

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

August 14, 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 07/07/2023 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]

Legal Entity

Name: *ABODE CARE OF ALLENTOWN LLC*
 Address: [REDACTED]
 Phone: [REDACTED] 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: *95* Waking Staff: *71*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Complaint, Incident* Exit Conference Date: *07/07/2023*

Inspection Dates and Department Representative

07/07/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *150* Residents Served: *85*

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

Hospice
 Current Residents: *8*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *85*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *10* Have Physical Disability: *1*

Inspections / Reviews

07/07/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/28/2023*

07/31/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *08/09/2023*
 [REDACTED]
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/07/2023*

Inspections / Reviews *(continued)*

08/14/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 08/09/2023

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]/23 it was discovered that personal checks taken from resident #1's room were used to write out two checks to a local check cashing business in the amounts of \$8756 and \$9000 in June 2023. Resident #1 viewed the checks and confirmed that they were not signed by themselves. According to information received from a police detective, a warrant to arrest staff person A in connection with the stolen checks was issued. Staff person A was determined to have impersonated resident #1 in order for the checks to be cashed.

Plan of Correction

Accept [redacted] 07/31/2023)

Immediate action taken: Team Member A was immediately placed on Administrative Leave to ensure the safety and wellbeing of the resident upon notification of the possible suspected involvement with the residents missing check. An audit of residents without POA's was initiated on 7/7/2023, support plans updated for residents who manage their own finances.

Plan of Correction: A protocol is in place effective 7-7-2023 for residents who appear and are observed to be struggling with managing and safe keeping of financials, a notification will be sent to the resident's provider, family member, and if there are unknown family members, Adult protective services will be notified immediately. Executive Director/ Administrator will be responsible for continuous compliance.

Licensee's Proposed Overall Completion Date: 07/28/2023

Implemented [redacted] - 08/14/2023)

227d - Support Plan Medical/Dental

2. 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

Resident #1 had a fall on [redacted]/23 in which the resident fractured their right arm. Upon returning to the hospital resident #1 required increased assistance with dressing, toileting, and financial management. The support plan dated [redacted]/23 was not updated to reflect the needs of the resident and a plan to address those needs. This is a repeat violation from 4/6/23.

Plan of Correction

Accept [redacted] - 07/31/2023)

Immediate action taken: Resident support plan was update while DHS representative was onsite reflecting resident now uses a cane as an assistive device.

Plan of correction: Any change or update in residents plan of care will immediately be updated on the resident's support plan.

Director of Wellness and Administration will be responsible for continuous compliance.

Licensee's Proposed Overall Completion Date: 07/28/2023

Implemented [redacted] - 08/14/2023)