

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

February 1, 2023

[REDACTED]
ABOVE AND BEYOND AT THE KNIGHTS LLC
[REDACTED]

RE: ABOVE & BEYOND AT THE KNIGHTS
1545 GREENLEAF STREET
ALLENTOWN, PA, 18102
LICENSE/COC#: 22647

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/13/2022, 12/14/2022 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ABOVE & BEYOND AT THE KNIGHTS **License #:** 22647 **License Expiration:** 12/13/2023
Address: 1545 GREENLEAF STREET, ALLENTOWN, PA 18102
County: LEHIGH **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: ABOVE AND BEYOND AT THE KNIGHTS LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 04/12/1989 **Issued By:** PALI

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 106 **Waking Staff:** 80

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 12/14/2022

Inspection Dates and Department Representative

12/13/2022 On Site [REDACTED]
 12/14/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 150 **Residents Served:** 74

Secured Dementia Care Unit

In Home: Yes **Area:** 1st floor **Capacity:** 32 **Residents Served:** 24

Hospice

Current Residents: 25

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 74
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 32 **Have Physical Disability:** 2

Inspections / Reviews

12/13/2022 - Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/19/2023

Inspections / Reviews *(continued)*

01/23/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/27/2023

02/01/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The most recent LIS from [redacted]/2022 was not posted in a conspicuous location.

Plan of Correction

Accept ([redacted] - 01/23/2023)

Upon investigation at the time of inspection, the LIS from 11/30/22 was found in the admissions office. Admissions and office staff were verbally retrained on 12/13/22 that the violations reports must be kept in the violation reports binder located in the main entrance area and is not to be removed.

To prevent recurrence, ED or designee will check the violations binder for the presence of current and prior LIS and POC monthly x3, then every 3 months x3, then periodically thereafter.

Licensee's Proposed Overall Completion Date: 09/01/2023

Implemented ([redacted] - 02/01/2023)

132e - Fire Drill Sleeping Hours

2. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

There was no nighttime fire drill completed within the 6-month time frame from 3/2022 through 8/2022.

Plan of Correction

Accept ([redacted] - 01/23/2023)

Most recent nighttime fire drill occurred in September 2022. Next one is planned for March 2023 (6 months later).

Maintenance coordinator retrained on requirement to have nighttime drill no later than 6 months after the last one.

ED (or designee) will coordinate fire drill schedule with maintenance coordinator to ensure ongoing compliance, and check for nighttime fire drill every 6 months going forward

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented ([redacted] - 02/01/2023)

233c - Key-Locking Devices

3. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

All of the locked doors exiting the SDU had the incorrect code posted near the keypad preventing proper use of the keypad.

Repeat Violation 11/30/2021.

Plan of Correction

Accept ([redacted] - 01/23/2023)

Code was corrected and replaced at all exit doors at time of inspection (2 numbers were reversed on key) by maintenance coordinator. Maintenance coordinator and all staff in memory care were retrained on need to have

233c - Key-Locking Devices (continued)

code posted at all areas of egress at all times. ED or designee will audit compliance daily for 2 weeks, weekly for 2 weeks, then monthly for 11 months and periodically thereafter. If codes are missing at any time during the audits, the frequency of checks will restart (daily x2weeks, weekly x2, monthly) until continuous compliance is ensured. Corrected passcodes posted next to keypad photo's attached to show compliance

Licensee's Proposed Overall Completion Date: 12/20/2023

Implemented [REDACTED] - 02/01/2023)