

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

November 13, 2025

[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 09/09/2025, 09/26/2025 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: LEGEND PERSONAL CARE AND MEMORY CARE OF ALLENTOWN **License #:** 23139 **License Expiration:** 11/25/2025
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: C-2 LP **Date:** **Issued By:**

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 77 **Waking Staff:** 58

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 09/26/2025

Inspection Dates and Department Representative

09/09/2025 - On-Site: [REDACTED]
09/26/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 100 **Residents Served:** 58
Secured Dementia Care Unit
In Home: Yes **Area:** NA **Capacity:** 40 **Residents Served:** 18
Hospice
Current Residents: 5
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 58
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 19 **Have Physical Disability:** 0

Inspections / Reviews

09/09/2025 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/20/2025

Inspections / Reviews (*continued*)

10/21/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/13/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/26/2025

11/13/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/13/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a - Activities of Daily Living Assistance

1. 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

The assessment and support plan, dated [REDACTED] for resident [REDACTED] indicates the resident requires assistance with transferring in and out of bed/chair. On [REDACTED], the resident did not receive this assistance as required. Resident was found lying by [REDACTED] bed with an injury to [REDACTED] nose.

Plan of Correction

Accepted [REDACTED] - 10/21/2025)

- Resident Assistant and Medication Technician immediately provided medical attention to Resident [REDACTED] for the injury to [REDACTED] nose. The resident was transported to the hospital for evaluation and treatment 8/19/2025 at 1:15am.
- Upon Resident [REDACTED] return from the hospital, a reassessment was conducted Health Care Director to ensure the support plan accurately reflects [REDACTED] current needs. The plan was updated to include additional measures for monitoring and assisting with transfers.
- By 11/13/25 The Health Care Director/Designee will conduct a complete review of current resident assessments and support plans to identify any other residents requiring assistance with transfers or other ADLs and to ensure the support plan appropriately addresses the resident's needs. The review will focus on residents at high risk for falls or a history of frequent falls.
- By 10/31/25, The Health Care Director/Designee will retrain and educate current wellness staff on the proper protocols for assisting residents with ADLs, emphasizing the importance of following each resident's individual support plan. Documentation shall be kept.
- Beginning 10/20/25, the administrator or designee shall interview 5 residents and/or observe staff providing ADL assistance to 5 residents per day 3Xweek for 4 weeks to ensure support plans are being followed when providing care/assistance to residents.
- To ensure consistent adherence to Regulation 2600.23a, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting by October 31, 2025, documentation shall be kept, further ensuring our commitment to transparency and accountability. The quality management review shall include a review of all items specified in 2600.23(a).

Licensee's Proposed Overall Completion Date: 11/13/2025

Implemented [REDACTED] - 11/13/2025)