

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

January 9, 2026

[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 11/14/2025 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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 115 **Waking Staff:** 86

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 11/14/2025

Inspection Dates and Department Representative

11/14/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 150 **Residents Served:** 93

Secured Dementia Care Unit

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

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 91
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 22 **Have Physical Disability:** 1

Inspections / Reviews

11/14/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/20/2025

12/29/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/29/2025
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 12/31/2025

Inspections / Reviews *(continued)*

01/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/29/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

63a - First Aid/CPR Training**1. Requirements**

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

Staff person A is not certified in First Aid and CPR. On [REDACTED], Resident [REDACTED] become unresponsive and staff person A administered CPR.

Plan of Correction

Accept [REDACTED] - 12/29/2025)

On 11/15/2025, the Concierge and Executive Director completed an audit of employee files to identify direct care staff who were not CPR certified. On the same date, the Executive Director met with all non-certified staff to review required actions in the event CPR is needed in the home. Staff signed an acknowledgment confirming they understand they may not administer CPR unless certified. These acknowledgments will remain on file and will be reviewed with new hires during who are unable to provide current CPR certification during their orientation. A CPR class was held on 12/2/2025.

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented [REDACTED] - 01/09/2026)