

Department of Human Services
Bureau of Human Service Licensing

January 26, 2022

ADMINISTRATOR

RE: BETHLEHEM MANOR
815 PENNSYLVANIA AVENUE
BETHLEHEM, PA, 18018
LICENSE/COC#: 22684

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/14/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *BETHLEHEM MANOR* License #: *22684* License Expiration: *05/24/2022*
Address: *815 PENNSYLVANIA AVENUE, BETHLEHEM, PA 18018*
County: *LEHIGH* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *04/11/2017* Issued By: *PALI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *63* Waking Staff: *47*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *10/14/2021*

Inspection Dates and Department Representative

10/14/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *43*

Secured Dementia Care Unit

| | | | |
|--------------------|-------|-----------|-------------------|
| In Home: <i>No</i> | Area: | Capacity: | Residents Served: |
|--------------------|-------|-----------|-------------------|

Hospice

Current Residents: *5*

Number of Residents Who:

| | |
|--|--|
| Receive Supplemental Security Income: <i>0</i> | Are 60 Years of Age or Older: <i>43</i> |
| Diagnosed with Mental Illness: <i>0</i> | Diagnosed with Intellectual Disability: <i>0</i> |
| Have Mobility Need: <i>20</i> | Have Physical Disability: <i>0</i> |

Inspections / Reviews

10/14/2021 - Partial

Lead Inspector: Co [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *11/15/2021*

12/11/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *12/14/2021*

01/26/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

227d - Support Plan Medical/Dental

1. 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

The Resident Assessment and Support Plan for Resident 1 dated [REDACTED] 2020 does not indicate the resident’s transferring needs. They are listed as independent and able to transfer out of bed to their wheelchair independently. Staff Members A, B, C, & D state that Resident 1 required staff assistance transferring out of their bed.

Document Submission

Accept

To ensure continued compliance with this regulation, resident assessment and support plan was reviewed with administrative personnel. Staff was reminded to update support plan as needed and any significant changes would require a new medical evaluation and support plan. Administrator will continuously review and follow-up to ensure compliance.

Document Submission

Implemented

see attached training