pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **ABODE CARE OF ALLENTOWN LLC**
LEGAL ENTITY

To operate **ABODE CARE OF ALLENTOWN**
NAME OF FACILITY OR AGENCY

Located at **2232 29TH STREET SW, ALLENTOWN, PA 18103**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Assisted Living**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **33**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2800: Assisted Living Residences
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **January 6,** **2026** until **January 6,** **2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **233450**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Pennsylvania
Department of Human Services

Emailing Date: January 6, 2026

[redacted]
Abode Care of Allentown LLC
[redacted]

RE: Abode Care of Allentown
2232 29th Street SW
Allentown, Pennsylvania 18103
License #: 233450

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on December 9, 2025 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 pa. Code Ch. 2800 (relating to Assisted Living Residence), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval of assisted living residences a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

December 29, 2025

[redacted]
ABODECARE OF ALLENTOWN LLC
[redacted]

RE: ABODE CARE OF ALLENTOWN
2232 29TH STREET SW
ALLENTOWN, PA, 18103
LICENSE/COC#: 23345

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 12/09/2025 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *ABODE CARE OF ALLENTOWN* **License #**: *23345* **License Expiration**: *12/09/2026*

Address: *2232 29TH STREET SW, ALLENTOWN, PA 18103*

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

Administrator

Name: [redacted]

Legal Entity

Name: *ABODECARE OF ALLENTOWN LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *11/19/2012* **Issued By**: *City of Allentown*

Staffing Hours

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

Inspection Information

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

Reason: *New* **Exit Conference Date**: *12/09/2025*

Inspection Dates and Department Representative

12/09/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: **Residents Served**: *0*

Special Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

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

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

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

Inspections / Reviews

12/09/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *Not Required*

NO DEFICIENCIES FOUND