

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

May 20, 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 04/04/2024 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: *08/04/2019* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *107* Waking Staff: *80*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: *04/04/2024*

Inspection Dates and Department Representative

04/04/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *150* Residents Served: *79*

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

Hospice
 Current Residents: *6*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *76*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *28* Have Physical Disability: *1*

Inspections / Reviews

04/04/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/22/2024*

04/23/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/16/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/30/2024*

Inspections / Reviews *(continued)*

05/01/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 05/17/2024

05/20/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident [redacted] is prescribed [redacted] once daily. On [redacted], through [redacted], resident [redacted] was not given [redacted] as the prescription was not in the home and an incident report was not created by the home regarding the resident missing the supplement.

Plan of Correction

Accept [redacted] - 05/01/2024)

Resident [redacted] has the right to purchase their medication through their preferred store/pharmacy and wanted to do so on [redacted] own, due to cost. [redacted] was OK not having the vitamin on [redacted] and behind in getting to the store when we told [redacted] was running low in addition to refusing us to order it on [redacted] behalf. [redacted] PCP was notified daily of missed dose and [redacted] wanting to purchase the vitamin on [redacted] own terms/vitamin refusal. The resident finally consented to have the Director of Wellness order the vitamin through our pharmacy and continued [redacted] doses. After discussing the technicalities of this situation, Director of Wellness understands that an incident report needed to be created to report a medication error and submitted within 24 hours for each missed dose due to not having the vitamin in house under these circumstances. Executive Director and Director of Wellness will ensure ongoing compliance to ensure medication error incident reports are filed timely within a 24 hour manner in addition to retraining all med techs at our all team meeting on 5/16/2024 regarding medication policies on what do to when medications are running low (resident must purchase a head of time prior to running out completely, or they consent for us to reorder so they can comply with the house rules they agreed to upon move in) in order to prevent these medication errors from happening.

Licensee's Proposed Overall Completion Date: 05/16/2024

Implemented [redacted] 05/17/2024)

20b1 - Financial Records

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

Description of Violation

Resident [redacted] made a withdrawal for [redacted] on [redacted]. The resident did not sign for the transaction.

Plan of Correction

Accept [redacted] 05/01/2024)

Executive Director retrained Community Life Director by having her sign a new policy on 4/5/2024 regarding procedure needing resident signatures, or to the best of their ability, on all account transactions, in addition to having a witness sign as well (any Director, Concierge, or Community Life Coordinator) for the next 60 days. Executive Director and Community Life Director will continue to be responsible to manage safe and funds log. The added witness signature for any transaction will also be implemented over the next 60 days to ensure compliance.

Licensee's Proposed Overall Completion Date: 06/05/2024

Implemented [redacted] - 05/17/2024)

82c - Locking Poisonous Materials

3. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At the top of the stairwell to the basement outside the 2nd kitchen there was an unattended cart with the cleaning solution; Surface Cleaner Sanitizer RTO spray bottle. The Material Safety Data Sheets indicates if swallowed, get medical attention if symptoms occur. If eye contact, rinse with water, if eye irritation persists; get medical advice/attention. Not all residents are assessed to safely use or avoid poisons

Plan of Correction

Accept [REDACTED] **05/01/2024)**

Surface Cleaner Sanitizer RTO spray bottle was immediately removed and put into locked cabinet by Director of Dining on 4/4/2024 and all staff was notified to keep poisonous materials secured and locked at all times throughout the entire community. We will be reviewing again at all team meeting on 5/16/24 to retrain all staff. Executive Director and Building Maintenance Superintendent will conduct random bi-weekly walkthroughs throughout the entire community to ensure that all poisonous materials are secured and locked.

Licensee's Proposed Overall Completion Date: 05/16/2024

Implemented [REDACTED] **- 05/17/2024)**

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

Description of Violation

Room [REDACTED] did not have a bedside light source.

Plan of Correction

Accept [REDACTED] **- 04/23/2024)**

Immediately following the inspection, lights were placed at the bedside within reach of each resident's apartment ([REDACTED] by Building Maintenance Superintendent on 4/4/2024. All other apartments in the community were walked to ensure lights were present and they were on 4/5/2024.

Procedures will be reviewed again in our all-team meeting on 5/16/2024 and that the Director of Wellness, Building Maintenance Superintendent, and ED will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/16/2024

Implemented [REDACTED] **- 05/17/2024)**

183d - Prescription Current

5. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident [REDACTED] had a PRN prescription order for [REDACTED] for 2 tabs every 6 hours. The prescription was found in the medication cart along with a 2nd prescription for Acetaminophen that indicated to take 1 tablet every 6 hours as needed for pain.

183d - Prescription Current (continued)

Plan of Correction

Accept [REDACTED] - 04/23/2024)

Director of Wellness immediately removed the expired prescription for 1 tablet every 6 hours of [REDACTED] from the cart and disposed of properly during the inspection on 4/4/2024. Director of Wellness conducted thorough medication cart audits on all carts to ensure that we didn't have any other discontinued medications on the carts (and there were no others found) on 4/4/2024.

Director of Wellness will continue to conduct bi-weekly medication cart audits as well as a quarterly audit by Health Direct pharmacy to ensure medication carts are current.

Licensee's Proposed Overall Completion Date: 04/19/2024

Implemented [REDACTED] - 05/17/2024)

185a - Implement Storage Procedures

6. 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 [REDACTED] has a PRN prescription for [REDACTED]. The [REDACTED] were not in the home at the time of inspection.

Plan of Correction

Accept [REDACTED] - 05/01/2024)

PRN prescription for [REDACTED] was reordered on 4/4/2024 (same day of inspection) by Director of Wellness and delivered on same day and secured in med cart.

Director of Wellness conducted thorough medication cart audits on all carts to ensure that all PRN medications were present on 4/4/2024 (and they were).

Director of Wellness will continue to conduct bi-weekly medication cart audits as well as a quarterly audit by Health Direct pharmacy to ensure medication carts are current.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented [REDACTED] - 05/17/2024)

187d - Follow Prescriber's Orders

7. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] once per day. The supplement was not administered from 3/31-4/4/24 because it was not available.

Plan of Correction

Accept [REDACTED] - 05/01/2024)

Resident [REDACTED] has the right to purchase their medication through their preferred store/pharmacy and wanted to do so on [REDACTED] own, due to cost. [REDACTED] was OK not having the vitamin on [REDACTED] and behind in getting to the store when we told [REDACTED] [REDACTED] was running low in addition to refusing us to order it on [REDACTED] behalf. [REDACTED] PCP was notified daily of missed dose and [REDACTED] wanting to purchase the vitamin on [REDACTED] own terms/vitamin refusal. The resident finally consented to have the Director of Wellness order the vitamin through our pharmacy and continued her doses.

All med techs will be retrained at our all-team meeting on 5/16/2024 regarding medication policies on what do to

187d - Follow Prescriber's Orders (continued)

when medications are running low (resident must purchase a head of time prior to running out completely, or they consent for us to reorder so they can comply with the house rules they agreed to upon move in) in order to prevent these medication errors from happening.

Director of Wellness will continue to notify PCP of any medication refusals/errors. Director of Wellness and Executive Director will be responsible for ongoing training of Med Techs.

Licensee's Proposed Overall Completion Date: 05/16/2024

Implemented [REDACTED] 05/17/2024)