

Department of Human Services  
Bureau of Human Service Licensing

April 15, 2021

██████████ PRESIDENT, CEO  
ABOVE AND BEYOND AT THE KNIGHTS LLC  
4293 CHATTER WAY  
ALLENTOWN, PA 18103

RE: ABOVE & BEYOND AT THE KNIGHTS  
1545 GREENLEAF STREET  
ALLENTOWN, PA, 18102  
LICENSE/COC#: 22647

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/21/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

**Name:** ABOVE & BEYOND AT THE KNIGHTS      **Licen e #:** 22647      **Licen e Expiration Date:** 12/13/2020  
**Addr e :** 1545 GREENLEAF STREET, ALLENTOWN, PA 18102  
**County:** LEHIGH      **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 6104347433      **Email:** [REDACTED]

**Legal Entity**

**Name:** ABOVE AND BEYOND AT THE KNIGHTS LLC  
**Address:** 4293 CHATTER WAY, ALLENTOWN, PA, 18103  
**Phone:** 6104347433      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 04/12/1989      **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 111      **Waking Staff:** 83

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Rea on:** Complaint, Incident      **Exit Conference Date:** 10/21/2020

**Inspection Dates and Department Representative**

10/21/2020 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 150      **Residents Served:** 79

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** lower level      **Capacity:** 30      **Residents Served:** 21

**Hospice**

**Current Re ident :** 11

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 78  
**Diagnosed with Mental Illness:** 6      **Diagnosed with Intellectual Disability:** 4  
**Have Mobility Need:** 32      **Have Physical Disability:** 4

Inspections / Reviews

10/21/2020 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *11/30/2020*

3/2/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *04/02/2021*

4/15/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 42b - Abuse

**1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

On 10/16/20 Resident #1 reported to ■■■ therapist and case manager that staff person A had kissed ■■■ on 2 occasions within the last three weeks after bringing homecooked food to the resident's room. Resident #1 reported being concerned about the kisses due to staff person A being married. Resident #1 is deemed incapable of consenting to a romantic relationship. Staff person A failed to report the inappropriate contact to a supervisor but admitted to it after being questioned.

**Plan of Correction****Accept**

Staff member A was removed from access to residents at the time allegation was discovered. Staff member A was supervised by management team member at all times ■■■ was on-site inside the community performing ■■■ job duties. Staff member A was instructed (and compliant with instructions) not to have any interaction with resident 1 at any time. Staff member A was retrained on what types of contact are considered inappropriate during interactions with residents. Staff person A verbalized remorse about the incident. During all observations (while being supervised) staff member A verbalized and demonstrated only appropriate (non-touch) contact with residents at all times. Due to the nature of the "inappropriate" contact uncovered during the investigation of incident (staff kissed resident on cheek once and resident initiated kiss with staff on lips another time), staff person A was not terminated from employment, but will not have any unsupervised contact with resident 1 in the future (staff person instructed to bring a second employee as "witness" during any and all interactions with resident 1), Staff person A was under continuous direct supervision for over 4 months with no incident observed, and going forward staff person A will not be continuously directly supervised but will be observed by management staff as needed while performing job duties that involve interactions with residents.

**Completion Date:** 02/26/2021

**Update - 03/02/2021**

Within 30 days of receipt of this plan of correction:

All staff, including the administrator, will receive training in resident rights and abuse. Residents will not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Proof of training shall be sent/attached upon completion.

**Document Submission****Implemented**

Staff training completed per update (see attached attendance record)