

Department of Human Services  
Bureau of Human Service Licensing

September 30, 2022

[REDACTED]  
ABODE CARE OF ALLENTOWN LLC  
[REDACTED]  
[REDACTED]

RE: ABODE CARE OF ALLENTOWN  
2232 29TH STREET SW  
ALLENTOWN, PA, 18103  
LICENSE/COC#: 23039

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/14/2022, 04/25/2022, 05/16/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Anne Graziano

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: *ABODE CARE OF ALLENTOWN* License #: *23039* License Expiration: *12/09/2022*  
Address: *2232 29TH STREET SW, ALLENTOWN, PA 18103*  
County: *LEHIGH* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: *610-797-4651* Email: [REDACTED]

**Legal Entity**

Name: *ABODE CARE OF ALLENTOWN LLC*  
Address: *320 ROEBLING STREET #628, BROOKLYN, NY, 11211*  
Phone: *6107974651* Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *121* Waking Staff: *91*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *05/16/2022*

**Inspection Dates and Department Representative**

*04/14/2022 - On-Site:* [REDACTED]  
*04/25/2022 - Off-Site:* [REDACTED]  
*05/16/2022 - Off-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *150* Residents Served: *103*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *19*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *100*  
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *18* Have Physical Disability: *1*

## Inspections / Reviews

04/14/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/13/2022*

07/13/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/20/2022*

08/19/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/26/2022*

09/30/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 81b - Resident Personal Equipment

## 1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

## Description of Violation

*The emergency call bell in Resident #1's bathroom is broken.*

## Plan of Correction

**Do Not Accept**

*Upon receiving preliminary violation, Leadership was assigned and audited all safety pendants and ██████ Pendants on 4/15/2022. Leadership identified inoperable systems. On 425 batteries were replaced in all systems. Technical support was contacted and continued with correspondence until the recent signing of the contract to upgrade Arial system software. System agreement attached.*

**Completion Date:** 06/13/2022

**Update:** 07/13/2022

*cannot download the attachment to review. Try again in Step 2. Please call Sans Write at ██████ if you are having trouble.*

*Who will be responsible to maintain ongoing compliance?*

AG, 7-13-22

## Plan of Correction

**Accept**

*Plan of correction includes immediate implementation Upon receiving preliminary violation, Leadership was assigned and audited all safety pendants and ██████ Pendants on 4/15/2022. Leadership identified inoperable systems. On 425 batteries were replaced in all systems.*

*-Immediate Action Technical support was contacted and continued with correspondence until the recent signing of the contract to upgrade ██████ system software. System agreement attached.*

*██████ system scheduled installation on 6/22/2022*

**Completion Date:** 06/13/2022

**Update:** 08/19/2022

*Please note in Step 2 that verifications were reviewed and accepted in Step 1.*

AG, 8-19-22

## Document Submission

**Implemented**

*Plan of correction includes immediate implementation Upon receiving preliminary violation, Leadership was assigned and audited all safety pendants and ██████ Pendants on 4/15/2022. Leadership identified inoperable systems. On 425 batteries were replaced in all systems.*

*-Immediate Action Technical support was contacted and continued with correspondence until the recent signing of the contract to upgrade ██████ system software. System agreement attached.*

*██████ system scheduled installation on 6/22/2022*

## 92 - Windows

## 1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

92 - Windows (continued)

**Description of Violation**

The window in Resident #1's bedroom does not have a screen.

**Plan of Correction**

**Do Not Accept**

Upon receiving preliminary violation, contractor worked with Leadership to identify missing screens within the community. Resident in question screen replaced.

**Completion Date:** 06/13/2022

**Update:** 07/13/2022

Please send a photo in Step 2. Who will be responsible to ensure ongoing compliance?  
AG, 7-13-22

**Plan of Correction**

**Accept**

The plan of correction includes the immediate response of the Executive Director to notify the Environmental Service manager of the area of concern.

- Action taken the Executive Director immediately notified leadership. Each Leaders's assigned a hall and audits of all required room items were conducted for each resident.
- Resident screen replaced on 4/18/2022 and screens ordered for the community.
- Responsible party is the executive director and environmental service manager to ensure audits continue and screens are in all windows that open.

