

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

March 20, 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 01/22/2026, 02/02/2026 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:** 12/09/2026  
**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:** Dept L&I

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 116 **Waking Staff:** 87

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint, Interim **Exit Conference Date:** 02/02/2026

**Inspection Dates and Department Representative**

01/22/2026 - On-Site [REDACTED]  
 02/02/2026 - Off-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 117 **Residents Served:** 93

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 2

**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:** 23 **Have Physical Disability:** 0

**Inspections / Reviews**

01/22/2026 Partial

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/09/2026

03/17/2026 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 03/20/2026  
**Reviewer:** [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 03/19/2026

Inspections / Reviews *(continued)*

03/20/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

On [redacted] Resident [redacted] called 911 for assistance transferring from their recliner. Information received from a complaint indicated that Resident [redacted] had rung their call bell for assistance, but staff did not respond and therefore, after waiting an hour the resident called 911 for assistance. Resident [redacted] requires assistance for all transfers.

Plan of Correction

Accept [redacted] - 03/17/2026)

On 1/22/2026, the Executive Director submitted a reportable incident to the Department of Human Services in accordance with regulatory requirements. On 1/22/2026 Executive Director reviewed and updated the resident's assessment and support plan to clearly reflect the resident's need for assistance with all transfers. On 1/29/2026 resident RASP was finalized and Staff were notified of the updated support plan and reminded that the resident must receive staff assistance for all transfers. On 1/26/2026, all direct care staff were re-educated by the Director of Wellness on the requirements of 55 Pa. Code §2600.23(a). Training included the importance of responding promptly to resident call bells, reviewing resident assessments and support plans prior to providing care, and ensuring residents who require assistance with transfers receive the appropriate level of assistance. Staff were also reminded of proper communication between shifts to ensure resident needs are consistently met. Training attendance was documented and maintained in staff records. The Director of Wellness or designee conducted random audits of 10 random resident support plans each week for a month Starting on 2/1/2026 and ended 2/28/2026 any updates were immediately reflected on resident support plan and staff were informed during shift change.

Licensee's Proposed Overall Completion Date: 03/05/2026

Implemented [redacted] - 03/20/2026)

101j7 - Lighting/Operable Lamp

2. 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

At 9:30 a.m. resident [redacted] did not have access to a source of light that could be turned on/off at bedside.

At 9:35 a.m. resident # [redacted] did not have access to a source of light that could be turned on/off at bedside.

Plan of Correction

Accept [redacted] - 03/17/2026)

On 1/22/2026, the Administrator/designee immediately provided each of the two residents with an operable bedside lamp that can be easily reached and turned on from the bedside. The lights were tested to ensure they were

**101j7 Lighting/Operable Lamp (continued)**

functioning properly and accessible to the residents. On 1/26/2026, the Administrator/Designee provided re education to staff regarding 55 Pa. Code §2600.101(j)(7). Training included ensuring resident rooms contain required furnishings and equipment, including operable bedside lighting, and reminding staff to report any broken or missing equipment immediately so it can be replaced or repaired. Starting On 1/26/2026 The Administrator or designee completed weekly room checks for four weeks ending 2/26/2026 to ensure each resident bedroom contains a functioning bedside light that is accessible to the resident. Any maintenance concerns identified were addressed immediately to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 03/05/2026

Implemented [REDACTED] - 03/20/2026)

**103e - Left Overs**

**3. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

There was an unlabeled and undated tray of cake slices and a plastic container of mashed potatoes in the home's refrigerator.

Repeat Violation: [REDACTED] and [REDACTED]

**Plan of Correction**

Accept [REDACTED] - 03/17/2026)

On 1/22/2026, While the inspector was in the building the unlabeled tray of cake and mashed potatoes was immediately discarded. The refrigerator was inspected by the Director of Dining Services to ensure all remaining food items were properly labeled and dated in accordance with regulatory requirements. On 1/26/2026, the Executive Director provided re education to all dietary staff regarding the requirements of 55 Pa. Code §2600.103(e). Training included proper food storage procedures, labeling and dating of leftover food items, and ensuring that food served to residents is not reused or repurposed. Staff were instructed that all leftover food must be labeled with the name of the food item and the date it was stored before being placed in the refrigerator. Additionally, the staff responsible were issued a corrective action form and counseled on the importance of following food safety and labeling procedures to maintain regulatory compliance. Documentation of the training and corrective action has been placed in staff records. Due to this being a repeat violation, On 1/23/2026 the Administrator/Designee or Director of Dining have started conducting daily kitchen and refrigerator checks for 30 days ending 2/24 to ensure all stored food items are properly labeled and dated. After the initial monitoring period, On 3/3/26 we started conducting weekly kitchen audits for the next 8 weeks ending on 4/21/26 to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 04/21/2026

