

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

March 20, 2024

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

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

Dear Ms. Susan Parker,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/15/2024 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**

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 76 Waking Staff: 57

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Interim* Exit Conference Date: 02/15/2024

**Inspection Dates and Department Representative**

02/15/2024 - On-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: *Secured unit* 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**

02/15/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 03/09/2024

03/11/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/18/2024  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: 03/18/2024

Inspections / Reviews (*continued*)

03/20/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

In the kitchen walk in refrigerator, in the left corner was a metal pan of green bell peppers. The peppers were not labeled or dated. 6 of the peppers were wilted (wrinkled skin), had dark spots with light spots inside of the dark spots, which appeared to be mold.

Plan of Correction

Accept [redacted] - 03/11/2024)

On [redacted] the cook on duty disposed of the spoiled peppers immediately following the inspection. On [redacted] the Executive Director implemented a new procedure in which the dining manager must check daily all food storage to ensure all food is stored properly and and to ensure there is not outdated or spoiled food in the kitchen. Additionally, the Executive Director and MOD will audit the kitchen food storage area daily for four consecutive starting on [redacted] to be completed on [redacted] to ensure the new procedure is being followed and that no food is outdated or spoiled and there are not dented cans in the kitchen. The Director of Dining and the Executive Director will responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [redacted] - 03/20/2024)

105g - Lint Removal and Duct Cleaning

2. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

The lint ducts on the outside of the building, to the right while facing the entrance door were not cleaned. The one on the ground floor was caked with lint. The one on the second floor had lint sprayed out all over the siding.

Plan of Correction

Accept [redacted] - 03/11/2024)

On [redacted] during the inspection the new Maintenance Director cleaned the exterior lint ducts. On [redacted] the Executive Director implemented a new procedure in which the maintenance director will clean internal and external ducts work weekly. The Maintenance Director and Executive Director will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented [redacted] - 03/20/2024)

181c - Self-administration Assessment

3. Requirements

2600.

181c - Self-administration Assessment (continued)

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident [redacted] had [redacted] at bedside and is not evaluated to be able self-administer medication.

Plan of Correction

Accept [redacted] - 03/11/2024)

On [redacted] the [redacted] was removed from the residents room. On [redacted] the new Director of Nursing will audit all rooms of residents that are unable to self-administer medications three times a week for one month. The Director of Nursing and Administrator will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [redacted] 03/20/2024)

183b - Meds and Syringes Locked

4. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident [redacted] had a [redacted] unlocked and accessible in [redacted] bedroom at time of inspection.

Plan of Correction

Accept [redacted] 03/11/2024)

On [redacted] the [redacted] was removed from the residents room. On [redacted] the new Director of Nursing will audit all rooms of residents that are unable to self-administer medications three times a week for one month. The Director of Nursing and Administrator will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [redacted] - 03/20/2024)

187d - Follow Prescriber's Orders

5. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] with parameters to hold the medication if the resident's systolic blood pressure is under 120. On [redacted], the resident's systolic blood pressure was [redacted] and the medication should have been administered, but it was held.

Plan of Correction

Accept [redacted] - 03/11/2024)

On [redacted] the medication associate responsible for holding the medication was reeducated and counselled on proper medication administration procedures.

On [redacted] the Director of Nursing began a daily audit of all residents that have parameters associated to prescriber administration instructions. This audit will be for one month. The Director of Nursing and Executive Director will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/15/2024

187d - Follow Prescriber's Orders (*continued*)

*Implemented* [REDACTED] - 03/20/2024)