

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

March 30, 2023

[REDACTED], DIRECTOR
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 11/08/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *ABODE CARE OF ALLENTOWN* License #: *23039* License Expiration: *12/09/2023*
 Address: *2232 29TH STREET SW, ALLENTOWN, PA 18103*
 County: *LEHIGH* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *ABODE CARE OF ALLENTOWN LLC*
 Address: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *97* Waking Staff: *73*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *11/08/2022*

Inspection Dates and Department Representative

11/08/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *150* Residents Served: *92*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *11*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *89*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *5* Have Physical Disability: *1*

Inspections / Reviews

11/08/2022 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *12/12/2022*

Inspections / Reviews *(continued)*

02/21/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 03/29/2023

Director

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 02/28/2023

03/30/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 03/29/2023

[REDACTED]

Reviewer: [REDACTED] Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Resident #1 alleged that Staff member A hit the residents left hip during care on [REDACTED] and threw a remote at the resident. The alleged abuse was not reported to the local area agency on aging until [REDACTED]

Plan of Correction

Accept [REDACTED] 02/21/2023)

Immediate action spoke with [REDACTED] from DHS and identified the proper reporting structure and time.

Plan of correction: Administrator has designated a responsible person on 11/8/22 and educated on reporting structure and time frame.

Responsible person Administrator and Director of Wellness

Licensee's Proposed Overall Completion Date: 12/26/2022

Implemented [REDACTED] - 03/30/2023)

16c - Written Incident Report

2. 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

Resident #1 alleged that Staff member A hit the residents left hip during care on [REDACTED] and threw a remote at the resident. The alleged abuse was not reported to the Department until 10/7/22.

Plan of Correction

Accept [REDACTED] - 02/21/2023)

Immediate action Administrator educated Director of Wellness on Act 70 The Mandatory Abuse reporting along with regulatory compliance on 11/8/22.

Plan of correction: Administrator and Director of Wellness with opening communicate any suspicion of reporting and be sure reporting is complete within 24hours.

Responsible party: Administrator/ Executive Director and Wellness Director.

Licensee's Proposed Overall Completion Date: 12/26/2022

Implemented [REDACTED] - 03/30/2023)