



pennsylvania

DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

Mailing Date: June 7, 2018

Mr. Nader Hamati
President & Chief Executive Officer
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's Bureau of Human Services Licensing inspection on January 24, 2018 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.

Sincerely,

Anne Graziano
Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 22647 - 01/24/2018 - Harvey, Jason
 PCH Name: ABOVE AND BEYOND AT THE KNIGHTS

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 The support plan for resident #1 dated 9/15/17 was not signed by the resident nor was there any documentation of the resident's inability or refusal to sign the support plan.

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.


Resident #1 had been approached multiple times to review and sign the RASP but refused. Resident #1 was asked again after this inspection to sign the RASP on 3 more occasions, but still refused, and refusal was documented on RASP. Wellness staff re-trained to include all residents during development of support plan, and to document inability or refusal to sign RASP. Administrator/designee will review new/updated RASP's for the next 3 months to ensure completeness of documentation, and then audit RASP's randomly going forward. Administrator/designee will audit 10 current RASP's for completeness of documentation. If any are found not to be in compliance, wellness staff will be requested to obtain and document missing information, and an additional 5 will be audited for each one found not in compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Naila Furicchia, Executive Director	Date April 23, 2018
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The above plan of correction is approved as of <u>6-6-18</u> (Date)	Plan of correction implementation status as of <u>6-6-18</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented