

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

December 4, 2024

[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 10/17/2024 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: LEGACY PLACE COTTAGES **License #:** 22551 **License Expiration:** 09/20/2025

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]

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: 0 **Total Daily Staff:** 53 **Waking Staff:** 40

Inspection Information

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

Reason: Renewal **Exit Conference Date:** 10/17/2024

Inspection Dates and Department Representative

10/17/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 48 **Residents Served:** 37

Secured Dementia Care Unit

In Home: Yes **Area:** Memory care **Capacity:** 18 **Residents Served:** 16

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 37
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 16	Have Physical Disability: 0

Inspections / Reviews

10/17/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/10/2024

11/13/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/03/2024

Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 11/17/2024

Inspections / Reviews *(continued)*

12/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/03/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

103e Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

A partially used bag of frozen corn was found in the freezer of the home. The bag containing leftover corn was not labeled with the date the corn was opened.

Plan of Correction

Accept [redacted] - 11/13/2024)

The bag of corn was disposed of by the Dining Manager on 10-17-24 after discovery.

All refrigerators will be audited and updated signage will be added to each refrigerator as a reminder to staff to properly date and label any opened item. This will be completed by the Executive Director by 11-20-24.

Staff will be inserviced on proper food storage including labeling and dating by the Executive Director. This training will be completed by 11-30-24 .

All refrigerators will be visually monitored on a daily basis by the Dining Manager and/or designee. The Dining Manager will be responsible for continued compliance by the completion of a Dietary Compliance Audit checklist on a weekly basis which includes checking all refrigerators for any undated or unlabeled items. This process will begin on 11-15-24.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [redacted] - 12/04/2024)

183d Prescription Current

2. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

There was a [redacted] ointment in cart for Resident #1, however this medication was discontinued for the resident.

Plan of Correction

Accept [redacted] - 11/13/2024)

The discontinued medication for Resident #1 was removed from the medication cart and disposed of upon discovery by the Wellness Director on 10-17-24.

Any discontinued medication will be removed from the medication cart immediately upon discontinuation.

Medication carts will be audited on a weekly basis to ensure that all medications in the cart for residents are current.

The Wellness Director and/or designee will be responsible for this.

Staff will be inserviced on medication storage including removal and disposal of expired and discontinued medications. This will be completed by the Wellness Director by 11-30-24.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [redacted] - 12/04/2024)

184a Resident's Meds Labeled

3. Requirements

184a Resident's Meds Labeled (continued)

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #2 is prescribed [redacted] spray, with instructions to instill 1 spray into each nostril at bedtime. The medication label states that the medication is named [redacted], with directions to apply to left nare at bedtime.

Resident #2 has a PRN order for [redacted] with directions to instill 2 sprays into each nostril 4 times daily as needed. The home has the medication on-hand but it does not include the aforementioned PRN order.

Plan of Correction

Accept [redacted] - 11/13/2024)

The medication order for Resident #2 ([redacted] spray with instructions to instill 1 spray into each nostril at bedtime) has been discontinued.

Resident #2 has a PRN order for [redacted] nose spray with instructions to instill 2 sprays in each nostril up to 4 times per day as needed. This medication is current and the label has been corrected to reflect the current order. Medication carts will be audited to ensure that all current medications have a label which properly match the resident's name, medication name, date the prescription was issued, the prescribed dosage and administration instructions, and the name and title of the prescriber.

Staff will receive training provided by the Wellness Director on medication labeling requirements in accordance with 2600.184. This training will be completed by 11-30-24

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [redacted] - 12/04/2024)

187b Date/Time of Medication Admin.

4. 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 #2 is prescribed [redacted]. On 10/2/24 at 9pm there were no initials on the MAR to indicate that the medication was administered as scheduled.

Plan of Correction

Accept [redacted] - 11/13/2024)

Medication technicians will receive training on medication administration including recording of dates and times of administration and names and initials of the staff providing the medication. The Wellness Director will be responsible for providing this training by 11-30-24.

The Wellness Director and/or designee will review Medication Administration Records weekly to ensure that there are initials indicating that all medication has been administered.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [redacted] - 12/04/2024)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident #2 has an order for [REDACTED] to apply to left nare at bedtime. This medication is not on-site and the home is administering a nasal saline spray instead of the nasal gel.

Plan of Correction

Accept [REDACTED] - 11/13/2024)

The medication for Resident #2 has been discontinued.

Staff will receive training on properly following the directions of the prescriber on all medications. The Wellness Director will be responsible for providing this training by 11-30-24.

The Wellness Director and/or designee will be responsible for reviewing Medication Administration Records weekly to verify that medications were administered following the directions of the prescriber.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [REDACTED] - 12/04/2024)