



Emailing Date: October 31, 2022

[REDACTED]
Above All Senior Living Care LLC
[REDACTED]

RE: Above All Senior Living Care LLC
514 North 22nd Street
Allentown, Pennsylvania 18104
License #: 231200

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on September 21, 2022 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer". The signature is written in a cursive style with a large, looped "J" and "B".

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *ABOVE ALL SENIOR LIVING CARE* License #: *23120* License Expiration:
Address: *514 N 22ND STREET, ALLENTOWN, PA 18104*
County: *LEHIGH* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *ABOVE ALL SENIOR LIVING CARE LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/14/2001* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *New* Exit Conference Date: *09/21/2022*

Inspection Dates and Department Representative

09/21/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *18*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *17*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

09/21/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/23/2022*

Inspections / Reviews (*continued*)

10/18/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *10/25/2022*

10/25/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *10/26/2022*

10/26/2022 - 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

A grab assist bar was located in Room #9 on bed "B". The assist bar was not securely attached to the bed posing a possible head or limb entrapment.

Plan of Correction

Accept

The grab assist bar was covered with taped towel so resident is unable to have head or limbs entrapped, however, the assist bar was able to be moved by the inspector physically repositioning the bar. Therefore, at the time of the inspection, the top mattress securing the grab bar was removed and straps were wrapped around the boxspring to attach the grab bar permanently to the boxspring. Then the mattress was replaced back on top. Physical manipulation of grab bar after this intervention did not demonstrate any further movement of the grab bar. To prevent recurrence, executive director will check the stability of the grab bar monthly for the next 3 months, and periodically thereafter.

Completion Date: 10/18/2022

Update: 10/18/2022

Please provide a photo in Step 2.

AG, 10-18-22

Document Submission

Not Implemented

The grab assist bar was covered with taped towel so resident is unable to have head or limbs entrapped, however, the assist bar was able to be moved by the inspector physically repositioning the bar. Therefore, at the time of the inspection, the top mattress securing the grab bar was removed and straps were wrapped around the boxspring to attach the grab bar permanently to the boxspring. Then the mattress was replaced back on top. Physical manipulation of grab bar after this intervention did not demonstrate any further movement of the grab bar. To prevent recurrence, executive director will check the stability of the grab bar monthly for the next 3 months, and periodically thereafter.

Update: 10/25/2022

incorrect documentation attached for review.

AG, 10-25-22

Document Submission

Implemented

The grab assist bar was covered with taped towel so resident is unable to have head or limbs entrapped, however, the assist bar was able to be moved by the inspector physically repositioning the bar. Therefore, at the time of the inspection, the top mattress securing the grab bar was removed and straps were wrapped around the boxspring to attach the grab bar permanently to the boxspring. Then the mattress was replaced back on top. Physical manipulation of grab bar after this intervention did not demonstrate any further movement of the grab bar. To prevent recurrence, executive director will check the stability of the grab bar monthly for the next 3 months, and periodically thereafter.

See attached photos

105g - Lint Removal and Duct Cleaning

1. Requirements

105g - Lint Removal and Duct Cleaning (continued)

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

A handful of lint was located in the lint trap of the dryer located in the basement, posing a possible fire hazard.

Plan of Correction

Accept

Lint was removed from dryer at time of inspection, and all other dryers checked for lint (none found). Staff were retrained on importance of lint removal from dryer at the time the laundry is removed; and to recheck for lint prior to starting the next load in the dryer. ED or designee will conduct random checks for lint left in dryer once per week for 4 weeks, then monthly x 2months then periodically thereafter.

Completion Date: 10/18/2022

Update: 10/18/2022

Please submit evidence of training in Step 2.

AG, 10-18-22

Document Submission

Not Implemented

Lint was removed from dryer at time of inspection, and all other dryers checked for lint (none found). Staff were retrained on importance of lint removal from dryer at the time the laundry is removed; and to recheck for lint prior to starting the next load in the dryer. ED or designee will conduct random checks for lint left in dryer once per week for 4 weeks, then monthly x 2months then periodically thereafter.

Update: 10/25/2022

incorrect documentation attached for review.

AG, 10-25-22

Document Submission

Implemented

Lint was removed from dryer at time of inspection, and all other dryers checked for lint (none found). Staff were retrained on importance of lint removal from dryer at the time the laundry is removed; and to recheck for lint prior to starting the next load in the dryer. ED or designee will conduct random checks for lint left in dryer once per week for 4 weeks, then monthly x 2months then periodically thereafter.

See attached training record

132a - Monthly Fire Drill

1. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home did not conduct fire drills in December 2021 & January 2022.

Plan of Correction

Accept

Fire drill requirements were suspended from March 2020 to December 2021 due to Covid regulatory suspensions during the Governor's emergency declaration. When they were reinstated in December 2021 there was an outbreak of COVID in the facility that continued until February 2022. Because of the outbreak, no drills were conducted to maintain isolation of residents and prevent further spread of illness. However, the facility failed to contact the Regional Director that the drills were not conducted in December and January. From February 2022 onward

132a - Monthly Fire Drill (continued)

monthly drills were held monthly in accordance with regulatory requirements. Discussion for POC among management staff responsible for fire drill compliance do not anticipate any repeat of this violation due to the very specific nature of the regulations being suspended then reinstated during the COVID outbreak--however management staff reviewed DHS letter issued 12/6/21 regarding requirement to notify regional director if unable to complete monthly fire drill and to document this conversation.

Completion Date: 10/18/2022

Update: 10/18/2022

Please submit a current copy of the Home's fire drill log and any pertinent training or technical assistance documentation with Step 2.

AG, 10-18-22

Document Submission**Implemented**

Fire drill requirements were suspended from March 2020 to December 2021 due to Covid regulatory suspensions during the Governor's emergency declaration. When they were reinstated in December 2021 there was an outbreak of COVID in the facility that continued until February 2022. Because of the outbreak, no drills were conducted to maintain isolation of residents and prevent further spread of illness. However, the facility failed to contact the Regional Director that the drills were not conducted in December and January. From February 2022 onward monthly drills were held monthly in accordance with regulatory requirements. Discussion for POC among management staff responsible for fire drill compliance do not anticipate any repeat of this violation due to the very specific nature of the regulations being suspended then reinstated during the COVID outbreak--however management staff reviewed DHS letter issued 12/6/21 regarding requirement to notify regional director if unable to complete monthly fire drill and to document this conversation.

Update: 10/25/2022

attachments reviewed and approved.

AG, 10-25-22