

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

February 27, 2025

[REDACTED]
ABOVE ALL SENIOR LIVING CARE LLC
[REDACTED]

RE: ABOVE ALL SENIOR LIVING CARE
LLC
514 N. 22ND STREET
ALLENTOWN, PA, 18104
LICENSE/COC#: 23120

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/26/2024 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: ABOVE ALL SENIOR LIVING CARE LLC License #: 23120 License Expiration: 10/31/2025
Address: 514 N. 22ND STREET, ALLENTOWN, PA 18104
County: LEHIGH Region: NORTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: ABOVE ALL SENIOR LIVING CARE LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 24 Waking Staff: 18

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Interim Exit Conference Date: 11/26/2024

Inspection Dates and Department Representative

11/26/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 Residents Served: 24

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 24
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

11/26/2024 Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/28/2024

12/26/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 01/07/2025
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 01/03/2025

Inspections / Reviews *(continued)*

01/06/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 01/07/2025

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 01/10/2025

02/27/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 01/07/2025

Reviewer: [REDACTED] Follow Up Type: Not Required

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident [redacted] enabler bar was observed on the residents bed. A gap of approximately 5.5 inches is noted between the enabler bar and the mattress – posing a possible limb and head entrapment.

Plan of Correction

Accept ([redacted] - 12/26/2024)

Resident safety is very important to us. The resident who resides in this room is of large stature. When [redacted] lies in the bed the mattress does not move and no gap is observed. On [redacted] mattress bumper pillows were ordered.

[redacted] Mattress bumper pillows arrived and were installed on [redacted] bed. Please see attached pictures. Please note after the bumper pillows were installed there is no visible gap between that mattress and the positioning bar.

[redacted] Daily rounds continued by the administrator or designee, If at any time the pillow is not installed properly or if there is a gap between the mattress and the grab bar. It will be fixed immediately. Moving forward any resident who is in need of a positioning bar will be issued a 30 day notice. If resident refuses to comply with the regulations a 30 day notice will be issued. Administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented ([redacted] - 01/27/2025)

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

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

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

The LR observed in room [redacted] that resident [redacted] did not have access to a light source from their bedside.

Plan of Correction

Accept ([redacted] - 12/26/2024)

This regulations is important. And the resident needs a bedside table and light to be able to read or see at night. The resident did have a bedside table and lamp. However, the bedside table and lamp was at the foot of [redacted] bed.

[redacted] The administrator moved the bedside table and lamp to the side of [redacted] bed. Please see attached photo . Administrator and or designee continued with daily rounds.

Administrator and or designee will complete daily rounds. If at anytime a bedside table is missing or a lamp is missing or not working. The will be replaced immediately. Adminstrator will monitor daily for compliance.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented ([redacted] - 01/27/2025)

125a - Combustible Storage

5. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

125a Combustible Storage (continued)

Description of Violation

The LR observed in room [redacted] tissues on the floor next to, and in direct contact with the top of an exposed electric baseboard heater which poses as a potential fire hazard.

Repeat Violation: [redacted]

Plan of Correction

Accept (RY - 01/06/2025)

Resident safety is very important to us. The resident who resides in that room at times will throw [redacted] tissues on the floor. The administrative assistant removed the tissue on the day of inspection.

11/26/24 Administrative assistant removed the tissue immediately on the day of the inspection.

11/26/2024 A larger garbage can was given to the resident. The resident was VERBALLY educated to discard all garbage in the garbage can.

11/26/2024 Administrator continued with daily rounds.

11/27/2024 All Staff VERBALLY educated to check [redacted] room every shift. 11/26/2024 All clothes removed from the head board by administrator. Resident VERBALLY educated to throw all clothes in the hamper. Administrator gave resident a bedside table with drawers in. Resident VERBALLY educated to please put all clothes that [redacted] may want to wear again in the drawers and not to put the clothes on the floor, head board.

Administrator and or designee will conduct daily rounds. And if any garbage is found on the floor it will be picked up immediately.

Administrator is responsible for compliance. Administrator will conduct daily rounds. If at any time debris or clothing is found on the floor or on the headboard. The clothing and or debris will be removed immediately. Staff will conduct rounds each shift and were instructed to remove any items that are found on the floor, bedside table or headboard. If the resident continues to be noncompliant a 30 day notice will be issued, Any resident who is noncompliant with fire safety will be issued a 30 day notice. Administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] - 01/27/2025)

144c2 - Smoking Area Distance

6. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

Multiple pieces of paper were noted in the ash tray in the homes designated smoking area. The ash tray had multiple extinguished cigarette butts in the ash tray, posing a possible fire hazard.

Plan of Correction

Accept [redacted] - 12/26/2024)

Resident safety is important to us. We respectfully disagree with the violation. On the day of inspection. On further inspection. There were not multiple cigarette butts in the ashtrays. Each ashtray was not even half full.

