

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

March 11, 2024

[REDACTED], OWNER
ABOVE ALL SENIOR LIVING CARE LLC
[REDACTED]
[REDACTED]

RE: ABOVE ALL SENIOR LIVING CARE
LLC
514 N. 22ND STREET
ALLENTOWN, PA, 18104
LICENSE/COC#: 23120

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/28/2023 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ABOVE ALL SENIOR LIVING CARE LLC **License #:** 23120 **License Expiration:** 10/31/2024
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]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 02/04/2001 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 21 **Waking Staff:** 16

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 12/28/2023

Inspection Dates and Department Representative

12/28/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 **Residents Served:** 20

Secured Dementia Care Unit

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

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 19
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 1 **Have Physical Disability:** 1

Inspections / Reviews

12/28/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/28/2024

01/26/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 02/06/2024
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/02/2024

Inspections / Reviews *(continued)*

02/06/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 02/06/2024
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 02/11/2024

03/11/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 02/06/2024
Reviewer: [REDACTED] Follow Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A has not lived in Pennsylvania for the past 2 years, the staff moved to Pennsylvania in [REDACTED]. This staff person does not have the required FBI background check in [REDACTED] file.

Plan of Correction

Accept [REDACTED] - 02/06/2024)

Resident safety is very important. Staff Person A has an appointment for fingerprinting on [REDACTED] at [REDACTED]. Administrator will audit employees files quarterly and all new employees records will be audited immediately. Any employee that has not been in the state for 2 years will be registered for FBI fingerprinting. The administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented ([REDACTED] - 03/01/2024)

60a - Staff/Support Plan

2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

There are 20 residents in the facility. Resident #1 requires 2 persons to assist to transfer from bed to wheelchair, per his/her hospice care plan. There is only one staff person scheduled per shift. This does not meet the needs of Resident #1.

Plan of Correction

Accept ([REDACTED] - 02/06/2024)

Residents' safety is at high importance. We have hired two full time PCAs they will be starting [REDACTED]. There will be two staff members in the facility at all times. Resident # 1 will be transferred to a skilled facility in the next few weeks. Any resident who requires a two person transfer will be transferred to a skilled facility. The administrator will assess all residents on a monthly basis and if there are any changes in their level of care. The administrator will staff accordingly. Rasp will be updated as needed.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented ([REDACTED] - 03/11/2024)

87 - Lighting

3. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

Bedroom 2 1/2 has an emergency exit. There are two light fixtures outside this exit. Neither light fixture has a light bulb in it.

87 Lighting (continued)

Plan of Correction

Accept (████) - 02/06/2024)

Resident safety is at high importance. The lights on the porch were changed the day of inspection. Contractor coming on 02/06/2024 to inspect all lights and change any light needed. The administrator will assure that the building is maintained. The administrator will audit the building on a weekly basis and any repairs will be referred to maintenance contractor for repair.

Licensee's Proposed Overall Completion Date: 02/12/2024

Implemented (████) - 03/01/2024)

94b - Non-Skid Surface

4. Requirements

2600.

94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation

Bedroom #7 has an Emergency Exit door. This door has a slight ramp up to the door. The ramp is slippery and poses a fall hazard.

Plan of Correction

Accept (████) - 02/06/2024)

Resident safety is at high importance to us. An anti slip mat was ordered and was installed in █████ room on 01/25/2024. The administrator will conduct weekly audits of all the residents rooms to assure that the residents rooms safe. Any hazard will be addressed immediately. Administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 02/07/2024

Implemented (████) - 03/01/2024)

95 - Furniture and Equipment

5. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

There is a washing machine leaking water in the basement. The pool of water was running under electric dryers, posing a fire hazard.

There is a refrigerator in the kitchen that does not work. The broken refrigerator is being used as a pantry.

Plan of Correction

Accept (████) - 02/06/2024)

Resident and staff safety is at high importance... The washer has been disconnected and an out of order sign has been placed on the top on the day of the inspection. The refrigerator was removed on 1/26/2024. The administrator will inspect all appliances on a weekly basis. If an appliance is found to be unsafe or in need of repair. The administrator will assure that the appliance is taken offline. And a repair man will be called. Appliances will be replaced as needed. The administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 02/07/2024

Implemented (████) - 03/11/2024)

96a - First Aid Kit

6. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

There is no scissors or thermometer in the first aid kit at the facility.

Plan of Correction

Accept (████) - 02/06/2024)

It is highly important to have a first aid kit that is properly stocked. The scissors and thermometer were added the day of the inspection. A new first aid kit was ordered and arrived on 01/26/2024. The first aide kit will be audited monthly and any supplies removed will be restocked. The administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 02/02/2024

Implemented (████) - 03/01/2024)

103g - Storing Food

7. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The 1st upright freezer in the basement to the left of the stairs contained an open bag of tri-taters and an open bag of frozen waffles.

The 2nd upright freezer in the basement to the left of the stairs contained an open bag of Oregon style vegetable blend.

Plan of Correction

Accept (████) - 02/06/2024)

Food safety is very important. All opened and undated food was discarded on the day of the inspection. Staff reminded that all food must be dated and any undated food or opened food must be discarded. The administrator will inspect all refrigerators/freezers and food storage areas on a weekly basis. Any food that is found open or not dated will be discarded.

Licensee's Proposed Overall Completion Date: 02/02/2024

Implemented (████) - 03/01/2024)

103i - Outdated Food

8. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

In the dry storage area in the basement there was a dented can of Campbells Tomato Soup.

The 1st upright freezer to the left of the stairwell there were 2 bags of unlabeled and undated garlic bread, tri-taters, and frozen waffles.

