

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

February 22, 2024

[REDACTED]
THE ATRIUM OF ALLENTOWN LLC
[REDACTED]
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/17/2024, 01/25/2024, 02/02/2024 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: *12/09/2023*
 Address: *5767 CETRONIA ROAD, ALLENTOWN, PA 18106*
 County: *LEHIGH* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *THE ATRIUM OF ALLENTOWN LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *10/02/2020* Issued By: *Upper Macungie Township*

Staffing Hours

Resident Support Staff: *1* Total Daily Staff: *77* Waking Staff: *58*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *02/02/2024*

Inspection Dates and Department Representative

01/17/2024 - On-Site: [REDACTED]
 01/25/2024 - On-Site: [REDACTED]
 02/02/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *80* Residents Served: *57*

Secured Dementia Care Unit
 In Home: *Yes* Area: *1st floor* Capacity: *16* Residents Served: *16*

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *57*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *19* Have Physical Disability: *1*

Inspections / Reviews

01/17/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/16/2024*

Inspections / Reviews (*continued*)

02/15/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/19/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 02/20/2024

02/22/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/19/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

On [redacted] at [redacted], Resident [redacted] used their call bell for assistance to the bathroom. When staff did not respond, the resident called 911 for help. The home's Call Bell logs dated [redacted] to [redacted] were reviewed. On the following dates and times, staff failed to respond and provide Resident [redacted] with assistance in a timely manner:

[Large redacted area containing specific violation details]

Plan of Correction

Accept [redacted] - 02/15/2024)

The Facility Director held a training with all staff on [redacted] reviewing care expectations. The facility Executive Director will hold another staff training to review call bell response expectations and will train all staff on regulation 2600.

23.a. This training will be completed no later than 02/20/24. This process will be reviewed during the annual quality plan meeting to ensure ongoing compliance. The facility Executive Director and Director of Nursing will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/20/2024

Implemented [redacted] - 02/22/2024)