

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

April 24, 2024

[REDACTED]
ABODE CARE OF ALLENTOWN LLC
[REDACTED]

RE: ABODE CARE OF ALLENTOWN
2232 29TH STREET SW
ALLENTOWN, PA, 18103
LICENSE/COC#: 23039

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/05/2024 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: *ABODE CARE OF ALLENTOWN* License #: *23039* License Expiration: *12/09/2024*
 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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/14/2012* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *87* Waking Staff: *65*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *03/05/2024*

Inspection Dates and Department Representative

03/05/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *150* Residents Served: *81*

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: *43*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *6* Have Physical Disability: *0*

Inspections / Reviews

03/05/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/22/2024*

03/26/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/05/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/02/2024*

Inspections / Reviews *(continued)*

04/02/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/05/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/05/2024

04/24/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/05/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] Resident [redacted] asked Staff A numerous times what time their appointment was that day. Staff A stated that they would let Resident [redacted] know when it was time to leave. Resident [redacted] kept repeating the question and got closer to Staff A. Resident [redacted] pushed Staff A and then Staff A retaliated and pushed the resident back. Staff A was yelling in the face of the Resident [redacted] antagonizing the resident to hit Staff A. Staff B heard the commotion, came to the area, and saw Staff A and Resident [redacted] arguing. Staff B ordered Staff A to back away from the resident, but staff A refused. The Staff B removed the resident and assessed them for injuries, none noted.

Plan of Correction

Accept [redacted] 04/02/2024)

Staff A was immediately pulled from the floor and interviewed by Executive Director, Director of Community Life and Building Maintenance Superintendent. After investigation was completed staff A was terminated shortly after that same day on [redacted] by Executive Director and escorted out of the community (see attached). Executive Director scheduled a Caregiver Burnout and Abuse Training to be conducted at the all-team meeting on [redacted] to retrain all staff on the importance of speaking kindly to residents and stepping away when a break is needed (see attached). Executive Director will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented [redacted] - 04/08/2024)

225c - Additional Assessment

2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] most recent assessment and support plan was completed on [redacted]. Resident was admitted to hospice on [redacted]. Assessment indicates resident is independent with transfers and ambulating. However, Resident [redacted] uses a wheelchair, is unable to self-propel, and requires assistance to transfer. A significant change RASP was not completed.

Plan of Correction

Accept [redacted] - 04/02/2024)

Resident [redacted] RASP was completed by a former Director of Wellness. New significant change RASP was updated with the significant changes and proper date was reflected of [redacted] and updated [redacted] by new Director of Wellnesses (see attached).

New/Current Director of Wellness has actively taken the initiative to review all current DMEs and RASPs for compliance and will have complete by [redacted]. The process of completing status change RASPs will be reviewed at our next quality review meeting on [redacted]. The Executive Director and Director of Wellness will be responsible for ongoing compliance.

Proposed Overall Completion Date: 04/15/2024.

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented [redacted] - 04/08/2024)

227d - Support Plan Medical/Dental

3. 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 [REDACTED] RASP was completed on [REDACTED]. Throughout the RASP the incorrect name is listed in the RASP referring to the resident.

Resident [REDACTED] most recent RASP was completed on [REDACTED]. An addendum was completed on [REDACTED] that indicated the resident refused to consume ordered diet and that PCP and speech therapy have been contacted. However, no follow-up notations were made what the home was doing to ensure the resident was receiving proper nutrition.

Repeat Violation 7/7/23, 4/6/23

Plan of Correction

Accept [REDACTED] - 04/02/2024)

Resident [REDACTED] RASP was completed by a former Director of Wellness. Current Director of Wellness has completed an updated RASP [REDACTED] with the correct information/resident name (see attached).

Resident [REDACTED] was also completed by a former Director of Wellness. The addendum was updated [REDACTED] by current Director of Wellness to reflect the continuation of diet based on verbal PCP orders on [REDACTED] due to risk of aspiration.

New/Current Director of Wellness has actively taken the initiative to review all current DMEs and RASPs for compliance and will have complete by [REDACTED].

The process of completing RASPs will be reviewed at our next quality review meeting on 4/4/2024.

The Executive Director and Director of Wellness will be responsible for ongoing compliance.

Proposed Overall Completion Date: 04/15/2024

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented [REDACTED] - 04/08/2024)