

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

August 26, 2024

[REDACTED], REGIONAL  
WG BETHLEHEM SH LLC

RE: ATRIA BETHLEHEM  
1745 WEST MACADA ROAD  
BETHLEHEM, PA, 18017  
LICENSE/COC#: 22281

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/15/2024 of the above facility, no regulatory citations have been identified as a result of this inspection.

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

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** ATRIA BETHLEHEM **License #:** 22281 **License Expiration:** 10/16/2024  
**Address:** 1745 WEST MACADA ROAD, BETHLEHEM, PA 18017  
**County:** NORTHAMPTON **Region:** NORTHEAST

**Administrator**

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

**Legal Entity**

**Name:** WG BETHLEHEM SH LLC  
**Address:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP **Date:** 09/28/1998 **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 112 **Waking Staff:** 84

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint **Exit Conference Date:** 08/15/2024

**Inspection Dates and Department Representative**

08/15/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 150 **Residents Served:** 99

**Secured Dementia Care Unit**

**In Home:** No **Area:** **Capacity:** **Residents Served:**

**Hospice**

**Current Residents:** 4

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 98  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 13 **Have Physical Disability:** 1

**Inspections / Reviews**

08/15/2024 Partial

**Lead Inspector:** [REDACTED] **Follow-Up Type:** Not Required

**NO DEFICIENCIES FOUND**