

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

October 2, 2024

[REDACTED]
THE ATRIUM OF ALLENTOWN LLC
[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 08/28/2024 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: *12/09/2024*
 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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *10/02/2020* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *95* Waking Staff: *71*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *08/28/2024*

Inspection Dates and Department Representative

08/28/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *103* Residents Served: *71*

Secured Dementia Care Unit
 In Home: *Yes* Area: *n/a* Capacity: *30* Residents Served: *21*

Hospice
 Current Residents: *10*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *71*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *24* Have Physical Disability: *0*

Inspections / Reviews

08/28/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/16/2024*

09/18/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/30/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/23/2024*

Inspections / Reviews (*continued*)

09/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/01/2024

10/02/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

The Documentation of medication evaluation (DME) form dated [redacted] for resident [redacted] did not have the information under Health Status and Cognitive Functioning checked off.

Plan of Correction

Accept [redacted] - 09/26/2024)

On 08/28/24, immediately following the inspection, the Director of Nursing contacted the provider and had the DME updated to have the the health status and cognitive function checked off. Following, the records correction the Executive Director met with the Director of Nursing and Care Coordinator to provide retraining on 2600.141a. on 08/28/14. By 09/30/24 and audit will be completed on all DME's to ensure all boxes are checked appropriately. Moving forward the Director of Nursing will be required to provide a copy of a new DME to Executive Director to review upon receipt to ensure accuracy prior to to filing in the residents chart.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [redacted] - 10/02/2024)

227g -Support Plan Signatures

2. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan dated [redacted] for resident [redacted] was not signed by the person who completed the support plan.

Plan of Correction

Accept [redacted] - 09/26/2024)

On 08/28/24 following the inspection the Director of Nursing signed the support plan as she was the one that had completed it and on 08/28/24 was re-trained by the Executive Director on the 2600.227g. An audit will be conducted by 09/30/24 on all care plans to ensure signatures of all participating parties. On an ongoing basis the Executive Director will review all care plans prior to finalization to ensure all care plans are signed appropriately.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [redacted] - 10/02/2024)

227h - Support Plan Refuse Sign

3. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

The support plan dated [REDACTED] was not signed by the resident and there was no indication that the resident was unable to or refused to sign the support plan.

Plan of Correction

Accept [REDACTED] - 09/26/2024)

On 08/28/24 following the inspection the Executive Director re-trained the Director of Nursing on 2600.227h. The resident continues to refuse to sign all documentation and another attempt was made on 08/28/24. After another witnessed attempt by the Executive Director a notation of refusal was added to the support plan. Moving forward the Executive Director will check all care plans as they are finalized to ensure appropriate signatures and or notations are on the care plan.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [REDACTED] 10/02/2024)

231b - Medical Evaluation

4. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

The DME form dated [REDACTED] for resident [REDACTED] did not indicate the need for secure dementia care. Resident [REDACTED] was admitted to the home's secure dementia care unit on [REDACTED]

Plan of Correction

Accept [REDACTED] 09/26/2024)

On 08/28/24 following the inspection, the Director of nursing contacted the medical provider and had the DME updated to reflect the need for a secure dementia unit. The Executive Director retrained the Director of Nursing on 2600.231b on 08/28/24. An audit will be completed by 09/30/24 of all Secure Dementia Unit resident DME's to ensure the appropriate indication is made for requiring secure care services. Moving forward the Executive Director will check all DME's to ensure that appropriate indications are selected.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [REDACTED] - 10/02/2024)