

Department of Human Services
Bureau of Human Service Licensing

October 2, 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 06/14/2022 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: *484-538-3745* 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: *16* Total Daily Staff: *136* Waking Staff: *102*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *06/17/2022*

Inspection Dates and Department Representative

06/14/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* Residents Served: *104*

Secured Dementia Care Unit

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

Hospice

Current Residents: *16*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *101*
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *16* Have Physical Disability: *3*

Inspections / Reviews

06/14/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/16/2022*

Inspections / Reviews (*continued*)

08/15/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *08/22/2022*

10/02/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

Description of Violation

Interviews with resident #1, 2 & 3 indicated at times the call bells will not be answered for 30 minutes to an hour. Resident #1, 2 & 3 require assistance for transferring and toileting.

Plan of Correction

Accept

Call Bell system upgrade on 6/23/2022 and education with Executive Director, Wellness Director and Leadership Team. Computer software upgrade now on Executive director and Director of Wellness computer screen to monitor call bell assistance. Pagers ordered, walkies order to implement a faster response time. All Direct Care team members carry a pager and walkie. Daily monitoring by the ED and DOW. Weekly report ran on the call bell system. Response time has improved significantly. More team members were hired to also improve the call bell response time.

Completion Date: 06/30/2022

Update: 08/15/2022

Please send in evidence of compliance in Step 2 in the Portal. AG, 8-15-22

Document Submission

Implemented

Call Bell system upgrade on 6/23/2022 and education with Executive Director, Wellness Director and Leadership Team. Computer software upgrade now on Executive director and Director of Wellness computer screen to monitor call bell assistance. Pagers ordered, walkies order to implement a faster response time. All Direct Care team members carry a pager and walkie. Daily monitoring by the ED and DOW. Weekly report ran on the call bell system. Response time has improved significantly. More team members were hired to also improve the call bell response time.

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The emergency exit located next to activity room A was blocked with a garbage can and a wooden rocking horse, preventing immediate egress in the event of an emergency.

Plan of Correction

Accept

At the time of inspection, Inspector informed team member all egress must be clear. Audit conducted of the community entrance and exits to remove items from blocking those areas. Daily audit conducted on rounds by ED, Community Life director, Marketing Director, Environmental Service and Dinig Service director all have a daily section in which we conduct rounds. Weekend Manager on duty is responsible for the entire community. Direct Care and ancillary team members were educated on clear egress in halls doorways and routes.

Completion Date: 07/15/2022

Update: 08/15/2022

Please send in evidence of compliance in Step 2 in the Portal.

121a - Unobstructed Egress (continued)

AG, 8-15-22

Document Submission**Implemented**

At the time of inspection, Inspector informed team member all egress must be clear. Audit conducted of the community entrance and exits to remove items from blocking those areas. Daily audit conducted on rounds by ED, Community Life director, Marketing Director, Environmental Service and Dining Service director all have a daily section in which we conduct rounds. Weekend Manager on duty is responsible for the entire community. Direct Care and ancillary team members were educated on clear egress in halls doorways and routes.

183a - Original Containers and Injections**1. Requirements**

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

On 6/14/22 the noon medications for room # 501, 513, 516 and 519 were located in separate medication cups labeled with the room number in the medication cart. The medications were pre-poured.

Plan of Correction**Accept**

At the time of inspection DOW provided education to Med Tech. Corrective action was also given. Unanticipated med cart observations are conducted weekly alternating the Director of Wellness and DOW.

Completion Date: 07/15/2022

Update: 08/15/2022

Please send in evidence of compliance in Step 2 in the Portal.

AG, 8-15-22

Document Submission**Implemented**

At the time of inspection DOW provided education to Med Tech. Corrective action was also given. Unanticipated med cart observations are conducted weekly alternating the Director of Wellness and DOW.