

Department of Human Services
Bureau of Human Service Licensing

February 16, 2022

[REDACTED], PRESIDENT/CHIEF EXECUTIVE OFFICER
[REDACTED]
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/30/2021, 12/01/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
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* License #: *22647* License Expiration: *12/13/2022*
Address: *1545 GREENLEAF STREET, ALLENTOWN, PA 18102*
County: *LEHIGH* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *91* Waking Staff: *68*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *12/01/2021*

Inspection Dates and Department Representative

11/30/2021 - On-Site: [REDACTED]

12/01/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* Residents Served: *66*

Secured Dementia Care Unit

In Home: *Yes* Area: *Lower level* Capacity: *32* Residents Served: *24*

Hospice

Current Residents: *24*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *64*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *4*
Have Mobility Need: *25* Have Physical Disability: *1*

Inspections / Reviews

11/30/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *02/04/2022*

02/01/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *02/11/2022*

02/16/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

94b - Non-Skid Surface

1. Requirements

2600.

94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation

Resident room #1's room had two small throw rugs placed in front of two chairs that were not secured to the floor and created a slip hazard.

Plan of Correction

Accept

Family was contacted and removed the throw rugs from the room. Supervisory staff were instructed to inspect room during daily rounds x2weeks, then monthly x1 month and periodically afterward to make sure no throw rugs are in the room. (no recurrence noted to date)

Staff reminded during meeting that throw rugs are not permitted in the community because they present a slip hazard, and this is also included in annual training on fall and accident prevention.

Update: 02/01/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen.

Document Submission

Implemented

The resident preferred to have the throw rugs in his room, and would place them on the floor himself when staff moved them to a different location. Therefore the resident's family was contacted and they removed the throw rugs from the room within 48 hours of inspection (staff placed rugs in closet out of sight of resident prior to removal). Lead PCA's inspected room during daily rounds for 2 weeks to make sure rugs were not brought back into room by family members and no other trip hazards were present. After one month, Lead's inspected the room weekly for one month, then periodically afterward to ensure ongoing compliance with POC. All direct care staff were instructed to inform Lead's if they find any residents with throw rugs going forward, Lead's will coordinate with ED to ensure rugs are either removed or secured to the floor to prevent slip hazard. Annual training for all staff includes Fall and Accident prevention, including risks of unsecured throw rugs.

(Please note that regulation refers to non-skid surfaces on stairs and ramps, however, this violation refers to a resident room which had neither steps nor a ramp)

W/D Violation 2-16-2022 MM

233c - Key-Locking Devices

1. Requirements

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.

Description of Violation

The emergency exit door key pad on the secured unit facing the 15th street side of the facility was not operational at the time of inspection.

Plan of Correction

Accept

Emergency exit was fixed and operational within 24 hours of inspection. Maintenance checked door function during daily rounds for 2 weeks, then weekly for 2 weeks and monthly for 6 months and periodically afterward. No further episodes of door failing to open have been observed.

Update: 02/01/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen

233c - Key-Locking Devices *(continued)***Document Submission*****Implemented***

Maintenance coordinator repaired the emergency exit the day of the inspection. The next day, and daily for 2 weeks, maintenance coordinator checked that the door key pad worked to allow door to open (no recurrence observed). The maintenance coordinator continued to check the door operation weekly for 2 weeks, and is currently checking door operation monthly for 6 months, then will check periodically. ED has also checked the door periodically since inspection and door opens when key pad used.

Key pad directions were present on the wall next to the door at the time of inspection. This particular door, because it leads directly to the street, is not frequently used for entry or exit, and is only used as an emergency exit during fire drills.