pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **BETHLEHEM MANOR MEMORY CARE, LLC**
LEGAL ENTITY

To operate **BETHELEHM MANOR MEMORY CARE**
NAME OF FACILITY OR AGENCY

Located at **316 E. MARKET ST., BETHLEHEM, PA 18018**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **60**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 30**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **May 29,** **2025** until **May 29,** **2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **232440**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Pennsylvania
Department of Human Services

Emailing Date: May 27, 2025

[redacted]
Bethlehem Manor Memory Care, LLC
[redacted]

RE: Bethlehem Manor Memory Care
316 East Market Street
Bethlehem, Pennsylvania 18018
License #: 232440

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on February 13, 2025, February 26, 2025, March 7, 2025 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) or 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

May 22, 2025

[redacted]
BETHLEHEM MANOR MEMORY CARE LLC
[redacted]

RE: BETHLEHEM MANOR MEMORY CARE
316 EAST MARKET ST.
BETHLEHEM, PA, 18018
LICENSE/COC#: 232440

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/13/2025, 02/26/2025, 03/07/2025 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: *BETHLEHEM MANOR MEMORY CARE* **License #**: *232440* **License Expiration**:

Address: *316 EAST MARKET ST. , BETHLEHEM, PA 18018*

County: *NORTHAMPTON* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *BETHLEHEM MANOR MEMORY CARE LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *09/02/2020* **Issued By**: *City of Bethlehem*

Staffing Hours

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

Inspection Information

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

Reason: *New* **Exit Conference Date**: *03/07/2025*

Inspection Dates and Department Representative

02/13/2025 - On-Site: [redacted]
02/26/2025 - On-Site:
03/07/2025 - Off-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: **Residents Served**: *0*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *2nd floor* **Capacity**: *0* **Residents Served**: *0*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *0*

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

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

02/13/2025 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/20/2025*

Inspections / Reviews *(continued)*

03/14/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *05/15/2025*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *03/21/2025*

03/19/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *05/15/2025*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *03/21/2025*

05/22/2025 - Document Submission

Submitted By: [redacted] **Date Submitted:** *05/15/2025*

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

18 - Compliance With Laws

1. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home does not have documentation to indicate when the boiler, located in the basement, was last inspected by the PA Department of Labor and Industry.

Plan of Correction ***Accept [redacted] - 03/14/2025)***

The project manager is working on providing necessary documentation to ensure compliance with regulation 2600.18 and will relay that once he receives the most recent boiler certificate. The project manager made an emergency call to the Department of Labor and Industry on 3/10/2025 to immediately schedule an updated inspection of the boiler. In the interim, Keystone HVAC did inspect the boiler on 3/12/2025. Please see attached letter from our insurance company as they are working in alliance with us to expedite the inspection through Hartford Steam Boiler Inspection and Insurance Company. We will send the letter from Keystone and the updated boiler inspection certificate upon receipt. In order to ensure continued compliance with regulation 2600.18, project manager and administration will audit all certificates on a weekly basis starting 3/10/2025 until 12/31/2025. In addition, project manager and administration will mark on the administrative calendar the cycle dates a month in advance to ensure follow up and avoid layover time in receiving updated licenses/certificates.

Licensee's Proposed Overall Completion Date: *03/10/2025*

Update: *03/14/2025*

Please attach inspection results /bill from Keystone HVAC
Please attach boiler certificate from L&I once received

Evidence of Completion ***Implemented ([redacted] - 05/22/2025)***

See attached.

86a - Ventilation

2. Requirements

2600.
86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

Description of Violation

Several exhaust vents in the resident bathrooms were clogged with dust, preventing proper ventilation.

Plan of Correction ***Accept [redacted] - 03/14/2025)***

This was corrected on 2/13/2025 immediately on the day of inspection by the construction team and project manager. In order to maintain continued compliance, protect manager and construction team will conduct weekly interior and exterior walk arounds with the already scheduled weekly room checks starting on 3/11/2025 and continuing until 12/31/2025. Additionally, they will have logs to date and sign after each weekly audit to maintain compliance with regulation 2600.86a. Please see the attached photos.

Licensee's Proposed Overall Completion Date: *03/10/2025*

Update: *03/14/2025*

Please note all vents should be clear of all dust and debris.

86a - Ventilation (continued)

Please attach audits

Evidence of Completion ***Implemented (- 05/22/2025)***

See attached.

92 - Windows

3. Requirements

2600.
92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The last window on the left, located in the back of the home directly above the 2nd floor outdoor space had a broken frame.

Plan of Correction ***Accept - 03/14/2025)***

This was corrected on 2/13/2025 immediately on the day of inspection by the construction team and project manager. In order to maintain continued compliance, protect manager and construction team will conduct weekly interior and exterior walk arounds with the already scheduled weekly room checks starting on 3/11/2025 and continuing until 12/31/2025. Additionally, they will have logs to date and sign after each weekly audit to maintain compliance with regulation 2600.92 Please see the attached photos.

Licensee's Proposed Overall Completion Date: *03/11/2025*

Update: *03/14/2025*

Reviewed picture of window
Please attach audits

Evidence of Completion ***Implemented - 05/22/2025)***

See attached.

95 - Furniture and Equipment

4. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The plastic covers over all the fluorescent lights in the home's dining room contained several dead insects and dirt.

