pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **THE ATRIUM OF ALLENTOWN LLC**
LEGAL ENTITY

To operate **THE ATRIUM OF ALLENTOWN**
NAME OF FACILITY OR AGENCY

Located at **5767 CETRONIA ROAD, ALLENTOWN, PA 18106**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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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 **103**
(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 **December 5, 2025** until **December 5, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **230500**

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: DECEMBER 5, 2025

[redacted]
[redacted]
The Atrium of Allentown LLC
[redacted]
[redacted]

RE: The Atrium of Allentown
5767 Cetronia Road
Allentown, Pennsylvania 18106
License #230500

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on September 16, 2025 and September 17, 2025 and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala

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

December 3, 2025

[redacted]
THE ATRIUM OF ALLENTOWN LLC
[redacted]

RE: THE ATRIUM OF ALLENTOWN
5767 CETRONIA ROAD
ALLENTOWN, PA, 18106
LICENSE/COC#: 23050

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/16/2025, 09/17/2025 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: *THE ATRIUM OF ALLENTOWN* **License #**: *23050* **License Expiration**: *10/11/2025*

Address: *5767 CETRONIA ROAD, ALLENTOWN, PA 18106*

County: *LEHIGH* **Region**: *NORTHEAST*

Administrator

Name: [redacted]

Legal Entity

Name: *THE ATRIUM OF ALLENTOWN LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *10/02/2020* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *103* **Waking Staff**: *77*

Inspection Information

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

Reason: *Provisional* **Exit Conference Date**: *09/17/2025*

Inspection Dates and Department Representative

09/16/2025 - On-Site: [redacted]

09/17/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *103* **Residents Served**: *78*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *secured* **Capacity**: *30* **Residents Served**: *18*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *78*

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

Have Mobility Need: *25* **Have Physical Disability**: *1*

Inspections / Reviews

09/16/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/10/2025*

10/16/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/23/2025*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *10/23/2025*

Inspections / Reviews *(continued)*

12/03/2025 - Document Submission

Submitted By: [redacted] **Date Submitted**: *10/23/2025*

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

51 - Criminal Background Check

1. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person E had their criminal background check started on [redacted]/2024 but began working on [redacted]/24.

Repeat Violation: 11/20/24, et al.

Plan of Correction ***Accept [redacted] - 10/16/2025)***

On 9/17 The Executive Director did a education with the Office Assistant/Concierge about regulation 2600.51. On 9/18 The Executive Director did a audit of all employee files to ensure their background was completed before or on their hire date. On 9/18 The Executive Director put in place to look at all new hire files before onboarding and have a check list for assistant to ensure the background was completed. The Executive Director will be responsible for ongoing compliance.

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

Update: *10/16/2025*

Please provide verification of education provided to staff and of completed audits on staff files.

Evidence of Completion ***Implemented [redacted] - 11/13/2025)***

See attached.

Update: *11/13/2025*

Verified with documents and on-site verification completed 11/4/2025.

81b - Resident Personal Equipment

2. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 9/17/25 at 10:15a.m., resident # 1's bedside mobility device was not securely attached to the bed. The bedside mobility device was able to be moved at least 4-5 inches in any direction from the bed.

Repeat Violation: 11/20/24, et al.

Plan of Correction ***Accept [redacted] - 10/16/2025)***

Immediately following the inspection the maintenance director went and secured the bedside mobility device to bed. On 9/18/2025 The Executive Director did a education with Maintenance Director on regulation 2600.81b. As of 9/18/2025 The Maintenance director or designee will do daily checks on all bedside mobility devices to ensure the are properly secure to bed. The Maintenance Director and the Executive Director will be responsible for on going compliance

Licensee's Proposed Overall Completion Date: *10/09/2025*

Update: *10/16/2025*

Please provide verification of education and of daily checks.

81b - Resident Personal Equipment *(continued)*

Evidence of Completion ***Implemented [redacted] - 11/13/2025)***

See attached.

Update: *11/13/2025*

Verified with documents and on-site verification completed 11/4/2025.

82c - Locking Poisonous Materials

3. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 9/16/25 at 10:10a.m., a bottle of wound cleaner was stored in the side bin of the medication cart in the secured dementia unit. The product was unlocked, and the products labeling says to call poison control if swallowed. Residents in the secure dementia care unit are not assessed to be safely around poisons.

Plan of Correction ***Accept [redacted] - 10/16/2025)***

On 9/16 while inspectors are on site the wound cleaner was removed off the cart. On 9/17 The Executive Director did an education with DOW, Memory Care Coordinator and med techs on regulation 2600.82c. As of 9/18 The Memory care coordinator or designee will be doing daily checks on the unit to ensure all poisonous materials are locked and secured in designated area. The Memory Care Coordinator and DOW will be responsible for ongoing compliance

Licensee's Proposed Overall Completion Date: *10/09/2025*

Update: *10/16/2025*

Please provide verification of staff education and of daily checks.

Evidence of Completion ***Implemented [redacted] - 11/13/2025)***

See attached.

