

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

September 8, 2026

[REDACTED]
LW ALLENTOWN OPCO LLC
[REDACTED]
[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 08/07/2026 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:** 120 **Waking Staff:** 90

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 08/07/2026

Inspection Dates and Department Representative

08/07/2026 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 85

Secured Dementia Care Unit

In Home: Yes **Area:** secured **Capacity:** 40 **Residents Served:** 28

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 85
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 35 **Have Physical Disability:** 0

Inspections / Reviews

08/07/2026 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 08/30/2026

Inspections / Reviews (*continued*)

08/31/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/04/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/07/2026

09/08/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/04/2026

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

Disinfecting acid bathroom cleaner and rapid multi purpose disinfecting cleaner with a manufacture's label indicating contact poison control if swallowed was unlocked, unattended, and accessible to residents in the secured dementia care unit kitchenette. All the residents of the unit are not able to safely use poisons.

Plan of Correction

Accept [REDACTED] - 08/31/2026)

Immediately at time of inspection the disinfecting cleaner was removed and locked.

By 9/2/2026, the Residence Director or Designee will train all current MC staff on the requirements of 2600.82c for all areas of the secured environment not just resident rooms. Documentation shall be maintained.

Starting 8/31/2026, the Assistant Health Care Director or designee will walk through the MC unit daily for 2 weeks then weekly for 4 weeks to ensure compliance with 2600.82c. Documentation shall be maintained.

On 9/24/2026, 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. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented [REDACTED] - 09/08/2026)

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 9:30a.m., there was a garbage can in the secured dementia kitchenette that was full, uncovered, and unattended.

Plan of Correction

Accept [REDACTED] 08/31/2026)

Immediately during survey the garbage can in question was emptied and the lid was put on.

By 9/4/2026, the Residence Director or designee will train current staff on the requirements housed in 2600.85b. Documentation shall be maintained.

Starting 8/31/2026, the Assistant Health Care Director or designee will walk through the MC dining area daily for 2 weeks then weekly for 4 weeks to ensure compliance with 2600.85d. Documentation shall be maintained.

On 9/24/2026, the Residence Director or designee, will review the above findings for 2600.85d during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance.

85d Trash Receptacles (continued)

Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented (████) 09/08/2026)

103c - Food Protected**3. Requirements**

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

At 9:30a.m., there were 3 plates of food sitting on top of the steam table cover that were uncovered.

Plan of Correction

Accept (████) - 08/31/2026)

Immediately at time of inspection the food was discarded and not used.

By 9/4/2026, the Residence Director or designee will train current staff on the requirements housed in 2600.103c. Documentation shall be maintained.

Starting 8/31/2026, the Assistant Health Care Director or designee will monitor lunch times to ensure that no food is left uncovered or labeled in the MC serving area. This will continue daily for 2 weeks and then weekly for 4 weeks. Documentation to be maintained.

On 9/24/2026, the Residence Director or designee, will review the above findings for 2600.103c 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: 09/14/2026

Implemented (████) - 09/08/2026)

221c - Post Activity Calendar**4. Requirements**

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home has an activity calendar of events posted. However, on (████), there were no activities provided for the residents in the secured dementia unit.

Plan of Correction

Accept (████) 08/31/2026)

Immediately during inspection the Residence Director coached the Life Enrichment Coordinator on conducting activities per the schedule.

By 9/2/2026, the Residence Director or Designee will train the Life Enrichment staff on the requirements of

221c - Post Activity Calendar (continued)

2600.221c which will include holding activities at the posted times. Documentation shall be maintained.

Starting 8/31/2026, the Residence Director or Designee will ensure that the activities that are scheduled are happening by monitoring activities 2 times daily for 2 weeks. Documentation shall be maintained.

On 9/24/2026, the Residence Director or designee, will review the above findings for 2600.221c 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: 09/14/2026

Implemented [REDACTED] - 09/08/2026)

234d - Support Plan Revision**5. Requirements**

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for resident # [REDACTED] was completed on [REDACTED]; however, the plan was not updated when the resident began therapy services and with use of a walker.

Plan of Correction

Accept [REDACTED] - 08/31/2026)

Immediately at time of survey resident [REDACTED] RASP was updated correctly.

By 9/4/2026, the Residence Director or designee will train all licensed staff on the requirements housed in 234d. Documentation shall be maintained.

By 9/21/2026, the Residence Director or Designee will audit current resident RASPs for compliance with 2600.234d. Corrections will be made at the time of audit. Documentation shall be maintained.

Starting 8/31/2026, The Residence Director or Designee will review any new therapy orders and ensure the resident RASP is updated accordingly. This will happen weekly for 4 weeks and the bi weekly for 4 weeks. Documentation shall be maintained.

On 9/24/2026, the Residence Director or designee, will review the above findings for 2600.234d 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: 09/18/2026

Implemented [REDACTED] - 09/08/2026)