

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

September 26, 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 08/29/2024 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: *118* Waking Staff: *89*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *08/29/2024*

**Inspection Dates and Department Representative**

*08/29/2024 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *150* Residents Served: *86*

**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: *80*  
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *2*  
 Have Mobility Need: *32* Have Physical Disability: *3*

**Inspections / Reviews**

**08/29/2024 - Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/26/2024*

**09/24/2024 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *09/25/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/01/2024*

Inspections / Reviews (*continued*)

09/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/25/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [REDACTED] Resident [REDACTED] in the face and then put hands around the neck of Resident [REDACTED] before the residents were able to be separated by staff.

Plan of Correction

Accept [REDACTED] - 09/24/2024)

Memory Life Coordinator immediately intervened and removed Resident [REDACTED] from the situation. Director of Wellness and Wellness Nurse came to assist and guide him to his apartment. A PRN was administered, and he was sent out to LVCC hospital for change in mental status. Both resident's POAs and AAA were notified, in addition to filing a reportable.

Executive Director partnered with Bayada Home Healthcare to present a Resident-to-Resident Abuse Training at the all-team meeting on 9/19/2024 to retrain all staff on what abuse can look like in all forms in addition to recognizing signs when residents may start to become agitated and how to intervene prior to them acting out (please reference attached).

Executive Director and Director of Wellness will be responsible for ongoing training refreshers and reminders.

Licensee's Proposed Overall Completion Date: 09/20/2024

Implemented [REDACTED] - 09/26/2024)