Update: *11/13/2025*

Verified with documents and on-site verification completed 11/4/2025.

183d - Prescription Current

4. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident # 7 was discharged on [redacted]/25. On 9/17/25, a bottle of morphine belonging to resident #7 was in the medication cart.

Repeat Violation: 1/28/25, et al.

Plan of Correction ***Accept [redacted] - 10/16/2025)***

On 9/17/2025 Immediately following the inspection the DOW removed the medication off the cart. On 9/18/2025

183d - Prescription Current (continued)

The Executive Director did and Education with the DOW, Wellness Assistant and med techs on regulations 2600.183.d. On 9/25 the DOW or designee will do weekly med cart audits. The DOW and Executive Director will be responsible for ongoing compliance

Licensee's Proposed Overall Completion Date: *10/09/2025*

Update: *10/16/2025*

Please provide verification of staff education and of weekly cart audits.

Evidence of Completion ***Implemented [redacted] - 11/13/2025)***

See attached.

Update: *11/13/2025*

Verified with documents and on-site verification completed 11/4/2025.

184b - Labeling OTC/CAM

5. Requirements

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 9/17/25, a package of melatonin identified by staff as belonging to resident #8, a package of Aspirin identified by staff as belonging to resident #9, and a package of AlgaeCal identified by staff as belonging to resident #10 ,were in the medication cart and were not labeled with the resident's name.

Plan of Correction ***Accept [redacted] - 10/16/2025)***

On 9/17/2025 Immediately following the inspection the DOW relabeled the medication with residents name On 9/18/2025 The Executive Director did and Education with the DOW, Wellness Assistant and med techs on regulations 2600.184.b On 9/25 the DOW or designee will do weekly med cart audits to ensure all OTC and CAM are properly labeled with residents name. The DOW and Executive Director will be responsible for ongoing compliance

Licensee's Proposed Overall Completion Date: *10/09/2025*

Update: *10/16/2025*

Please provide verification of staff education and of weekly cart audits.

Evidence of Completion ***Implemented [redacted] - 12/02/2025)***

See attached.

Update: *12/02/2025*

Verified with documents and on-site verification completed 11/4/2025.

185a - Implement Storage Procedures

6. 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

The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the blood glucose test results in the individual glucometer. Resident #13 – At 6:30a.m., on

185a - Implement Storage Procedures (continued)

9/13/25 the glucometer reading was 363 and the Medical Administration Record (MAR) was incorrectly transcribed as 373; At 5:30p.m., on 9/16/25 the reading on the glucometer was 208 but was incorrectly transcribed as 209; At 6:30a.m., on 9/17/25 the reading on the glucometer was 104 but was incorrectly transcribed as 102.

Resident #14 is prescribed Tramadol HCL 50 mg.. The residents Narcotic count sheet states the resident has 60 doses on hand. A narcotic count was completed with Department Representative and Staff person D. The narcotic count revealed 56 doses on hand. Resident #15 is prescribed Diphenoxylate-Atrop . The residents Narcotic count sheet states the resident has 58 doses on hand. A narcotic count was completed with Department Representative and Staff person D. The narcotic count revealed 57 doses on hand. Resident #16 is prescribed Tramadol HCL 50 mg. The residents Narcotic count sheet states the resident has 3 doses on hand. A narcotic count was completed with Department Representative and Staff person D. The narcotic count revealed 2 doses on hand.

Repeat Violation: 1/28/25, et al; 11/20/24, et al.

Plan of Correction ***Accept [redacted] - 10/16/2025)***

On 9/17 immediately following the inspection the Staff member was suspend for not signing the narcotic log and for incorrectly transcribing the Glucose test.. On [redacted] the Staff member was [redacted] for not following proper policy and procedures on medication administration. On 9/17/2025 the Executive Director did a education with DOW, med techs on regulations 2600.185a.and medication administration policy and procedure .On 9/17 the DOW or Designee will do daily checks on on Narcotic log and all glucometers are accurate. The DOW will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: *10/09/2025*

Update: *10/16/2025*

Please provide verification of the termination of Staff person A.
Please provide verification of staff education and of daily narcotics check.

Evidence of Completion ***Implemented [redacted] 11/13/2025)***

See attached.

Update: *11/13/2025*

Verified with documents and on-site verification completed 11/4/2025.

187a - Medication Record

7. 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

Residents #11 and #12 are prescribed Ft pain reliever. The pharmacy label for resident #11 and 12's medication indicates the name of the medication is APAP ES. The medication is listed on the Medication Administration Record as FT PAIN RELIEVER 500 MG CAP and does not match the pharmacy label on the medication.

187a - Medication Record *(continued)*

Plan of Correction ***Accept [redacted] - 10/16/2025)***

On 9/17 Immediately following the inspection the medication was removed off the cart. We had switched pharmacy in June and the APAP was from the old pharmacy. On 9/18 The Executive Director did an education with DOW and, Wellness Assistant and Med Techs on regulation 2600.187a. On 9/20 The DOW or Designee will do weekly med cart audits to ensure the medication matches the MAR. The DOW and the Executive Director will be responsible for ongoing compliance

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

Update: *10/16/2025*

Please provide verification of staff education and of weekly cart audits.

