

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 08/24/2022 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: *08/04/2012* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *119* Waking Staff: *89*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *08/24/2022*

Inspection Dates and Department Representative

08/24/2022 - 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: *15*

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: *15* Have Physical Disability: *1*

Inspections / Reviews

08/24/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/25/2022*

Inspections / Reviews (*continued*)

10/02/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *10/06/2022*

10/02/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

20b2 - Access to Money

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

2. Resident funds shall be disbursed during normal business hours within 24 hours of the resident's request.

Description of Violation

Resident #1 requested to receive funds from their account on 8/20/22. Resident #1 did not receive those funds until 8/23/22.

Plan of Correction**Accept**

Action taken: Executive Director immediately identified the safe was off track and would not open. A call was placed for repair on 8/20/2021. The safe was fixed and resident received [REDACTED] funds on 8/23/2022.

Plan of correction frequent checks to ensure the safe is operable.

Responsible party is the administration office and the Executive Director

Completion Date: 09/26/2022

Update: 10/02/2022

Please send proof - invoice for safe repairs.

Document Submission**Implemented**

Action taken: Executive Director immediately identified the safe was off track and would not open. A call was placed for repair on 8/20/2021. The safe was fixed and resident received [REDACTED] funds on 8/23/2022.

Plan of correction frequent checks to ensure the safe is operable.

Responsible party is the administration office and the Executive Director