

Department of Human Services  
Bureau of Human Service Licensing

August 1, 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 06/16/2022 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: *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**

Type: *C-2 LP* Date: *04/09/2009* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *138* Waking Staff: *104*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *06/16/2022*

**Inspection Dates and Department Representative**

06/16/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *150* Residents Served: *115*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *100*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *23* Have Physical Disability: *3*

**Inspections / Reviews**

06/16/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/17/2022*

Inspections / Reviews *(continued)*

07/15/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/19/2022*

07/18/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/22/2022*

08/01/2022 - Document Submission

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 [REDACTED], Resident #1 eloped from the home. According to hospital records, Resident #1 took a city bus to Weis. Resident #1 was wandering the parking lot when police arrived. Police took resident to the hospital where it was noted that the resident was confused and disoriented. Home was unaware of this absence. Resident was kept overnight for observation and released back to the home on [REDACTED]. Home requested an order from Residents PCP for a wander guard, which was received on 6/8/22. On [REDACTED], Resident #1 eloped from home between 9:00 pm and 11:00pm. Resident #1 was found on the side of the road with abrasions to the face and a fully saturated brief. Allentown Police took resident to the emergency room, where Resident was evaluated. Resident had a contusion to the right cheek and active bleeding from nose/upper lip area. Resident presented as confused and disoriented, only able to state name. When the hospital called the home, home was unaware that the resident was missing. Homes wander guard system is not fully operational as some of the door alarms do not work. Home utilizes the wander guard system to ensure the safety of resident #1, however, Resident #1 was able to elope without the knowledge of the staff.

Plan of Correction

Do Not Accept

Plan of correction in place the Wander guard blue and Arial system upgrade is activated and working properly. Upon Hire executive director observed safety concerns and implemented the Wanderguard blue project. Correspondence between [REDACTED] and [REDACTED] to initiate the project in Aprill of 22. May 11 contracts were signed, and the project began on June 20th. Team members are rounding and accounting for all residents throughout the day. Director of Wellness is responsible for collecting rounding documents and review. Wander guard audit and review. Wander guard policy in place to conduct an elopement risk on Admission, PCP writes the order Wandergaurd is place on the resident and added to the support plan. In the event a resident has a change in behaviors we follow the same practice.

Completion Date: 07/15/2022

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 includes the Wander guard blue and Arial system upgrade is activated and working properly effective date 6/22/2022. Team members are rounding and accounting for all residents throughout the day utilizing a rounding document to document where about and safety of the residents effective 6/22/2022.

-Director of Wellness is responsible for collecting rounding documents and review to ensure the safety and wellbeing of the residents. Wander guard audit and review of all residents who require at wander guard at this time conducted on 6/16/2022. Wander guard policy in place to conduct an elopement risk on Admission, PCP writes the order Wanderguard is place on the resident and added to the support plan reviewed with PCP on 6/21/2022.0 In the event a resident has a change in behaviors we follow the same practice. Education will continue to be provided by Director of Wellness. The monthly audit for Wandergaurd will be audited by director of Wellness and Executive Director.

42b - Abuse (continued)

The Audits will be kept in a binder in the Wellness office.

Completion Date: 07/25/2022

Document Submission

Implemented

-The Plan of correction in place includes the Wander guard blue and Arial system upgrade is activated and working properly effective date 6/22/2022. Team members are rounding and accounting for all residents throughout the day utilizing a rounding document to document where about and safety of the residents effective 6/22/2022. Abode Care ownership responsible for fixing the problem. The Executive Director is responsible for bringing the awareness to the owners to provide safety for the overall community.

The action taken was by the Executive Director to notify owners of safety concern and begin process and project planning to secure the safety of the community. Wander guard blue project complete on 7/11/2022. Executive Director is responsible for compliance. Wellness Director will also monitor system.

-Director of Wellness is responsible for collecting rounding documents and review to ensure the safety and wellbeing of the residents. Wander guard audit and review of all residents who require at wander guard at this time conducted on 6/16/2022. Wander guard policy in place to conduct an elopement risk on Admission, PCP writes the order Wanderguard is place on the resident and added to the support plan reviewed with PCP on 6/21/2022.0 In the event a resident has a change in behaviors we follow the same practice. Education will continue to be provided by Director of Wellness. The monthly audit for Wandergaurd will be audited by director of Wellness and Executive Director. The Audits will be kept in a binder in the Wellness office.

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

On [REDACTED], Resident #1 left the home and did not return. The resident was found wandering the Weis grocery store parking lot and was transported to the hospital. The Resident was released to the home on [REDACTED]. Home requested a doctor’s order for use of wander guard. The order was received on 6/8/22. Resident #1 began using wander guard and it was noted as an addendum to resident #1’s support plan. Resident #1’s most recent Assessment and support plan, date [REDACTED], indicated that resident requires supervision outside the home. Resident #1’s level of supervision had changed and that was not documented in the resident’s RASP.

Plan of Correction

Do Not Accept

Support Plan audit conducted and reviewed monthly by Wellness Director. Binder established for all team member to review and sign off resident's plan of care. In the event of any changes the support plan is updated. Wellness Team is responsible for all updates and accuracy of support plan.

Completion Date: 06/22/2022

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?

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

*-The plan of correction includes review the implementation shift report effective 7/1/2022 to improve communication and updates on resident changes in behaviors. Education to the team on utilizing the "Stop and watch tool" to identify any changes throughout the day with residents on 7/1/2022. The audit of support plans began on May 15,2022 and completed on June 25th, 2022.*

*- Support Plan audits will conduct and reviewed monthly by Wellness Director. --Binder established for all team member to review and sign off resident's plan of care. In the event of any changes the support plan is updated. Wellness Team is responsible for all updates and accuracy of support plan.*

**Completion Date:** 06/25/2022

**Update:** 07/18/2022

*Please send current RASP for resident #1.*

**Document Submission****Implemented**

*-The plan of correction includes review the implementation shift report effective 7/1/2022 to improve communication and updates on resident changes in behaviors. Education to the team on utilizing the "Stop and watch tool" to identify any changes throughout the day with residents on 7/1/2022. The audit of support plans began on May 15,2022 and completed on June 25th, 2022. The Director of Wellness is responsible for fixing the problem and remaining in compliance.*

*- The action taken to review behaviors during shift report initiated on 6/15/2022 and immediately documented on the support plan and reviewed with the primary care physician. Support Plan audits will conduct and reviewed monthly by Wellness Director. --Binder established for all team member to review and sign off resident's plan of care. In the event of any changes the support plan is updated. Wellness Team is responsible for all updates and accuracy of support plan.*