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

October 26, 2026

[redacted], ADMINISTRATOR
JAH-JIREH HOMES OF AMERICA-ALLENTOWN
2051 BEVIN DRIVE
ALLENTOWN, PA, 18103

RE: LEGACY PLACE COTTAGES
2051 BEVIN DRIVE
ALLENTOWN, PA, 18103
LICENSE/COC#: 22551

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/17/2026 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: *LEGACY PLACE COTTAGES* **License #**: *22551* **License Expiration**: *09/20/2027*

Address: *2051 BEVIN DRIVE, ALLENTOWN, PA 18103*

County: *LEHIGH* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *JAH-JIREH HOMES OF AMERICA-ALLENTOWN*

Address: *2051 BEVIN DRIVE, ALLENTOWN, PA, 18103*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *04/30/2015* **Issued By**: *Salisbury Twp*

Type: *I-2* **Date**: *08/11/2015* **Issued By**: *Salisbury Twp*

Staffing Hours

Resident Support Staff: *17* **Total Daily Staff**: *53* **Waking Staff**: *40*

Inspection Information

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

Reason: *Renewal, Complaint* **Exit Conference Date**: *09/17/2026*

Inspection Dates and Department Representative

09/17/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* **Residents Served**: *23*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *SDCU* **Capacity**: *18* **Residents Served**: *17*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *35*

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

Have Mobility Need: *13* **Have Physical Disability**: *0*

Inspections / Reviews

09/17/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/15/2026*

10/15/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/23/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/22/2026*

Inspections / Reviews *(continued)*

10/16/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *10/23/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *10/23/2026*

10/26/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/23/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

17 - Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At 9:47 a.m. the utility room door located in Memory Care was open and accessible. The room stored a binder labeled Transfer Records which contained resident records and private information.

Plan of Correction ***Accept ([redacted] - 10/16/2026)***

Resident records will remain behind locked doors and accessible for the purpose of providing services to the residents, agents of the Department, and the long term care Ombudsman.
The employee time clock was located in the resident record room and will be relocated to a break room by 10-20-26 to eliminate the need for staff to enter that room except to access records.
The Administrator will train staff on confidential storage of resident records. This will be completed by 11-15-26.
The Administrator and/or designee will conduct weekly privacy rounds to ensure that access to resident records is secure.

Licensee's Proposed Overall Completion Date: *11/15/2026*

Implemented ([redacted] - 10/23/2026)

82c - Locking Poisonous Materials

2. 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

At 9:45 a.m. the utility room door in Memory Care was open and accessible to residents. The room contained a bottle of hand sanitizer with warning label stating If swallowed get medical help or contact Poison Control Center right away. the residents in the memory care are not assessed to be safely around poisons.

Repeated Violation: 9/23/25.

Plan of Correction ***Accept ([redacted] - 10/15/2026)***

Hazardous items were secured immediately upon discovery. All poisonous items will be kept in locked cabinets or storage areas inaccessible to residents. Staff will lock cabinets in rooms after providing care and keep any hazardous materials in locked areas.
Staff will receive training on proper storage of hazardous materials in the memory care unit. The Administrator will be responsible for the training and it will be completed by 11-15-26.
Safety room rounds will be conducted weekly by the Wellness Director to monitor compliance.

Licensee's Proposed Overall Completion Date: *11/15/2026*

82c - Locking Poisonous Materials *(continued)*

Implemented ([redacted] - 10/23/2026)

91 - Telephone Numbers

3. Requirements

2600.
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

At 9:58 a.m., the landline phone located in the parlor room did not have emergency telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management, and personal care home complaint hotline posted on or near the telephone.

Plan of Correction ***Accept ([redacted] - 10/15/2026)***

A phone list consisting of telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline was posted by the telephone in the parlor room immediately after being informed that it was missing on September 17, 2026.
All telephones with an outside line will be audited and a telephone list will be added if it is necessary. This will be accomplished by 11-1-26.
The Administrator and/or designee will be responsible for auditing outside line telephones monthly to ensure compliance

Licensee's Proposed Overall Completion Date: *11/01/2026*

Implemented ([redacted] - 10/23/2026)

121a - Unobstructed Egress

4. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At 9:42am, the exit door to the patio from the southwest seating area would not open without the use of excessive force.

Plan of Correction ***Accept ([redacted] - 10/15/2026)***

The exit door to the patio on the South Side of the personal care building was sticking when the door was opened. The door was adjusted so it opened freely without sticking.
All exit doors were checked to ensure that they opened freely without hesitation. This was completed on 10-9-26.
The Maintenance Director and/or designee will be responsible for checking all exit doors on a weekly basis to ensure that they open freely and without hesitation.

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

121a Unobstructed Egress *(continued)*

Implemented ([redacted] - 10/23/2026)

132b Safety Inspection/Fire Drill

5. Requirements

2600.
132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home's last fire drill conducted by a fire safety expert was on 7/3/26, the previous year's inspection was completed on 5/24/25.

Plan of Correction ***Accept ([redacted] - 10/15/2026)***

Fire inspection was completed on July 3, 2026. The previous inspection was completed on 5-24-25. We have switched fire safety experts for our inspection and observed drills to a paid contractor.
The next fire inspection will be scheduled and completed before July 2027 which will ensure compliance with the 12 month required period.
The Administrator will be responsible for ensuring that the inspection and observed drills are completed within the required annual time frame.

Licensee's Proposed Overall Completion Date: *11/15/2026*

Implemented ([redacted] - 10/23/2026)

132d Evacuation

6. Requirements

2600.
132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

On 6/24/26, the fire drill that was conducted had an evacuation time of 10:21 exceeding the maximum allowable evacuation time of 6:45.

Repeated Violation: 9/23/25.

Plan of Correction ***Accept ([redacted] - 10/16/2026)***

For a fire drill conducted on 6-24-26 the maximum time for evacuation was exceeded.
Training will be provided to staff detailing fire drill responsibilities and evacuation times. This will be done by the Administrator by 10-31-26.

132d - Evacuation (continued)

All future drills will be completed within the required evacuation time. The Administrator will be responsible for ensuring that evacuation times for drills are completed within the required time frame and no changes need to be made by reviewing monthly drills

Licensee's Proposed Overall Completion Date: *10/31/2026*

Implemented (- 10/23/2026)

187d - Follow Prescriber's Orders

8. Requirements

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

Description of Violation

From 8/18/26 to 8/24/26, resident #1 was prescribed 12.5mg of Quetiapine once daily but received the medication twice daily.

Plan of Correction ***Accept (- 10/16/2026)***

Resident #1 had an order for Quetiapine 25mg once daily. The doctor changed order to 12.5mg twice daily. did not provide us with the medication at that dose. Staff tried to fill the order with our pharmacy but it was denied. As a result the resident missed 5 doses of the medication before it was d/c'ed on 8-25-26. Family agreed to switch to the preferred pharmacy and this was reported as a medication error on 9-9-26 once it was discovered. The family has switched to the preferred pharmacy to prevent this from happening in the future.

Medication Techs will receive training provided by the Wellness Director and the Resident Care Coordinator on proper medication pass procedures including following the prescriber's orders. This will be completed by 10-31-26.

The Wellness Director will audit MARS monthly and be responsible for ensuring compliance

Licensee's Proposed Overall Completion Date: *11/15/2026*

Implemented (- 10/23/2026)