

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

May 16, 2025

[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 04/10/2025 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]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** ABODE CARE OF ALLENTOWN **License #:** 23039 **License Expiration:** 12/09/2025  
**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:** PA Dept. L&I

**Staffing Hours**

**Resident Support Staff:** **Total Daily Staff:** 116 **Waking Staff:** 87

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint, Incident **Exit Conference Date:** 04/10/2025

**Inspection Dates and Department Representative**

04/10/2025 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 150 **Residents Served:** 87

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 4

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 84  
**Diagnosed with Mental Illness:** 3 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 29 **Have Physical Disability:** 0

**Inspections / Reviews**

**04/10/2025 Partial**

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/09/2025

**05/08/2025 - POC Submission**

**Submitted By:** [REDACTED] **Date Submitted:** 05/15/2025  
**Reviewer:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/15/2025

Inspections / Reviews *(continued)*

05/14/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/21/2025

05/16/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 9:10 a.m. resident [REDACTED], bedroom was filled with a pungent odor of [REDACTED]

Plan of Correction

Accept [REDACTED] - 05/08/2025)

On 04/10/25 While inspector was on site the the resident's apartment was immediately cleaned by a housekeeper. On 4/17/2025 The Executive Director provided a training to all housekeeping and direct care staff that included a review of 2600.85a. Also Direct Care Staff and Housekeeping was educated that they should report immediately if any resident needs additional cleaning. 4/17/25 a Care plan meeting via phone with family, Director of Wellness and Executive Director discussed the sanitary conditions and the odor in resident [REDACTED] apartment. The family opted to replace the mattress and was done on 4/22/2025 and covered with new mattress cover. Also on 4/22/2025 the family replaced resident [REDACTED] Chair with a chair that that has wipeable surface. On 4/17/2025 During the care plan meeting it was identified that resident [REDACTED] requires additional cleaning services and has been added to the cleaning schedule for an additional day. Director of Wellness and Assistant Director of Wellness will be responsible for on going compliance 2600.85a

Licensee's Proposed Overall Completion Date: 05/07/2025

Implemented [REDACTED] - 05/16/2025)

105d - Change Bed Linens/Towels

2. Requirements

2600.  
105.d. Bed linens and towels shall be changed at least once every week and more often as needed to maintain sanitary conditions.

Description of Violation

Approximately, 9:15 a.m. in resident [REDACTED] bathroom there were two towel bars with a hand towel and wet washcloth which both had brown stains on them.

Plan of Correction

Accept [REDACTED] - 05/08/2025)

On 04/10/25 While inspector was on site the the resident's linen was immediately changed by direct care staff . On 4/17/2025 the Executive Director provided a training to housekeeping and direct care staff that included a review of 2600.105d and also to inform them of updates to the residents care plan that includes an increaes from one day a week to two days a week houskeeping services. And it should be reported to Maintenance Director who over sees housekeeping staff or Director of Wellness if any resident was is needs additional cleaning or laundry services immediately. On 4/17/2025 Director of Wellness and Executive Director had a care plan meeting with family and discussed sanitary conditions and the increased need of cleaning and laundry services. As of 4/17/2025 resident # [REDACTED] now has 2 housekeeping days outlined on the schedule. The Maintenance Director and Director of Wellness will be responsible for on going compliance of 2600.105d.

Licensee's Proposed Overall Completion Date: 05/07/2025

Implemented [REDACTED] - 05/16/2025)

105f - Labeling/Return of Clothes

3. Requirements

2600.

105.f. Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning. The resident's clean clothing shall be returned to the resident within 24 hours after laundering

Description of Violation

After conducting interviews with numerous residents, it was reported that clothing, blankets have been misplaced or lost during laundering numerous times within the last 3 months.

Plan of Correction

Accept [redacted] - 05/13/2025)

On 04/17/2025 the Executive Director provided a training to Direct care and housekeeping staff that include a review of 2600.105f. On 4/17/2025 a new laundry procedure and tracking system was reviewed and implemented with Direct care staff and housekeeping to ensure laundry is returned to the correct resident after it is laundered. On 5/22/2025 during resident council Executive Director will discuss reporting lost items and labeling system with residents. Director of Wellness and Assistant Director of Wellness will be responsible for on going compliance for 2600.105f.

The new laundry procedure will be as follows, 3p-11pm gathers scheduled laundry for that date, labels it and places it in laundry room. Night shift 11pm-7am will wash, dry, fold and place in labeled laundry basket and return to resident apartment for day shift 7am-3pm to put away for resident or assist resident to put away during waking hours. We have introduced and outlined a magnet system to keep track of each resident laundry that is in washer and dryer at any given time. A magnet is on each washer and dryer. A basket has been supplied to hold paper and pens to list resident name and apartment number. Each time something is added to the washer and dryer staff will label the machine and have that label follow items as they go through laundering cycle.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented [redacted] - 05/16/2025)

225c - Additional Assessment

4. 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

Resident [redacted] Assessment Plan dated [redacted], was not updated indicating that the resident has been receiving wound care services since [redacted].

Plan of Correction

Accept [redacted] - 05/08/2025)

On 04/10/25 While inspector was on site the care plan update was completed to reflect the status change for resident #2 . On 4/17/2025 the Executive Director provided a training to the Director of Wellness and Assistant Director of Wellness, who are responsible for updating assessments and support plans, that included a review of 2600.225c. A chart audit for all resident receiving wound care and outside services will be conducted by the Director of Wellness and Assistant Director of Wellness to review resident charts to confirm that they include documentation of significant changes or any other appropriate care plan updates. Chart Audit will be completed by 5/14/2025. The Executive Director and Wellness Director will be responsible for ongoing compliance with 2600.225c.

225c Additional Assessment *(continued)*

Licensee's Proposed Overall Completion Date: 05/14/2025

Implemented [REDACTED] - 05/16/2025)