

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

March 11, 2024

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

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/27/2024 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: 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]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

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

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Interim Exit Conference Date: 02/27/2024

**Inspection Dates and Department Representative**

02/27/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 36 Residents Served: 17  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 1  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 17  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 1 Have Physical Disability: 1

**Inspections / Reviews**

02/27/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/08/2024

03/07/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/11/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/11/2024

Inspections / Reviews *(continued)*

03/11/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/11/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document Submission*

03/11/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/11/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

60a - Staff/Support Plan

1. 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

The home hired an employee to work the overnight shift in December of 2023 however after 2 consecutive shifts of no call/no show they were terminated. Since that time the home has been staffing the overnight shift with only one staff person.

Resident [redacted] is an assist of 2 continues to reside in the home.

Plan of Correction

Accept [redacted] 03/11/2024)

Residents' safety and staffing ratios are very important to us. Resident [redacted] was discharged to a Long-term Care facility on [redacted] at [redacted]. Please see attached discharge form with POAs signature. Moving forward any resident that requires an assist on two will be transferred to a Skilled Facility. Administrator will assure that staffing ratios is per DHS regulations or as per resident's needs. At any time, a resident requires more assistance additional staff will be scheduled. Administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 03/11/2024

Implemented [redacted] 03/11/2024)

95 - Furniture and Equipment

2. Requirements

2600.

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

Description of Violation

During the Plan of Correction Verification, a 2nd washing machine was found to be flooding the basement floor. It was immediately unplugged, and the water was mopped up and a sign was placed on the machine noting "OUT OF ORDER".

This was NOT the machine that was cited in on 12/28/23.

Plan of Correction

Accept [redacted] - 03/07/2024)

Staff and resident safety are very important to us. The washer was immediately unplugged and an out of order sign was placed on the machine. Two new washing machines were ordered. A new larger capacity washer was installed on [redacted]. The other washer is on order will be installed as soon as delivered. Administrator will continue to check the washing machines on a weekly basis and as needed. If at any time the washer is leaking or is in need of repair. The washer will be unplugged and an out of order sign will be placed on the washer. Repair [redacted] will be called, Audits will be documented on a monthly calendrer as per recently sent to and given to the DHS on inspection. Please see attached picture of washer...

Licensee's Proposed Overall Completion Date: 03/13/2024

Implemented [redacted] - 03/11/2024)