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

June 29, 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 05/20/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *ABODE CARE OF ALLENTOWN* **License #**: *23039* **License Expiration**: *09/13/2026*

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 of L & I*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *100* **Waking Staff**: *75*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *05/20/2026*

Inspection Dates and Department Representative

05/20/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *117* **Residents Served**: *82*

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**: *81*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *18* **Have Physical Disability**: *3*

Inspections / Reviews

05/20/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/18/2026*

06/17/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/18/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/24/2026*

Inspections / Reviews *(continued)*

06/29/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/18/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

17 - Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 11:49 a.m., a Medication Pass Log with resident names and medication administered was observed laying on the top of the Medication Cart and was unlocked, unattended and assessable in the home.

Repeated Violation: [redacted]

Plan of Correction ***Accept*** [redacted] ***06/17/2026)***

On 5/20/2026 Upon notification of the findings while inspector was in the building, the Medication Pass Log was immediately secured and removed from public view. On 5/21/2026 Executive Director conducted training for All medication administrators, direct care staff, and directors received mandatory retraining. Beginning 5/22/2026 The Executive Director, Wellness Director, or designee will conduct medication cart audits three times per week for 90 days ending 8/22/2026. Compliance trends will be reviewed during Quality Assurance meetings for a minimum of six months in July and September. Audit results will be documented and maintained for review in Executive director office

Licensee's Proposed Overall Completion Date: *08/22/2026*

Implemented [redacted] ***06/29/2026)***

185a - Implement Storage Procedures

2. 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.

Description of Violation

Resident [redacted] *is prescribed* [redacted] *two tablets by mouth two times daily as needed,* [redacted] *one tablet daily by mouth as needed and* [redacted] *one tablet by mouth three times a day as needed. On* [redacted] *at approximately 10:55 a.m., these medications were not available in the home.*

Repeated Violation: [redacted]

Plan of Correction ***Accept*** [redacted] ***06/17/2026)***

On 5/20/2026 Upon identification of the deficiency while inspector was in the building, the pharmacy was contacted immediately to obtain the prescribed medications. On 5/21/2026 Executive Director conducted training for All medication administrators, Director staff responsible for medication oversight received retraining. On 05/21/2026 An audit of every med cart was conducted immediately and areas of concern were rectified. Beginning 5/22/2026 The Wellness Director, Assist Director of wellness, or designee will conduct weekly medication inventory audits for 90 days ending 8/22/2026. Medication management and medication availability will be reviewed during Quality Assurance meetings for a minimum of six months in July and September. Audit results will be documented and maintained for review.in Executive director office

185a Implement Storage Procedures *(continued)*

Licensee's Proposed Overall Completion Date: *08/22/2026*

Implemented (- 06/29/2026)

187a - Medication Record

3. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
3. Name of medication.

Description of Violation

Resident is prescribed . The Medication Administration Report lists the medication only as a Stool Softener and does not match the medication label.

Plan of Correction ***Accept - 06/17/2026)***

On 5/20/2026 Upon identification of the deficiency while the inspector was in the building, the Medication Administration Record was immediately corrected by the pharmacy to reflect the medication name exactly as listed on the pharmacy label.On 5/21/2026 Executive Director conducted training for All medication administrators and directors received training. On 5/21/2026 The Wellness Director or designee conducted a 100% audit of all resident Medication Administration Records to verify that medication names, strengths, and directions match the pharmacy labels and physician orders. Any discrepancies identified during the audit have been corrected by the pharmacy. Staring 5/22/2026 Weekly MAR audits will be conducted for 90 days to verify continued accuracy ending 8/22/2026. Audit results will be documented and maintained for review.in Executive director office

Licensee's Proposed Overall Completion Date: *08/22/2026*

Implemented - 06/29/2026)

187c - Refusal of Medication

4. Requirements

2600.
187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident is prescribed tablet daily, tablet daily, mcg tablet daily, tablet daily, with instructions to apply topically twice daily, tablet two times daily and tablet two times daily. The resident refused to take the medications on the mornings of through and and the home did not notify the prescriber.

187c - Refusal of Medication *(continued)*

Plan of Correction ***Accept [redacted] 06/17/2026)***

On 5/20/2026 Upon identification of the deficiency while the inspector was in the building, all current medication refusal records were reviewed and physician was notified. Resident records were updated to reflect physician notification.

On 5/21/2026 Executive Director conducted training for All medication administrators and Director staff were retrained on medication refusal procedures. Starting 5/22/2026 Director of wellness or designee started Weekly audits of all medication refusals for 30 days to ensure ongoing compliance. Audit results will be documented and maintained for review in Executive director office

Licensee's Proposed Overall Completion Date: *06/23/2026*

Implemented [redacted] - 06/29/2026)