking Hours

4. Requirements

2600.
57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On [redacted] a total of 125 hours of direct care was required. However, only 78 of the required hours or 62 percent, were provided during waking hours.

Plan of Correction ***Accept [redacted] - 10/02/2026)***

By 10/6/2026, the Regional Director of Operations will train the Residence Director and Assistant Healthcare Director on the requirements of regulation 2600.57d. Documentation shall be maintained.

57d - Waking Hours (continued)

Beginning 10/5/2026, the Residence Director/Designee shall audit for at least 75% of the personal care service hours specified in subsections 2600.57 (b) and (c) shall be available during waking hours for 2 weeks then weekly for 4 weeks to ensure proper staffing needs are maintained. Documentation of audit shall be maintained.

On 10/29/2026, the Residence Director or designee, will review the above findings for 2600.57d. during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *10/23/2026*

Implemented [redacted] - 10/15/2026)

82c - Locking Poisonous Materials

5. 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

On [redacted], Downy Fabric Softener, with a manufacturer's label indicating "If swallowed drink one to two glasses of water and call poison control immediately", was unlocked, unattended, and accessible to residents in the laundry room of the secure dementia unit. Residents of the secure dementia unit have been assessed as not capable of recognizing and using poisons safely.

Plan of Correction ***Accept [redacted] 10/02/2026)***

Immediate action taken as the Downy Fabric Softener was removed and stored in a locked area.

By 10/9/26, the Residence Director will educate staff on regulation 2600.82c and the importance of locking poisonous materials. Documentation shall be kept

Beginning 10/5/26, the Residence Director or designee will audit 10 resident rooms for proper storage of poisonous materials daily for 2 weeks then monthly for 2 months.

On 10/29/26, the Residence Director or designee, will review the above findings for 2600.82c during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance.

Licensee's Proposed Overall Completion Date: *10/23/2026*

Implemented [redacted] - 10/15/2026)

161d - Dietary Needs

6. Requirements

2600.
161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

On [redacted] resident [redacted] experienced a choking incident while eating chicken, tuna, and egg salad with cucumbers. The medical evaluation dated [redacted] for resident [redacted] indicated the resident required a mechanical soft diet. The

161d Dietary Needs (continued)

assessment dated [redacted] for resident [redacted] indicated the resident required a mechanical soft diet. Interviews with staff all indicated that the resident was eating a regular diet prior to the choking incident on [redacted]. Hospital discharge paperwork indicated a minced diet was recommended until the resident received a speech therapy evaluation. A family member reported that on [redacted] they were present during meal service and resident [redacted] was served roast turkey, which the family member had to request be chopped up. The home did not follow the recommended diet orders for resident [redacted]

Plan of Correction ***Accept [redacted] - 10/02/2026)***

By 10/6/2026, the Regional Director of Operations will train the Residence Director, Assistant Healthcare Director and Dietary Manager on the requirements of regulation 2600.161d. Documentation shall be maintained.

By 10/9/2026, the Residence Director/Designee will train all staff members on the requirements of regulation 2600.161d and the importance of following dietary needs. Documentation shall be maintained.

Beginning 10/5/2026, the Residence Director/Designee shall audit dietary needs match prescribed dietary orders weekly for 4 weeks then monthly for 2 months to ensure proper documentation is obtained. Documentation of audit shall be maintained.

On 10/29/2026, the Residence Director or designee, will review the above findings for 2600.161d during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *10/23/2026*

Implemented [redacted] - 10/15/2026)