**Completion Date:** 06/13/2022

**Update:** 08/19/2022

Please note in Step 2 that verifications were reviewed and accepted in Step 1.  
AG, 8-19-22

**Document Submission**

**Implemented**

The plan of correction includes the immediate response of the Executive Director to notify the Environmental Service manager of the area of concern.

- Action taken the Executive Director immediately notified leadership. Each Leaders's assigned a hall and audits of all required room items were conducted for each resident.
- Resident screen replaced on 4/18/2022 and screens ordered for the community.
- Responsible party is the executive director and environmental service manager to ensure audits continue and screens are in all windows that open.

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

The first bathroom stall door located in the women's shared bathroom near the home's entrance has a broken latch and prevented the door from securely closing.

**Plan of Correction**

**Do Not Accept**

Upon receiving the preliminary violations, Executive Director informed contractor, bathroom door stall was repaired and locks appropriately. Audit was complete on bathroom stalls.

**Completion Date:** 06/13/2022

95 - Furniture and Equipment *(continued)*

**Update:** 07/13/2022

*Please send a photo in Step 2. Who will be responsible to ensure ongoing compliance?*

AG, 7-13-22

**Plan of Correction**

**Accept**

*The plan of correction in place the Executive Director immediately notified the Environmental Service Manager.  
-Executive Director informed contractor, bathroom door stall was repaired, and locks are operable on 4/19/2022.  
Audit was complete on bathroom stalls on 4/27/2022.  
Executive director is responsible for ensuring that all furniture and equipment are in working and good condition.*

**Completion Date:** 06/13/2022

**Update:** 08/19/2022

*Please note in Step 2 that verifications were reviewed and accepted in Step 1.*

AG, 8-19-22

**Document Submission**

**Implemented**

*The plan of correction in place the Executive Director immediately notified the Environmental Service Manager.  
-Executive Director informed contractor, bathroom door stall was repaired, and locks are operable on 4/19/2022.  
Audit was complete on bathroom stalls on 4/27/2022.  
Executive director is responsible for ensuring that all furniture and equipment are in working and good condition.*

227d - Support Plan Medical/Dental

**1. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

*Per multiple interviews, Resident #1 has a history of refusing care, specifically showers and shaving, and can become verbally aggressive with staff. These behaviors, and the home's plan to address these behaviors, are not addressed in Resident #1's most recent assessment and support plan, dated [REDACTED].*

**Plan of Correction**

**Do Not Accept**

*An education held by the Executive Director with the wellness team providing an education on support plans and the requirements. Documentation audit and update of the support plan for all behaviors and changes with residents. Audit began on 4/20/2022-4/26-2022, completion date.*

**Completion Date:** 04/26/2022

**Update:** 07/13/2022

*Who will beresponsible to maintain ongoing compliance? Should continued refusals jeopardize the residen't health, is the home prepared to issue a 30 day notice due to being unable to meet the resident's needs?*

AG, 7-13-22

**Plan of Correction**

**Accept**

*An education held by the Executive Director with the wellness team providing an education on support plans and the requirements. Documentation audit and update of the support plan for all behaviors and changes with residents. Audit began on 4/20/2022-4/26-2022, completion date. Wellness Director will continue ongoing training to remain in compliance with DHS. In the event the community is unable to maintain the needs of the residents. In the event*

**227d - Support Plan Medical/Dental (continued)**

*a resident's needs are unable to be met the community with work with the family to provide additional support to meet the residents needs or issue a thirty-day notice for the resident to reside in an appropriate level of care.*

**Completion Date:** 04/26/2022

**Update:** 08/19/2022

*Please send a copy of the signature sheet to verify training in Step 2. Also please send in a copy of the addendum or Significant Change (whichever is appropriate) for the resident in question. If that resident is no longer in the Home, please select a similar situation and send in that RASP update instead to verify compliance.*

AG, 8-19-22

**Document Submission****Implemented**

*An education held by the Executive Director with the wellness team providing an education on support plans and the requirements. Documentation audit and update of the support plan for all behaviors and changes with residents. Audit began on 4/20/2022-4/26-2022, completion date. Wellness Director will continue ongoing training to remain in compliance with DHS. In the event the community is unable to maintain the needs of the residents. In the event a resident's needs are unable to be met the community with work with the family to provide additional support to meet the residents needs or issue a thirty-day notice for the resident to reside in an appropriate level of care.*