103i - Outdated Food (continued)

In the 2nd upright freezer to the left of the stairwell there was 8 bags of frozen garrots that was unlabeled and undated. There was a bag of Oregon style vegetable blend with no date.

In the 3rd upright freezer in the basement to the left of the stairs there was what appeared to be an open bag of meat patties, two large bags of garlic bread, chicken fingers and what appeared to be chicken patties with no label or date on them.

Plan of Correction

Accept (█) - 02/06/2024)

Food safety is very important. All the dented cans were discarded on day of inspection. The open bags of frozen food were discarded on day of inspection. All food items were checked for dates. Staff educated on the proper storage of all food items and dating food items. Administrator will audit all freezers and refrigerators weekly to assure that the food is stored properly and dated. Any undated or undated food will be discarded

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented (█) - 03/01/2024)

105g - Lint Removal and Duct Cleaning

9. Requirements

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

There is no record of the dryer vent system from the dryer to the outside of the building being cleaned since 9/2022, posing a fire hazard.

Repeat 12/20/2022

Plan of Correction

Accept (█) - 02/06/2024)

Fire safety is at high importance. Dryer vent scheduled to be cleaned on 02/06/2024. The administrator will schedule the dryer vent system to be cleaned yearly and as needed. The administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 02/07/2024

Implemented (█) - 03/01/2024)

125a - Combustible Storage

10. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

In the basement, there is a natural gas hot water heater there was paper in a plastic bag between the hot water heaters, posing a fire hazard.

Plan of Correction

Accept (█) - 02/06/2024)

Fire safety is at high importance. All items were removed on the day of inspection. The administrator will conduct

125a - Combustible Storage (continued)

weekly audits to assure that nothing is stored in the room. Any thing that is found stored will be removed immediately. Administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 02/06/2024

Implemented () - 03/01/2024)

144c1 - Smoking Area Guidelines

11. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The chairs in the smoking area are metal frames with woven fabric. This is combustible and poses a fire hazard.

Off the porch where smoking is allowed, there is a mulched flower bed. There were cigarette butts in the mulched area, posing a fire hazard.

Plan of Correction

Accept () - 02/06/2024)

Fire safety is of high importance. The cigarette butts were removed on 01/23/2024. The residents who smoke were educated on the importance of discarding their cigarettes in the ashtray and not to throw any cigarettes into the mulch. The administrator will inspect area weekly and if cigarette butts are found they will be cleaned immediately. The administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 02/06/2024

Implemented () - 03/01/2024)

183b - Meds and Syringes Locked

12. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

During the initial walk through, the Medication room was unlocked. There were packages of unused syringes in that room allowing unauthorized access to medical syringes.

During the initial walk through, the Medication room was unlocked. The biohazard disposal in the room is a box with a red biohazard bag. The box contained unlocked used syringes.

Plan of Correction

Accept () - 02/06/2024)

Resident safety is very important to us. The medication door was locked on the day of the inspection. Staff was instructed on 1/24/2024 that the medication room needs to be locked at all times. Pharmacy called on 1/24/2024 to remove medication and sharps container. The pharmacy removed the medication and sharps containers on 01/29/2024. The medication was placed in a unused sharps container on . 1/24/2024 and locked. Sharp

183b - Meds and Syringes Locked (continued)

containers ordered 1/24/2024. Biohazard waste can ordered on 1/24/2024 and arrived on 1/29/2024. All biohazard wastes including sharps containers will be disposed in the Biohazard waste can. A safe medication disposal was ordered on 01/24/2024 and arrived on 1/29/2024. All medications discontinued or unused medications will be destroyed using the safe medication effective disposal container. The administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 02/06/2024

Implemented (█ - 03/01/2024)

185a - Implement Storage Procedures

13. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident # 1 is prescribed █ by mouth. The Narcotic Count Log dated █ lists there should be █ remaining in the bottle, there is only █ in the bottle.

Plan of Correction

Accept (█ - 02/06/2024)

Medication safety is very important. Medication staff will count narcotics at change of shift. Staff instructed on 01/24/2024 to assure that they are counting narcotics at the change of shift. If the count is not correct they are to call the administrator immediately. The administrator will audit narcotic sheets/counts on a weekly basis. Administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 02/06/2024

Implemented (█ - 03/01/2024)

226a - Mobility Assessment

14. Requirements

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

Resident # 1 is immobile and requires a 2 person assist to move from bed to wheelchair. Resident #1's Resident Assessment and Support Plan dated █ does not indicate there has been an updated assessment to the resident's mobility needs.

Plan of Correction

Accept (█ - 02/06/2024)

Updating the RASP is very important for the proper care of the residents. RASP updated on █. The administrator will monitor RASP/residents charts on a monthly basis. Any discrepancy will be fixed immediately. The administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 02/06/2024

Implemented (█ - 03/01/2024)

227d - Support Plan Medical/Dental

15. Requirements

227d Support Plan Medical/Dental (continued)

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 # 2 uses an enabler bar to transition out of bed. Resident # 2’s Resident and Support Plan dated [REDACTED], does not indicate the use of an enabler bar or the required verbiage of; specific need, intended use, risks associated, ability to use safely, identification of the specific device or if a cover is required to meet the FDS guidelines.

Plan of Correction

Accept ([REDACTED] - 02/06/2024)

Updating the RASP is very important for the proper care of the residents. Rasp updated on [REDACTED]. The administrator will conduct monthly audits on all resident charts. Any changes needed will be updated immediately. The administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 02/06/2024

Implemented [REDACTED] - 03/01/2024)