



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to ABOVE AND BEYOND AT THE KNIGHTS LLC  
LEGAL ENTITY

To operate ABOVE & BEYOND AT THE KNIGHTS  
NAME OF FACILITY OR AGENCY

Located at 1545 GREENLEAF STREET, ALLENTOWN, PA 18102  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 150  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

**Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 32**

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 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 13, 2017 until December 13, 2018,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226470**

Robert E. Robinson  
ISSUING OFFICER

Jay Baulk  
DIRECTOR

**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.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 13 2017

Mr. Nader Hamati  
President & CEO  
Above & Beyond at the Knights LLC  
4293 Chatter Way  
Allentown, Pennsylvania 18103

RE: Above & Beyond at the Knights  
1545 Greenleaf Street  
Allentown, Pennsylvania 18102  
License #: 226470

Dear Mr. Hamati:

As a result of the Department of Human Services' (Department) annual licensing inspection on October 31, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 22647 - 10/31/2017 - Hummel, Jesse  
 PCH Name: ABOVE AND BEYOND AT THE KNIGHTS

1. REGULATION 55 Pa.Code §2600  
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION  
 Department Representatives measured the hot water temperature at the sink in resident room 330 and resident room 324. The temperatures measured 124.8 degrees Fahrenheit and 122.5 degrees Fahrenheit, respectively. These temperatures are hot and pose a scalding risk to the residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Temperatures were reset to correct max temperature of 120F at time of inspection. Maintenance checked remaining rooms and none exceeded max allowable temperature. Maintenance to check random resident sinks once monthly for next 6 months to ensure none exceed 120F.

*Administrator will oversee to insure ongoing compliance. Op. 12-5-17*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Naila Furicchia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Naila Furicchia, ED	Date 11/26/17
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 12-5-17  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

Plan of correction implementation status as of 12-5-17  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 22647 - 10/31/2017 - Hummel, Jesse  
 PCH Name: ABOVE AND BEYOND AT THE KNIGHTS

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Lantus Insulin - 23 units once daily every morning. Department Representatives observed the insulin bottle prescribed to the resident. The insulin was not dated when the container was opened. The manufacturer's instruction indicate to discard any unused medication 28 days after opening the container. It can not be determined if the facility is administering expired medication.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Pharmacy delivery records reviewed, insulin was not expired. Medication staff reminded to date insulin containers when first opened, and reminded to discard vials according to manufacturer's instructions (varies depending on insulin type). Executive director or designee to check random insulin bottles on medication carts weekly for 6 weeks to ensure staff compliance with marking date on containers, then monthly for 6 months to ensure ongoing compliance.

*Administrator will oversee to ensure ongoing compliance. Ep. 12-5-17*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 22647 - 10/31/2017 - Hummel, Jesse  
 PCH Name: ABOVE AND BEYOND AT THE KNIGHTS

1. REGULATION 55 Pa.Code §2600  
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION  
 Resident #2 is prescribed Acetaminophen 325mg, AREDS 2 softgels, and Sodium chloride 5% eye ointment. These OTC medications are not labeled with the name of the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The medications belonging to Resident #2 were labeled with room number, and name was added by med staff immediately after discovered during inspection. Med staff retrained to label OTC medications with resident name (not just room number). Executive director or designee to randomly check OTC medications for appropriate labeling weekly for 6 weeks, then monthly for 6 months to ensure compliance with regulatory requirements.

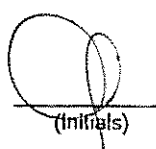
*Administrator will oversee to ensure ongoing compliance. Op. 12-5-17*

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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Naila Furicchia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Naila Furicchia, ED	Date 11/26/17
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Violation Report: 22647 - 10/31/2017 - Hummel, Jesse  
 PCH Name: ABOVE AND BEYOND AT THE KNIGHTS

1. REGULATION 55 Pa.Code §2600  
 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.

2a. DESCRIPTION OF VIOLATION  
 Resident #3 is prescribed Mupirocin 2% ointment - apply to affected area two times daily as needed. This medication is not on hand at the facility in the event the resident requested or required the medication.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Prescriber had discontinued the medication prior to medication cart inventory check by inspector, and medication was removed from cart, but order was not discontinued/approved in eMAR at that time (was actively being done at time of inspection). Physician's order to discontinue medication was given to inspector, and copy is attached to these violations. The condition for which the medication was prescribed was resolved, and the medication was no longer needed. However, to address the violation, the executive director or designee will check random PRN medications to ensure they are all present and available on the cart (or investigate if they are not present) monthly for the next 6 months to ensure ongoing regulatory compliance.

*Administrator will oversee to ensure ongoing compliance. C. 12-5-17*

*document enclosed w/ P.O.C. C. 12-5-17*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nurlehan*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)      Naila Furicchia, ED      Date      11/26/17

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Violation Report: 22647 - 10/31/2017 - Hummel, Jesse  
 PCH Name: ABOVE AND BEYOND AT THE KNIGHTS

1. REGULATION 55 Pa.Code §2600  
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed exit door B. The door leading to the exterior of the building as well as the door leading to an internal stairway are equipped with magnetic locking mechanisms. The code/directions to operate the locking devices are not posted on or near the doors as required.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Signs with instructions were missing from above locations. Signs with instructions to operate locking devices were placed in a conspicuous location next to exit door B and door to stairway. Maintenance to inspect doors monthly for next 6 months to ensure signage continues to be posted and accessible to meet regulatory requirements.

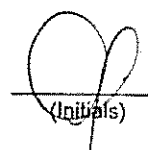
*Administrator will oversee to ensure ongoing compliance. Cf. 12-5-17*

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