Evidence of Completion ***Implemented [redacted] - 11/13/2025)***

See attached.

Update: *11/13/2025*

Verified with documents and on-site verification completed 11/4/2025.

227d - Support Plan Medical/Dental

8. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #4 and Resident #5 utilizes a bedside mobility device. Resident #4's Support Plan dated [redacted]/25 and resident #5"s Support Plan dated [redacted]/2025, does not indicate any risks associated with the device, the Resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines.

Repeat Violation: 11/20/24 et al.

Plan of Correction ***Accept [redacted] 10/16/2025)***

Immediately following the inspection on 9/17 the DOW update Resident 4's & 5's care plan to indicate the risk associated with the device and the have the ability to safely use the device. on 9/18 The Executive Director did an audit of the residents that have bedside mobility that there support plan has the documentation for bedside mobility devices. On 9/18 The Executive Director did an education with DOW, Wellness Assistance and Memory Care Coordinator on regulation 2600.227d. The Executive Director and DOW will be responsible for ongoing compliance

Licensee's Proposed Overall Completion Date: *10/09/2025*

Update: *10/16/2025*

Please provide verification of updated RASPs for residents 4 & 5.

227d - Support Plan Medical/Dental (continued)

Please provide verification of audits and staff education.

Evidence of Completion ***Implemented [redacted] - 12/02/2025)***

See attached.

Update: *12/02/2025*

Verified with documents and on-site verification completed 11/4/2025.

231e - No Objection Statement

9. Requirements

2600.
231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]/2025. The home has no documentation that the resident has not objected to the admission.
Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] 2025. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Repeat Violation: 11/20/24 et al.

Plan of Correction ***Accept [redacted] - 10/16/2025)***

On 9/17 immediately following the inspection the Executive Director had the resident 2 and 3 had them sign the No Objection statement. On 9/17. The Executive Director did a education with the Marketing and the DOW and Wellness on regulation 2600.231e. On 9/20/2025 The Executive Director did an audit on the residents that resides in MC have the No objection statement. The Executive Director and the Marketer will be responsible for on going compliance.

Licensee's Proposed Overall Completion Date: *10/09/2025*

Update: *10/16/2025*

Please provide verification of signed non objection statements for Residents 2 & 3.
Please provide verification of audit and staff education.

Evidence of Completion ***Implemented [redacted] 11/13/2025)***

See attached.

Update: *11/13/2025*

Verified with documents and on-site verification completed 11/4/2025.

231g - Non-Dementia Admission

10. Requirements

2600.
231.g. An individual who does not have a primary diagnosis of Alzheimer's disease or other dementia may reside in the secured dementia care unit if desired by the resident.

231g - Non-Dementia Admission *(continued)*

Description of Violation

Resident #6, who does not have a primary diagnosis of [redacted] disease or other dementia, resides in the Secure Dementia Care Unit. The resident has a diagnosis of Mild Cognitive Impairment documented as the need for placement in the Secured dementia Care Unit.

Repeat Violation: 11/20/24, et al.

Plan of Correction ***Accept ([redacted] - 10/16/2025)***

On 9/17 Immediately following the inspection the DOW called the PCP to get the right diagnosis needed to be in a secured dementia unit. On 9/18 The Executive Director did a education with DOW, Wellness Assistant, Memory Care Coordinator, and Marketer on regulation 2600.231g. On 9/18 The DOW did an audit on all Memory care residents that they have the proper diagnosis to be in a secured dementia unit

Licensee's Proposed Overall Completion Date: *10/09/2025*

Update: *10/16/2025*

Please provide verification of dementia diagnosis.
Please provide verification of audit and staff education.

Evidence of Completion ***Implemented [redacted] - 11/13/2025)***

See attached.

Update: *11/13/2025*

Verified with documents and on-site verification completed 11/4/2025.

233c - Key-Locking Devices

11. Requirements

2600.
233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

On 9/16/25 at 10:00a.m. the directions for operating the home's locking mechanism were not posted near the door to the Secure Dementia Care Unit (SDCU) at stairwell #4.

Repeat Violation: 3/26/25, et al.

Plan of Correction ***Accept [redacted] - 10/16/2025)***

On 9/16 while inspectors were on site the Maintenance Director reposted the sign in stairwell 4. On 9/25 The Executive Director did an education with the Maintenance Director, and Memory care Director on regulation 2600.233c. As of 9/18 the Maintenance Director added it to his daily walk through to ensure all signs are properly posted. The Maintenance Director and Executive Director will be responsible for ongoing compliance

Licensee's Proposed Overall Completion Date: *10/09/2025*

Update: *10/16/2025*

Please provide verification of staff education and of daily checks.

Evidence of Completion ***Implemented [redacted] - 11/13/2025)***

See attached.

233c - Key-Locking Devices *(continued)*

Update: *11/13/2025*

Verified with documents and on-site verification completed 11/4/2025.