

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

February 4, 2025

[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 10/24/2024, 10/28/2024 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: 104 Waking Staff: 78

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 10/28/2024

**Inspection Dates and Department Representative**

10/24/2024 - On-Site: [REDACTED]  
 10/28/2024 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 103 Residents Served: 79

Secured Dementia Care Unit  
 In Home: Yes Area: 1st floor Capacity: 30 Residents Served: 25

Hospice  
 Current Residents: 10

Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 79  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 25 Have Physical Disability: 0

**Inspections / Reviews**

10/24/2024 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/25/2024

12/04/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 12/19/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/11/2024

Inspections / Reviews *(continued)*

12/17/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/19/2024

02/04/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [redacted] was observed by staff pulling the hair of Resident [redacted] after a verbal confrontation in the home. Resident [redacted] has a history of aggressive behavior as a previous incident occurred on [redacted] between Resident [redacted] and the resident's spouse, Resident [redacted]. The home reported the couple had a verbal argument which escalated and Resident [redacted] scratched Resident [redacted] on the face during the argument causing visible injuries that were noticed immediately by staff.

Plan of Correction

Accept [redacted] - 12/17/2024)

On [redacted] Resident [redacted] and Resident [redacted] were immediately separated. On [redacted] Resident [redacted] had a medication review following the incident. [redacted] DON put in to place increased monitoring on Resident # [redacted]. Executive Director conducted retraining to staff on safe management techniques and abuse and neglect. Executive Director and DON will implement a procedure on initial incidents with aggressive behavior. Resident [redacted] has recently deceased on [redacted].

Licensee's Proposed Overall Completion Date: 12/18/2024

Implemented [redacted] - 01/31/2025)

234d - Support Plan Revision

2. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident [redacted] was involved in a resident-to-resident incident on [redacted] during which Resident [redacted] pulled Resident [redacted] hair. Staff reported Resident [redacted] was put on 15-minute checks after the incident occurred. The resident's Resident Assessment Support Plan dated [redacted] was not updated regarding the resident's behaviors during the incident or that the resident was put on 15-minute checks after the incident occurred.

Plan of Correction

Accept [redacted] - 12/17/2024)

On [redacted] The DON corrected the support plan to reflect Resident [redacted] behaviors and triggers and the increase in checks were implemented. On 10/26/2024 Executive Director reeducated the DON and all staff responsible 2600.234b on updating care plan when a residents condition changes. Care plan updates will be reviewed annually during Quality Plan meeting

Licensee's Proposed Overall Completion Date: 12/18/2024

Implemented [redacted] - 01/31/2025)