

Facility Information

Name: *LEHIGH COMMONS* License #: *22205* License Expiration: *03/16/2026*
 Address: *1680 SPRING CREEK ROAD, MACUNGIE, PA 18062*
 County: *LEHIGH* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *1680 SPRING CREEK ROAD OPERATIONS LLC*
 Address: *1680 SPRING CREEK ROAD, MACUNGIE, PA, 18062*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/09/1997* Issued By: *Dept L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *88* Waking Staff: *66*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: *06/17/2025*

Inspection Dates and Department Representative

06/17/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *80* Residents Served: *70*

Secured Dementia Care Unit
 In Home: *Yes* Area: *NA* Capacity: *14* Residents Served: *12*

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *18* Have Physical Disability: *0*

Inspections / Reviews

06/17/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/19/2025*

07/21/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/26/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/26/2025*

Inspections / Reviews (*continued*)

07/28/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/26/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

At 11:25 a.m., resident #3 and resident #4's queen size bed had bed canes located on left and right side of the bed that shifted back and forth when pulled and were not securely fastened to the bed frame.

At 11:36 a.m. resident #5's bed had a bed cane attached but was not securely fastened. The bed cane base was pulled out from under the mattress approximately 3 ½ inches.

Plan of Correction

Accept (█ - 07/21/2025)

On 6/18/2025, Resident #3, Resident #4 had their Halo Safety Rings assessed for compliance by Rehab Director and Maintenance Director. They now have been secured to the bed frame. Resident #5's bed cane was assessed and tightened on 7/18/2025 by Maintenance Director.

By August 19, 2025, the Executive Director will conduct the in-service training "Use of Bedside Mobility Devices in Personal Care Homes and Assisted Living Residences" provided from the Department's website for the following team members:

Rehab Director

Maintenance Director

Maintenance Assistant

Housekeeping Aides

Memory Care Director

Director of Health and Wellness

To ensure ongoing compliance, by 8/19/2025 all bed mobility devices will be checked weekly instead of monthly for compliance by the Maintenance/Housekeeping departments utilizing an audit sheet. Audit sheet will be turned into maintenance to assess the device and repair.

2600.81b will continue to be a topic of discussion at Monthly Quality assurance meetings by the Executive Director pertaining to Bed Mobility Devices.

Licensee's Proposed Overall Completion Date: 08/19/2025

Implemented (█ - 07/28/2025)

185a - Implement Storage Procedures

2. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 6/9/25 at 5:30 a.m. resident # 1's glucometer indicated a blood glucose reading of 258; the reading was not recorded on their Medication Administration Record or treatment sheet.

185a - Implement Storage Procedures (continued)

On 6/9/25 at 8:58 p.m. resident # 1's glucometer indicated a blood glucose reading of 394; the reading was not recorded on their Medication Administration Record or treatment sheet.
On 6/13/25 at 5:36 a.m. resident # 1's glucometer indicated a blood glucose reading of 211; the reading was not recorded on their Medication Administration Record or treatment sheet.
On 6/10/25 at 5:53 a.m. resident # 1's glucometer indicated a blood glucose reading of 210; the reading was not recorded on their Medication Administration Record or treatment sheet.

Plan of Correction

Accept (█ - 07/21/2025)

Implementation of Blood Glucose Tracking Form

Effective July 1, 2025, the Director of Health and Wellness implemented a standardized Medication Administration Blood Glucose Tracking Form.

This form is used by all Medication Assistants and Licensed Practical Nurses (LPNs) to transcribe blood glucose readings directly from the glucometer and record them accurately.

The form is maintained in each resident's Medication Administration Record (MAR) book.

Weekly Audit Process

To ensure ongoing compliance with 55 Pa. Code § 2600.185(a), beginning the week of July 21, 2025, and continuing weekly thereafter, the Director of Health and Wellness (or designee) will:

Review all blood glucose entries from the previous week.

Cross-check each entry against the glucometer memory for accuracy and adherence to physician orders.

Document audit findings by signing and dating the back of each Blood Glucose Tracking Form.

Report findings to the Executive Director on a weekly basis.

Any discrepancies or non-compliance will be addressed immediately. The Director of Health and Wellness and/or Executive Director will provide individual counseling and retraining to staff as needed to ensure compliance with facility protocols and state regulations.

