

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

August 27, 2026

[REDACTED]
ABOVE ALL SENIOR LIVING CARE LLC
[REDACTED]

RE: ABOVE ALL SENIOR LIVING CARE
LLC
514 N 22ND STREET
ALLENTOWN, PA, 18104
LICENSE/COC#: 23120

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/09/2026, 07/14/2026 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: ABOVE ALL SENIOR LIVING CARE LLC

License #: 23120

License Expiration: 10/31/2026

Address: 514 N 22ND STREET, ALLENTOWN, PA 18104

County: LEHIGH

Region: NORTHEAST

Administrator

Name:

Phone:

Email:

Legal Entity

Name: ABOVE ALL SENIOR LIVING CARE LLC

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: C-2 LP

Date: 02/04/2001

Issued By: L & I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 18

Waking Staff: 14

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint

Exit Conference Date: 07/09/2026

Inspection Dates and Department Representative

07/09/2026 - On-Site:

07/14/2026 - Off-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36

Residents Served: 17

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 17

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 1

Have Physical Disability: 0

Inspections / Reviews

07/09/2026 Partial

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 08/08/2026

08/19/2026 - POC Submission

Submitted By:

Date Submitted: 08/27/2026

Reviewer:

Follow-Up Type: POC Submission

Follow-Up Date: 08/26/2026

Inspections / Reviews *(continued)*

08/27/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/27/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

08/27/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/27/2026

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 12:30 p.m. upon entry, the administrator door was unlocked and open, with no staff in sight. The computer was unlocked and the resident records were available for anyone to see. The administrator and the medication tech were up the stairs and down the hallway.

Plan of Correction

Accept [REDACTED] - 08/27/2026)

Resident privacy is very important to us. The violation occurred due the DHS enter the building unannounced and the administrator just left the office to answer a residents question when the DHS arrived. The computer was not on. The screen saver was on. The computer will shut down immediately if it is not being used. The inspectors reporting that the computer was on is incorrect. The door was closed immediately on 07/09/1026 by administrator. Please note the admin was not down the hallway as the inspectors stated. both the admin and the med tech were at the med cart where both could see who is coming in the front door. The DHS came right up to the medication cart and did not have walk down the hall to find anyone. The inspectors DID NOT walk into the administrators office.

The Administrator will close the office door each and every time [REDACTED] leaves the office starting on 07/09/2026. on 07/10/2026 ALL staff was VERBALLY educated if the office door is open when not occupied to close it immediately. Staff was educated on 07/10/2026 each and every time they enter and leave the office they are to close the door.

The Administrator will be responsible to assure that the office door is always closed when unoccupied. Staff was verbally instructed on 07/10/2026 to make sure they close the door each time they leave the office. The Administrator will be responsible to assure the door is closed each and every time it is on occupied.

Licensee's Proposed Overall Completion Date: 08/21/2026

Implemented [REDACTED] - 08/27/2026)

62 Contact List

3. Requirements

2600.

62. List of Staff Persons The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

The home does not have a current staff list with telephone numbers and addresses.

Plan of Correction

Accept [REDACTED] - 08/19/2026)

The violation occurred due to the list that the administrator gave the DHS inspector did not have all the staffs contact info on. I feel this violation should be removed due to the same list has been given to previous inspectors and violations were not given, on 07/09/26 the list was updated with all the employees contact information. See attached. The administrator will audit the employees list monthly and each time there is a new employee or termination and update the list for compliance.

62 Contact List (continued)

Licensee's Proposed Overall Completion Date: 08/05/2026

Implemented [REDACTED] 08/27/2026)

121a - Unobstructed Egress

4. 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

Resident room 2 1/2 has an emergency exit door. At approximately 12:40 p.m. the emergency exit from room 2 1/2 was blocked by a stand.

Plan of Correction

Accept [REDACTED] 08/27/2026)

The violation occurred due to the resident moved [REDACTED] footstool from under [REDACTED] bed and forgot to put it back under [REDACTED] bed. The stool was moved immediately on 07/09/2026. On 07/10/2026 the resident was asked if the stool could be removed from [REDACTED] room and stored elsewhere. [REDACTED] agreed.

The administrator or designee will check the room and all exits daily starting on 07/09/2026 to assure that the doorways is not blocked.

Administrator is responsible to assure that all exits are not blocked and free of debris.

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

Implemented [REDACTED] 08/27/2026)

251c - Standardized Forms

5. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident [REDACTED] medical evaluation, dated [REDACTED], was not completed on the Department's current standardized form for personal care homes and instead was completed on the medical evaluation for assisted living residences.

Plan of Correction

Accept [REDACTED] - 08/27/2026)

The violation occurred due to the Physician completed the DME on the wrong form and the administrator failed to notice. on 07/09/26 all charts were audited and all other charts had the correct DMEs. All residents charts will be audited monthly starting 07/09/2026 to assure that the correct DMEs are in each chart. Moving forward starting on 07/09/26 all DMEs that are due the administrator will send the Doctor the correct DME. Will make sure when it is returned it is the correct form. If it is not the correct form the correct DME will be sent to the Doctor to complete. The administrator will audit all charts monthly starting 07/09/2026 and as needed for compliance. Any DME found incorrect will be sent to the Physician to change or update. New DME was sent to the PCP on 07/09/2026 and it was completed by PCP see attached DME. Completed on 07/15/2026. The administrator is responsible to assure that all DMES are correct and up to date..

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

Implemented [REDACTED] - 08/27/2026)