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

April 2, 2025

[redacted], ADMINISTRATOR
ABOVE AND BEYOND AT THE KNIGHTS LLC
[redacted]
[redacted]

RE: ABOVE & BEYOND AT THE KNIGHTS
1545 GREENLEAF STREET
ALLENTOWN, PA, 18102
LICENSE/COC#: 22647

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/22/2025, 01/23/2025 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]
[redacted]visor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *ABOVE & BEYOND AT THE KNIGHTS* **License #**: *22647* **License Expiration**: *12/13/2025*

Address: *1545 GREENLEAF STREET, ALLENTOWN, PA 18102*

County: *LEHIGH* **Region**: *NORTHEAST*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *ABOVE AND BEYOND AT THE KNIGHTS LLC*

Address:

Phone: **Email**:

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *04/12/1989* **Issued By**: *L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *120* **Waking Staff**: *90*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint* **Exit Conference Date**: *01/23/2025*

Inspection Dates and Department Representative

01/22/2025 - On-Site:

01/23/2025 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* **Residents Served**: *90*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *n/a* **Capacity**: *32* **Residents Served**: *26*

Hospice

Current Residents: *30*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *87*

Diagnosed with Mental Illness: *6* **Diagnosed with Intellectual Disability**: *4*

Have Mobility Need: *30* **Have Physical Disability**: *0*

Inspections / Reviews

01/22/2025 - Full

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/23/2025*

Inspections / Reviews *(continued)*

03/05/2025 - POC Submission

Submitted By: [redacted]
Date Submitted: *03/17/2025*
Reviewer: [redacted]
Follow-Up Type: *POC Submission*
Follow-Up Date: *03/12/2025*

03/14/2025 - POC Submission

Submitted By: [redacted]
Date Submitted: *03/17/2025*
Reviewer: [redacted]
Follow-Up Type: *Document Submission*
Follow-Up Date: *03/18/2025*

04/02/2025 - Document Submission

Submitted By: [redacted]
Date Submitted: *03/17/2025*
Reviewer: [redacted]
Follow-Up Type: *Not Required*

121a - Unobstructed Egress

1. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The exit gate in the home's Secured Dementia Care Unit (SDCU) courtyard would only open approximately 6 inches when pushed and appeared to be prevented from opening by the frozen ground behind it. This prevented immediate egress in the event of an emergency.

Plan of Correction ***Accept (- 03/14/2025)***

There was a weather event in the 24 hours prior to inspection leading to frozen ground. At the time of discovery/inspection (1/22/25), frozen ground was manually removed to allow egress and door was able to be fully opened. Ongoing weekly inspections of facility egress doors (especially after further ground-freezing weather events) since inspection have demonstrated no recurrence of the issue. Maintenance to continue to monitor egress routes during routine facility rounds.

Licensee's Proposed Overall Completion Date: *03/12/2025*

Implemented (- 04/02/2025)

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

Resident #1 has a prescription for Metoprolol which is to be administered twice daily . The prescriber indicates the medication is to be held if the resident has a Systolic Blood Pressure (SBP) less than 110 or a heart rate (HR) less than 60. At bedtime on 1-22-25, 1-19-25 and 1-16-25, the resident's Medication Administration Record (MAR) was initialed to indicate the medication was administered to the resident. After completing interviews with staff, it was determined the medication was withheld, however the MAR did not document that the medication was held per parameters.

Plan of Correction ***Accept (- 03/14/2025)***

Investigation into root cause analysis for violation performed. Various residents' MAR's were audited to identify any systemic issues with documentation and/or specific staff to target for intervention. All medication tech staff were re-educated on correct documentation of medication holds using drop down box in electronic MAR, and med techs specifically responsible for med pass dates/times indicated in violation were also required to demonstrate appropriate documentation procedure to Med trainer (completed 2/22/25). To prevent recurrence of violation, administrator/designee will randomly review one resident's MAR (which includes medication hold parameters) from each floor (total of 3) monthly for the next 6 months. Any repeat of the documentation errors (incorrect holds) that are discovered during those reviews will result in additional staff reminders and add one more month to audit time.

Licensee's Proposed Overall Completion Date: *08/08/2025*

Implemented (- 04/02/2025)

225c - Additional Assessment

3. Requirements

2600.
225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident # 2's most recent assessment portion of the Resident Assessment and Support Plan (RASP) was completed on 2-26-24. The resident's prior assessment was completed on 1-16-23.

Plan of Correction ***Accept (- 03/14/2025)***

Root cause analysis revealed that this violation occurred because Wellness staff was waiting for the updated DME (which was delayed due to physician/family failure to follow-up in a timely fashion in spite of repeated requests from our community). Wellness staff re-educated to complete RASP annually before deadline based on available information, and update if DME documents new findings when received. Additionally, administrator met with resident's family repeatedly requesting to permit visiting medical care team to complete annual DME (finally received permission on 1/24/25 and made change) if their physician is unable/unwilling to complete on time (to resolve the underlying root cause). Administrator/designee reviewed 5 random resident records and did not identify any other missed documentation deadlines. Wellness team members were re-educated 2/27/25 on timing requirements for annual resident documentation, and poster of deadlines (from RCG) was posted in Wellness office to be available as a reminder. An additional 5 resident records will be reviewed over the next month by administrator/designee to ensure compliance with regulation

Licensee's Proposed Overall Completion Date: *04/09/2025*

Implemented (- 04/02/2025)

231b - Medical Evaluation

4. Requirements

2600.
231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the SDCU of the home on The resident's Documentation of Medical Evaluation (DME) was not completed until

Resident #3 was admitted to the SDCU of the home on The resident's DME was not completed until

Plan of Correction ***Accept (- 03/14/2025)***

Root cause analysis of this violation determined that some key team members had an incorrect perception of required timelines for documentation of DME. ED and wellness staff were re-educated 2/27/25 on deadlines for all documentation for both personal care home residents and the differences for documentation for SDCU residents. Timeline requirements were printed from the RCG and posted in the wellness office (where the DME, RASP and pre-assessment are completed) as a reminder for required deadlines. Administrator/designee will review admission dates and DME completion dates for the next 5 admissions to SDCU to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *08/08/2025*

Implemented (- 04/02/2025)

234a - Admission Support Plan

5. Requirements

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident # 3 was admitted to the SDCU of the home on [redacted] The resident's RASP was not completed until [redacted] [redacted]

Plan of Correction ***Accept ([redacted] - 03/14/2025)***

Root cause analysis of this violation determined that some key team members had an incorrect perception of required timelines for documentation of DME. ED and wellness staff were re-educated 2/27/25 on deadlines for all documentation for both personal care home residents and the differences for documentation for SDCU residents. Timeline requirements were printed from the RCG and posted in the wellness office (where the DME, RASP and pre-assessment are completed) as a reminder for required deadlines. Administrator/designee will review admission dates and DME completion dates for the next 5 admissions to SDCU to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *08/08/2025*

Implemented ([redacted] - 04/02/2025)