Ongoing Oversight and Staff Education

Compliance with 2600.185(a) and use of the Blood Glucose Tracking Form will be:

Reviewed monthly during the facility's Quality Assurance (QA) Meetings, led by the Executive Director.

Discussed bi-monthly at Medication Assistant/LPN meetings, led by the Director of Health and Wellness, to reinforce expectations and provide ongoing education.

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented (█ - 07/28/2025)

187b - Date/Time of Medication Admin.

3. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed Mag Oxide Tablets 400mg and Metformin tablets 1000mg both administered at 9 A.M. and

187b - Date/Time of Medication Admin. (continued)

5 P.M.. Resident #1's medication administration record does not include the initials of the staff person who administered Mag Oxide tablets 400mg and Metformin tablets 1000mg on 6/13/25 at 9:00 A.M..

Resident #2 is to receive Admelog 100 units solo injectable at 9:00a.m. and 5:00 p.m. based on a sliding scale. The correct scale is as follows: 200-249=3 units; 250-299=5 units; 300-349=7 units; 350-399=9 units and >400 =10 contact doctor.

On 6/5/25 the 6 a.m. glucometer reading for resident # 2's indicated a blood glucose reading of 177. The residents Medication Administration Record does not indicate the units of Admelog administered or the initials of the staff person who administered Admelog. According to the sliding scale, the resident should not have been administered any units of medication.

On 6/6/25 the 6 a.m. glucometer reading for resident # 2's indicated a blood glucose reading of 258. The residents Medication Administration Record does not indicate the units of Admelog administered or the initials of the staff person who administered Admelog.. According to the sliding scale the resident should have been administered 5 units of medication.

On 6/7/25 the 6 a.m. glucometer reading for resident # 2's indicated a blood glucose reading of 212. The residents Medication Administration Record does not indicate the units of Admelog administered or the initials of the staff person who administered Admelog. According to the sliding scale the resident should have been administered 3 units of medication.

On 6/14/25 the 6 p.m. glucometer reading for resident # 2's indicated a blood glucose reading of 293. The residents Medication Administration Record does not indicate the units of Admelog administered or the initials of the staff person who administered Admelog.. According to the sliding scale the resident should have been administered 5 units of medication.

Repeat Violation-9/5/24.

Plan of Correction

Accept (█) - 07/21/2025

Effective July 1, 2025, and ongoing:

Medication Administration Record (MAR) Audits

The Director of Health and Wellness (DHW) or designee will conduct MAR audits at least four times per week to ensure compliance with state regulations and facility policy. Any identified issues will be documented on MAR audit sheet.

Any discrepancies or documentation issues identified during audits will be addressed promptly by the DHW and reported to the Executive Director (ED) on a weekly basis.

The DHW and/or ED will provide individual counseling and re-education to any staff member found non-compliant with medication administration policies or regulatory requirements.

2. Blood Glucose Monitoring and Sliding Scale Insulin Documentation

187b - Date/Time of Medication Admin. (continued)

Beginning July 1, 2025, all Medication Assistants and Licensed Practical Nurses (LPNs) will use the standardized Blood Glucose/Sliding Scale Tracking Form.

Staff are required to:

Transcribe blood glucose readings directly from the glucometer

Document the exact blood glucose value and initial.

Record insulin units administered, if applicable, per the prescribed sliding scale

Include date and time of each reading and administration

The DHW or designee will conduct weekly audits of each resident's Blood Glucose/Sliding Scale Tracking Form by comparing the documentation to the glucometer memory.

The auditor will sign and date the back of each form to verify audit completion, accuracy, and compliance.

Any discrepancies or evidence of non-compliance will be immediately addressed by the DHW, and reported to the ED weekly.

Counseling and/or retraining will be provided by the ED for any staff member not in adherence to policy or regulatory standards.

Ongoing Staff Education

2600.187(b) and Tracker form will be reviewed and reinforced during:

Bi-monthly Medication Assistant/LPN meetings, led by the DHW

Monthly Quality Assurance (QA) meetings, led by the ED

Documentation of these meetings will be maintained in the form of agendas and meeting minutes, which will include verification that the regulation was discussed and staff understanding was reinforced.

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented (█ - 07/28/2025)

187d - Follow Prescriber's Orders**4. Requirements**

2600.

