

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

July 1, 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 05/31/2024, 06/17/2024 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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *106* Waking Staff: *80*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *06/17/2024*

Inspection Dates and Department Representative

05/31/2024 - On-Site: [REDACTED]
 06/17/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* Residents Served: *78*

Secured Dementia Care Unit

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

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *3*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *3*
 Have Mobility Need: *28* Have Physical Disability: *2*

Inspections / Reviews

05/31/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/30/2024*

07/01/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *07/01/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/06/2024*

Inspections / Reviews *(continued)*

07/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/01/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141b2 - Medical Evaluation Changes**1. Requirements**

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident [REDACTED] DME dated [REDACTED] does not indicate the resident's temperature or their need for body positioning if any.

Plan of Correction**Accept [REDACTED] - 07/01/2024)**

Resident [REDACTED] DME was completed by a physician in partnership with a former Director of Wellness. Current Director of Wellness has worked with the Physician to complete and rectify those items for compliance (temperature and body positioning).

New/Current Director of Wellness has actively taken the initiative to review all current DMEs compliance and will have complete by August 31st, 2024 and will maintain ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/31/2024

Implemented [REDACTED] - 07/01/2024)