11/26/2024 Administrator emptied the ash trays.

11/26/2024 Daily rounds continued by administrator.

144c2 Smoking Area Distance (continued)

11/27/2024 All Staff VERBALLY Educated to check the ashtrays each shift and empty the ashtray if half way full. To make sure that there is no burning cigarette but in the ashtray.

11/27/2024 All residents VERBALLY educated not to throw paper in the ashtray and to please ask for assistance if the ashtrays are half full.

Administrator will monitor for compliance. Administrator and or designee will check the ashtrays daily and empty the ashtray if half full.

Any resident who does not discard of their cigarette butts properly in the ashtray will be educated and if continues to be noncompliant a 30 day notice will be issued. Administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented () - 01/27/2025)

183e - Storing Medications

7. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

During a medication cart audit the LR noted an over the counter (OTC) medication, () with an expiration date of ()

Plan of Correction

Accept () - 12/26/2024)

Medication safety is important to us. The medication Techs failed to discard of the medications, They were reeducated on 12/27/2024 on the importance of checking the medication cart for expired medication and to discard them properly.

11/26/2024 The medication was discarded by the admin assistant.

11/27/2024 Staff reeducated on the importance of proper storage of medication. Please see attached documentation.

11/27/2024 Weekly audits continued

12/05/2024 LPN completed a full audit of the med cart.

LPN and or designee will continue with weekly medication audits.

Administrator will continue to monitor for compliance. If staff does not keep the medications stored safely or if expired medication is found in the cart. Discipline up to termination of employment will occur.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented () - 02/27/2025)

184a - Resident's Meds Labeled

8. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.

184a - Resident's Meds Labeled (continued)

5. The name and title of the prescriber.

Description of Violation

A bottle of [REDACTED] units per gram was in the medication cart without a pharmacy label attached.

Plan of Correction

Accept [REDACTED] - 12/26/2024)

Medication safety is important to us. The medication was discarded on the day of inspection by the medication tech on duty.

11/26/2024 Medication discarded

11/27/2024 Staff educated on the importance of keeping the medication cart clean and assure that all medications are labeled. To discard any expired medications or unlabeled medications.\

11/27/2024 Weekly audits continued

12/05/2024 LPN conducted a full audit of medication and resident orders.

Administrator and or LPN will monitor for compliance.

Any staff that fails safely monitor the medications or continues to have unlabeled medications in the cart. Will be disciplined and or terminated form employment. LPN will continue to do weekly audits and as needed.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented [REDACTED] - 02/27/2025)

184b - Labeling OTC/CAM

9. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Three OTC medications [REDACTED] and equip [REDACTED] were in the medication cart and the medication items weren't labeled with the resident's name or any identifiable information

Plan of Correction

Accept [REDACTED] - 12/26/2024)

Medication safety is important to us. The medications were discarded on the day of inspections.

11/26/2024 The medication tech discarded the medication

11/27/2024 Med Techs educated on the importance that all medications must be labeled and prescribed by the physician

11/27/2024 Weekly audits continue

12/05/2024 LPN conducted a full audit to assure that all medications had labels and physician orders.

Administrator will monitor for compliance. If staff fails to store medications with out a label or with out a prescribed MD order. They will be disciplined and or terminated from employment.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented [REDACTED] 02/27/2025)

185a - Implement Storage Procedures

10. 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.

185a - Implement Storage Procedures (continued)

Description of Violation

Resident [redacted] prescribed [redacted] and integra syringes were not available at the time of the inspection.

Resident [redacted] prescribed PRN [redacted] was not available at the time of the inspection.

Plan of Correction

Accept [redacted] 01/06/2025)

Proper medication administration is very important to us. The Pharmacy failed to send the medication when ordered. This has been an ongoing problem with the pharmacy. We are going to bring on another pharmacy when our contract expires.

11/26/2024 MD aware of medications not in cart. The Physician discontinued [redacted] and [redacted] and integra syringes on 11/27/2024. Please note we do not have physical copies of any discontinued medications. The MD electronically sends all orders to the pharmacy.

11/27/2024 Staff VERBALLY educated to call administrator or LPN if the pharmacy fails to send medications. Back up Pharmacy will be contacted.

12/17/2024 Meeting with Whitehall Pharmacy. Whitehall pharmacy will be taking over our medication delivery and documentation by 01/16/2025

12/05/2024 LPN conducted a full audit to assure that all medications are in the cart and have orders.

Please see attached weekly audits in attachment Marked DHSINSPECTION 11

Administrator will monitor for compliance. Weekly audits will continue. New pharmacy should be on board by 01/16/2025. Please note that the new pharmacy will be conducting quarterly audits. Start date not schedule. New pharmacy will be taking over services on 01/16/2025

LPN will continue to audit for compliance

If staff fails to order or report any missing medications disciplinary actions up to and including termination of employment. Administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] - 02/27/2025)