

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

October 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 09/11/2024 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 **Exit Conference Date:** 09/11/2024

Inspection Dates and Department Representative

09/11/2024 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:** 83
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 3
Have Mobility Need: 32 **Have Physical Disability:** 3

Inspections / Reviews

09/11/2024 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/05/2024

10/07/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 10/17/2024
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/14/2024

Inspections / Reviews *(continued)*

10/10/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/17/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/17/2024

10/24/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/17/2024

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

On 4/22/22, the home contacted resident [redacted] primary care physician for an order for a Wander Guard due to exit seeking behaviors. Resident [redacted] Resident Assessment and Support Plan (RASP) dated 11/26/2023 indicates that the resident needs to be located/checked on every shift to monitor safety. Staff indicated that on 7/2/2024 the resident was asking to find their truck and seemed more confused than normal. Later, on 7/2/24, Resident [redacted] from the home and fell in a shopping center parking lot resulting in 2 fractured ribs. [redacted] was hospitalized, went to rehab, and then returned to the home.

Plan of Correction

Accept [redacted] - 10/10/2024)

Resident [redacted] was checked on/located during each shift in accordance with their care plan. When the Wander Guard alert went off for Resident [redacted], the team immediately responded at the time of incident. A med tech found [redacted] in the shopping center parking lot next door, alerted the rest of the team and Executive Director brought supporting paperwork as another individual had already alerted 911 due to the fall. Resident [redacted] was alert; our team was with Resident [redacted] when sent out to the hospital. Family was notified, reportable was filed when alerted about the fractures, and all proper steps were taken.

Upon returning to the community on 7/8/2024, Resident [redacted] was promptly relocated to the designated Memory Lane section of the community. This area features alarmed doors and increased staff supervision, which allows for more frequent monitoring to help prevent any further instances of elopement. This section of our community is currently pending licensure to be designated as a secured dementia unit as well.

Immediately following incident on 7/2/2024 Executive Director reeducated all staff on 2600.42.b with a focus on elopement training. By Oct. 31st Executive Director and Director of Wellness will ensure an audit be completed by reviewing resident care needs to identify potential safety or elopement concerns that need to be addressed on resident care plans and implement if necessary. Director of Wellness and Executive Director will maintain ongoing training reminders and compliance at monthly all team meetings.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented [redacted] - 10/18/2024)

187b - Date/Time of Medication Admin.

2. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

The Medication administration record was not documented on 9/6/24 through 9/9/24 with the initials of the staff member when resident [redacted] was administered their [redacted]

Plan of Correction

Accept [redacted] - 10/07/2024)

On 9/11/2024 leading into 9/12/2024 all medication technicians were immediately retrained on proper medication administration with an emphasis on documentation.

187b - Date/Time of Medication Admin. (continued)

To ensure ongoing compliance Executive Director will implement a new procedure for Director of Wellness or designee to do a daily review of a 24 hour highlight to ensure that medications were properly documented. Executive Director and Director of Wellness will maintain ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented [REDACTED] - 10/18/2024)

225c - Additional Assessment**3. 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

Review of Resident [REDACTED] Assessment and Support Plan (RASP) dated 11/16/2023 indicates that upon the Residents return to the home on 7/8/2024, the resident was placed into the home's Memory Care Unit. This was due to changes in the Residents care needs and cognitive function. The home did not complete an additional Assessment as required due to the significant change.

Plan of Correction

Accept [REDACTED] - 10/07/2024)

Following the inspection on 9/11/2024 a new RASP was completed for Resident [REDACTED] immediately, noting the significant change of the move to memory lane and the need for more memory support when [REDACTED] returned to the community on 7/8/2024 by Director of Wellness.

On 9/11, Executive Director retrained Director of Wellness and designee on 2600.225.c on the significant changes and the importance of creating a new RASP. Director of Wellness and Executive Director will maintain ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented [REDACTED] 10/24/2024)