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

Description of Violation

Resident #2 is to receive Admelog 100 units solo injectable at 9:00a.m. and 5:00 p.m. based on a sliding scale. The

187d - Follow Prescriber's Orders (continued)

correct scale is as follows: 200-249=3 units; 250-299=5 units; 300-349=7 units; 350-399=9 units and >400 =10 contact doctor.

On 6/6/25 the 6 a.m. glucometer reading for resident # 2's indicated a blood glucose reading of 258. The residents Medication Administration Record does not indicate the units of Admelog administered. According to the sliding scale the resident should have been administered 5 units of medication.

On 6/7/25 the 6 a.m. glucometer reading for resident # 2's indicated a blood glucose reading of 212. The residents Medication Administration Record does not indicate the units of Admelog administered. According to the sliding scale the resident should have been administered 3 units of medication.

On 6/14/25 the 6 p.m. glucometer reading for resident # 2's indicated a blood glucose reading of 293. The residents Medication Administration Record does not indicate the units of Admelog administered. According to the sliding scale the resident should have been administered 5 units of medication.

Plan of Correction

Accept (█ - 07/21/2025)

By August 19, 2025, Director of Health and Wellness will review regulation 2600.187b with all Medication Assistants and LPNs.

Blood Glucose Monitoring and Sliding Scale Insulin Documentation

Beginning July 1, 2025, all Medication Assistants and Licensed Practical Nurses (LPNs) will use the standardized Blood Glucose/Sliding Scale Tracking Form implemented by Director of Health and Wellness.

Staff are required to:

Transcribe blood glucose readings directly from the glucometer

Document the exact blood glucose value and initial.

Record insulin units administered, if applicable, per the prescribed sliding scale

Include date and time of each reading and administration

The DHW or designee will conduct weekly audits of each resident's Blood Glucose/Sliding Scale Tracking Form by

187d - Follow Prescriber's Orders (continued)

comparing the documentation to the glucometer memory.

The auditor will sign and date the back of each form to verify audit completion, accuracy, and compliance.

Any discrepancies or evidence of non-compliance will be immediately addressed by the DHW, and reported to the ED weekly.

Counseling and/or retraining will be provided by the ED for any staff member not in adherence to policy or regulatory standards.

Ongoing Staff Education

2600.187(b) and Tracker form will be reviewed and reinforced during:

Bi-monthly Medication Assistant/LPN meetings, led by the DHW

Monthly Quality Assurance (QA) meetings, led by the ED

Documentation of these meetings will be maintained in the form of agendas and meeting minutes, which will include verification that the regulation was discussed and staff understanding was reinforced.

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented (█) - 07/28/2025)

254c - Records Storing

5. Requirements

2600.

254.c. Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

Description of Violation

At 9:32 a.m. a stack of resident therapy notes were unattended and unsecured on a railing outside of the first-floor dining room and Livingroom area.

At 9:44 a.m., the memory care unit's kitchenette contained body skin assessment documents for resident #6 and resident #5 that were unattended and unsecured.

254c - Records Storing (continued)**Plan of Correction****Accept (█ - 07/21/2025)***Staff Education and Policy Reinforcement*

On June 20, 2025, the Rehabilitation Director, █, reminded rehabilitation staff of the facility's policies and procedures regarding the handling of Protected Health Information and record storing.

On July 17, 2025, the Administrator conducted a review of 2600.254(c) during a mandatory All-Staff Meeting. Direct Care Staff were instructed not to carry documentation such as skin assessment or shower sheets while providing care.

These forms are to be completed only in the designated, secure, locked area, in accordance with confidentiality and privacy policies.

Auditing:

All department managers are responsible for conducting weekly audits of their respective areas to ensure staff compliance with confidentiality procedures.

Any non-compliance is to be reported immediately to the Executive Director.

The Executive Director will provide individual counseling and corrective action as appropriate for any staff member not following privacy protocols.

Ongoing Compliance

2600.254(c) will continued to be reviewed and discussed at the facility's monthly Quality Assurance Meetings and ongoing All-Staff Meetings, led by the Executive Director.

Meeting agendas and minutes will document discussion of record handling and reinforce expectations for confidentiality compliance.

Licensee's Proposed Overall Completion Date: 07/31/2025**Implemented (█ - 07/28/2025)**