

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

August 1, 2024

[REDACTED] ADMINISTRATOR  
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 06/05/2024 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: THE ATRIUM OF ALLENTOWN License #: 23050 License Expiration: 12/09/2024  
 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]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 84 Waking Staff: 63

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 06/05/2024

**Inspection Dates and Department Representative**

06/05/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 80 Residents Served: 63  
 Secured Dementia Care Unit  
 In Home: Yes Area: unit Capacity: 30 Residents Served: 21  
 Hospice  
 Current Residents: 6  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 63  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 21 Have Physical Disability: 0

**Inspections / Reviews**

06/05/2024 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/04/2024

07/05/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 07/31/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/12/2024

Inspections / Reviews *(continued)*

07/26/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/01/2024

08/01/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

The incident from [redacted] was required to be reported to BHSL within 24 hours but was not reported to the department until [redacted].

Plan of Correction

Accept ([redacted] - 07/15/2024)

Incident has reported to BHSL on [redacted]. The facility Executive Director will hold a training to all staff to ensure that all staff are aware of the reportable incident regulations and procedures in order to ensure all reportable incidents are reported timely and in accordance with regulation. This training will be held by 07/30/24. The facility Director and DON will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented ([redacted] - 08/01/2024)

42s - Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

Staff A entered Resident 1's room without permission to eat their lunch while resident 1 was not in the building. Repeat Violation 12/6/2023, et al.

Plan of Correction

Accept (CP - 07/01/2024)

On 06/05/24 staff A was counselled and re-educated on the residents' rights. By 06/12/24 all staff were re-educated on residents' rights and additional training content was added to include additional examples and interpretation of 42.s and reporting procedures of any suspected resident rights violations. The Executive Director and Director of Nursing will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/05/2024

Implemented ([redacted] - 08/01/2024)