

Department of Human Services  
Bureau of Human Service Licensing

August 31, 2022

[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 05/17/2022, 05/18/2022, 05/23/2022 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: *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: [REDACTED] Email: [REDACTED]

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *C 2 LP* Date: *08/04/2012* Issued By: *L&I*  
 Type: *I 2* Date: *11/19/2012* Issued By: *City of Allentown*

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *05/23/2022*

**Inspection Dates and Department Representative**

05/17/2022 On Site [REDACTED]  
 05/18/2022 Off Site [REDACTED]  
 05/23/2022 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: *18*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *103*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *18* Have Physical Disability: *1*

## Inspections / Reviews

05/17/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/02/2022*

07/15/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/25/2022*

07/29/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/03/2022*

08/31/2022 - Document Submission

Reviewer: *Mid* [REDACTED]Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] /22 resident #1 was sent to the hospital at approximately [redacted] pm due to being [redacted]. The resident was admitted to the hospital with a diagnosis of [redacted] and [redacted]. The home did not report the incident to the department's regional office.

Plan of Correction

**Do Not Accept**

Plan of correction in place at the time of preliminary. A review of reportable reviewed with Wellness Director and Leadership team. Explanation was provided as to why this was reportable, explanation provided that this was a serious medical condition. All incidents are now discussed daily amongst ED and Wellness as a second check to determine reportable. All incidents are also discussed in monthly QAPI .

Completion Date: 04/26/2022

Update: 07/15/2022

Please include in plan of correction:

Who is responsible for fixing the problem?

What action that person will take, and when that action will happen - (date).

Who will monitoring compliance?

Plan of Correction

**Accept**

-Plan of correction in place at the time of preliminary. A review of reportable reviewed with Wellness Director and Leadership team on [redacted].

-The Executive Director and Wellness Director are responsible for understanding the 2600.16 reportable incidents and submitting timely.

- The action taken, and explanation was provided as to why this was reportable, explanation provided that this was a serious medical condition. took place on [redacted] /2022. A binder with reportable incidents and what requires a reportable was implemented on [redacted] /2022. All incidents are now discussed daily amongst ED and Wellness as a second check to determine reportable. All incidents are also discussed in monthly QAPI .

-Executive director and Director of Wellness will monitor compliance.

Completion Date: 05/24/2022

Update: 07/29/2022

Please send Incident Report for the [redacted]-22 incident.

Document Submission

**Implemented**

-Plan of correction in place at the time of preliminary. A review of reportable reviewed with Wellness Director and Leadership team on 4/27.

-The Executive Director and Wellness Director are responsible for understanding the 2600.16 reportable incidents and submitting timely.

- The action taken, and explanation was provided as to why this was reportable, explanation provided that this was a serious medical condition. took place on [redacted] /2022. A binder with reportable incidents and what requires a reportable was implemented on [redacted] /2022. All incidents are now discussed daily amongst ED and Wellness as a second check to determine reportable. All incidents are also discussed in monthly QAPI .

-Executive director and Director of Wellness will monitor compliance.

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 has an order for Novolog insulin to be administered using a [REDACTED]. On [REDACTED]/22 resident #1 did not receive [REDACTED] at the [REDACTED]. Resident #1 received 12 units of Novolog between [REDACTED] pm and [REDACTED] pm.

Plan of Correction

Do Not Accept

Education with Team on Medication Administration time. Diabetic education on sliding scales.

Completion Date: 05/05/2022

Update: 07/15/2022

Please include in plan of correction:

Who is responsible for fixing the problem?

What action that person will take, and when that action will happen (date).

Who will monitoring compliance?

Plan of Correction

Accept

The plan of correction in place as of [REDACTED]/2022 are weekly audits of glucometer checks and cart checks. -director of Wellness is responsible for fixing the problem.

The action taken is the implementation of glucometer audits, cart checks and Education with Team on Medication Administration time which occurred on [REDACTED]/2022 along with Diabetic education on sliding scales.

Completion Date: 05/25/2022

Document Submission

Implemented

The plan of correction in place as of [REDACTED]/2022 are weekly audits of glucometer checks and cart checks. director of Wellness is responsible for fixing the problem.

The action taken is the implementation of glucometer audits, cart checks and Education with Team on Medication Administration time which occurred on [REDACTED]/2022 along with Diabetic education on sliding scales.

227a Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #1 was admitted to the home on [REDACTED]/2022. The home did not complete a support plan for the resident.

Plan of Correction

Do Not Accept

Education provided at the time of preliminary on the Support Plan requirements according to the RCG. A monthly Audit by excel spread sheet established and conducted to ensure support plans are in compliance.

Completion Date: 05/11/2022

Update: 07/15/2022

Please include in plan of correction:

Who is responsible for fixing the problem?

**227a - Support Plan 30 Days (continued)**

*What action that person will take, and when that action will happen - (date).*

*Who will monitoring compliance?*

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

*-The plan of correction in place Education provided at the time of preliminary on the Support Plan requirements according to the RCG on [REDACTED]/2022.*

*-The Director of Wellness is responsible for fixing the problem.*

*-The action taken is the monthly Audit by excel spread sheet established and conducted to ensure support plans are n compliance.*

*-The Director of Wellness is responsible for monitoring compliance.*

**Completion Date:** 05/25/2022

**Update:** 07/29/2022

*Please send Resident 1's current RASP.*

**Document Submission****Implemented**

*-The plan of correction in place Education provided at the time of preliminary on the Support Plan requirements according to the RCG on [REDACTED]/2022.*

*-The Director of Wellness is responsible for fixing the problem.*

*-The action taken is the monthly Audit by excel spread sheet established and conducted to ensure support plans are n compliance.*

*-The Director of Wellness is responsible for monitoring compliance.*

Department of Human Services  
Bureau of Human Service Licensing  
PRIVACY CODING

Facility Information

Name: *ABODE CARE OF ALLENTOWN*

License #: *23039*

License Expiration: *12/09/2022*

Address: *2232 29TH STREET SW, ALLENTOWN, PA 18103*

Inspection Information

Start Date: *05/17/2022*

Type: *Partial*

Staff Privacy Coding

Designation

Staff Member Name

Job Title

Date Hired

Resident Privacy Coding

Designation

Resident's Name

*Resident 1*

██████████