Implemented [REDACTED] - 03/20/2026)

**225a - Assessment 15 Days**

**4. Requirements**

225a - Assessment 15 Days (continued)

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [redacted] initial assessment dated [redacted] was not updated to reflect that Resident [redacted] uses a wheelchair and requires assistance from staff for all transfers.

Plan of Correction

Accept [redacted] - 03/17/2026)

On 1/22/2026, the Administrator/Designee immediately reviewed and updated the resident’s assessment to accurately reflect that the resident uses a wheelchair and requires assistance with all transfers. The resident’s support plan was also reviewed and updated as necessary to ensure it reflects the resident’s current care needs. Staff were notified of the updated information During shift change to ensure the resident receives the appropriate level of assistance. On 1/26/2026, the Administrator/Designee provided re-education to staff responsible for completing and updating resident assessments regarding the requirements of 55 Pa. Code §2600.225(a). Training included ensuring that resident assessments are completed accurately, reviewed when a resident’s condition or functional status changes, and updated to reflect mobility status and assistance needs. Documentation of this training was placed in staff training records. On 1/27/2026 The Director of Wellness and Assistant Director of Wellness have been conducting weekly audits of 10 resident assessments and support plans for 8 weeks to ensure that resident needs, including mobility status and assistance with transfers, are accurately documented and updated as required this is due to end on 3/17/2026. Any discrepancies identified were corrected immediately and staff will receive additional training or corrective action as necessary.

Licensee's Proposed Overall Completion Date: 03/17/2026

Implemented [redacted] - 03/20/2026)

225c - Additional Assessment

5. Requirements

2600.

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

- 1. Annually.

Description of Violation

On [redacted] the home issued a 30-day notice of discharge to resident [redacted] for the following behaviors: smoking outside of the designated outdoor smoking area, refusing staff entry to their room for housekeeping and wellness checks, and damaging walls and other areas of the home. Staff interviews indicated that resident [redacted] frequently yells and curses at staff when they attempt to enter Resident [redacted] room to provide care. Resident [redacted] annual assessment dated 12/4/25 did not include any of these behaviors in the Behavioral or Cognitive Needs section of page 9.

Repeat Violation: [redacted]

**225c - Additional Assessment (continued)****Plan of Correction****Accept** [REDACTED] **- 03/17/2026)**

*On 1/22/2026, the Administrator reviewed and updated the resident's annual assessment dated 1/22/2026 to accurately reflect the resident's behavioral and cognitive needs, including the behaviors that were previously not documented. The resident's support plan was reviewed and updated as necessary to ensure staff are aware of and able to address the resident's behavioral needs appropriately. On 1/26/2026, the Administrator/Designee provided re-education to staff responsible for completing resident assessments regarding the requirements of 55 Pa. Code §2600.225(c). Training included ensuring that annual assessments accurately reflect all resident needs, including behavioral and cognitive concerns, and that assessments are updated when there are changes in a resident's condition. Training documentation was maintained in staff training records. Assistant Director of Wellness and Director of Wellness responsible for completing the assessment were also provided a corrective action form and counseled on the importance of ensuring assessments are thorough, accurate, and reflective of the resident's current condition. On 1/27/2026 The Director of Wellness and Assistant Director of Wellness or designee began weekly audits of 10 resident assessments for eight weeks ending 3/17/2026 to ensure that all sections of the Department assessment form, including behavioral and cognitive needs, are completed accurately and reflect the resident's current condition. Any discrepancies identified were corrected immediately and staff will receive additional retraining or corrective action as necessary.*

**Licensee's Proposed Overall Completion Date: 03/17/2026****Implemented** [REDACTED] **- 03/20/2026)**