Plan of Correction ***Accept 03/14/2025)***

This was corrected on 2/13/2025 immediately on the day of inspection by the construction team and project manager. In order to maintain continued compliance, protect manager and construction team will conduct weekly interior and exterior walk arounds with the already scheduled weekly room checks starting on 3/11/2025 and continuing until 12/31/2025. Additionally, they will have logs to date and sign after each weekly audit to maintain compliance with regulation 2600.95 Please see the attached photos.

Licensee's Proposed Overall Completion Date: *03/11/2025*

Update: *03/14/2025*

Please attach audits

95 - Furniture and Equipment *(continued)*

Evidence of Completion ***Implemented [redacted] - 05/22/2025)***

See attached.

100a - Exterior - Free of Hazards

5. Requirements

2600.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The second floor Secured Dementia Care Unit outdoor space is a concrete patio elevated one story above ground level which is enclosed by a 48-inch wrought iron railing. There is also a 48-inch wrought iron mag lock gate at the top of two flights of concrete steps leading to the ground level parking lot. The concrete, 48-inch railing enclosure, located one story above ground level, poses a safety hazard for residents with cognitive impairments who may not be able to safely navigate or avoid the lower railing.

Plan of Correction ***Accept [redacted] 03/14/2025)***

On 3/11/2025, project manager and construction team fixed the iron railing, as directed for safety in order to be compliant with regulation 2600.100a. In order to maintain continued compliance, protect manager and construction team will conduct weekly interior and exterior walk arounds with the already scheduled weekly room checks starting on 3/12/2025 and continuing until 12/31/2025. Please see attached photos to ensure compliance.

Licensee's Proposed Overall Completion Date: *03/12/2025*

Update: *03/14/2025*

Please attach audits

Evidence of Completion ***Implemented [redacted] - 05/22/2025)***

See attached.

103a - Kitchen

6. Requirements

2600.
103.a. A home shall have access on the grounds to an operable kitchen with a refrigerator, sink, stove, oven, cooking equipment and cabinets or shelves for storage. If the kitchen is not in the home, the home shall have a kitchen area with a refrigerator, cooking equipment, a sink and food storage space.

Description of Violation

The home's plan is to transport meals to the residents from an off-site kitchen located in another building. The main dining area where the residents will be served their meals does not have a microwave, a refrigerator, an area to store food or a food preparation sink that is separate from bathroom facilities.

Plan of Correction ***Do Not Accept [redacted] 03/14/2025)***

On 3/11/2025, project manager and construction team built a preparation station and sink in order to be compliant with regulation on 2600.103a. Please see attached photo. In order to maintain continued compliance, administration, maintenance, and dietary will conduct weekly walk arounds starting 3/12/2025 continuing until 12/31/2025 to ensure that the preparation station has all necessary components to be in accordance with regulation 2600.103a.

Licensee's Proposed Overall Completion Date: *03/12/2025*

103a - Kitchen *(continued)*

Update: *03/14/2025*

Please note the bare minimum requirements of this regulation which include a refrigerator.

Plan of Correction ***Accept [redacted] - 03/19/2025)***

On 3/11/2025, project manager and construction team built a preparation station and sink in order to be compliant with regulation on 2600.103a. Please see attached photo. In order to maintain continued compliance, administration, maintenance, and dietary will conduct weekly walk arounds starting 3/12/2025 continuing until 12/31/2025 to ensure that the preparation station has all necessary components to be in accordance with regulation 2600.103a.

Licensee's Proposed Overall Completion Date: *03/18/2025*

Evidence of Completion ***Implemented [redacted] - 05/22/2025)***

approved

121a - Unobstructed Egress

7. 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

Upon inspection, the left door of the double doors leading to the home's 2nd floor outdoor activity space/patio would not open completely due to the cement patio floor being resurfaced.

Plan of Correction ***Accept [redacted] - 03/14/2025)***

On 2/13/2025, project manager and construction team adjusted the doors to ensure it was unlocked and unobstructed, in accordance with regulation 2600.121a. In order to maintain continued compliance with regulation 2600.121.a, maintenance will do weekly checks of all stairways, hallways, doorways, passageways and egress routes from rooms and from the building..

Licensee's Proposed Overall Completion Date: *03/12/2025*

Update: *03/14/2025*

Reviewed audits
Please attach audits

Evidence of Completion ***Implemented [redacted] - 05/22/2025)***

See attached.

133.1 - Exit Signs

8. Requirements

2600.
133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word ''EXIT'' in plain legible letters shall be placed at all exits.

Description of Violation

The door in the home's dining room, leading to a section of the home that will not be occupied by residents or staff, is not labeled with a "NO EXIT" sign.

The door labeled "FIRE DOOR KEEP CLOSED" at the top of the stairwell leading from the second-floor dining room to a ground floor exterior exit has a sign above it indicating it is not an exit. Staff confirmed the stairwell can be used in

133.1 - Exit Signs (continued)

the event of an emergency.

Plan of Correction ***Accept [redacted] - 03/14/2025)***

On 2/13/2025, project manager and construction team installed the appropriate signage to be compliant with regulation 2600.133.1. Please see attached photos. In order to maintain continued compliance, project manager and maintenance will conduct daily checks on all exit areas to ensure safety.

Licensee's Proposed Overall Completion Date: *03/12/2025*

Update: *03/14/2025*

Please attach picture of door in dining room
audits

Evidence of Completion ***Implemented [redacted]/22/2025)***

See attached.