

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

May 22, 2025

[REDACTED]  
BETHLEHEM MANOR MEMORY CARE LLC  
[REDACTED]

RE: BETHLEHEM MANOR MEMORY  
CARE  
316 EAST MARKET ST.  
BETHLEHEM, PA, 18018  
LICENSE/COC#: 232440

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/13/2025, 02/26/2025, 03/07/2025 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: BETHLEHEM MANOR MEMORY CARE License #: 232440 License Expiration:  
Address: 316 EAST MARKET ST. , BETHLEHEM, PA 18018  
County: NORTHAMPTON Region: NORTHEAST

**Administrator**

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: BETHLEHEM MANOR MEMORY CARE LLC  
Address: [Redacted]  
Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

Type: I-2 Date: 09/02/2020 Issued By: City of Bethlehem

**Staffing Hours**

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

**Inspection Information**

Type: Partial Notice: Announced BHA Docket #:  
Reason: New Exit Conference Date: 03/07/2025

**Inspection Dates and Department Representative**

02/13/2025 - On-Site: [Redacted]  
02/26/2025 - On-Site: [Redacted]  
03/07/2025 - Off-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

<b>General Information</b>			
License Capacity:		Residents Served:	0
<b>Secured Dementia Care Unit</b>			
In Home: Yes	Area: 2nd floor	Capacity: 0	Residents Served: 0
<b>Hospice</b>			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 0	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 0		Have Physical Disability: 0	

**Inspections / Reviews**

02/13/2025 Partial  
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/20/2025

Inspections / Reviews (*continued*)

## 03/14/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/21/2025

## 03/19/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/21/2025

## 05/22/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home does not have documentation to indicate when the boiler, located in the basement, was last inspected by the PA Department of Labor and Industry.

Plan of Correction

Accept ( ) - 03/14/2025)

The project manager is working on providing necessary documentation to ensure compliance with regulation 2600.18 and will relay that once ( ) receives the most recent boiler certificate. The project manager made an emergency call to the Department of Labor and Industry on 3/10/2025 to immediately schedule an updated inspection of the boiler. In the interim, Keystone HVAC did inspect the boiler on 3/12/2025. Please see attached letter from our insurance company as they are working in alliance with us to expedite the inspection through Hartford Steam Boiler Inspection and Insurance Company. We will send the letter from Keystone and the updated boiler inspection certificate upon receipt. In order to ensure continued compliance with regulation 2600.18, project manager and administration will audit all certificates on a weekly basis starting 3/10/2025 until 12/31/2025. In addition, project manager and administration will mark on the administrative calendar the cycle dates a month in advance to ensure follow up and avoid layover time in receiving updated licenses/certificates.

Licensee's Proposed Overall Completion Date: 03/10/2025

Implemented ( ) 05/22/2025)

86a Ventilation

2. Requirements

2600.

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

Description of Violation

Several exhaust vents in the resident bathrooms were clogged with dust, preventing proper ventilation.

Plan of Correction

Accept ( ) 03/14/2025)

This was corrected on 2/13/2025 immediately on the day of inspection by the construction team and project manager. In order to maintain continued compliance, protect manager and construction team will conduct weekly interior and exterior walk arounds with the already scheduled weekly room checks starting on 3/11/2025 and continuing until 12/31/2025. Additionally, they will have logs to date and sign after each weekly audit to maintain compliance with regulation 2600.86a. Please see the attached photos.

Licensee's Proposed Overall Completion Date: 03/10/2025

Implemented ( ) - 05/22/2025)

92 Windows

3. Requirements

2600.

92. Windows and Screens Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

92 Windows (continued)

Description of Violation

The last window on the left, located in the back of the home directly above the 2nd floor outdoor space had a broken frame.

Plan of Correction

Accept (redacted) 03/14/2025)

This was corrected on 2/13/2025 immediately on the day of inspection by the construction team and project manager. In order to maintain continued compliance, protect manager and construction team will conduct weekly interior and exterior walk arounds with the already scheduled weekly room checks starting on 3/11/2025 and continuing until 12/31/2025. Additionally, they will have logs to date and sign after each weekly audit to maintain compliance with regulation 2600.92 Please see the attached photos.

Licensee's Proposed Overall Completion Date: 03/11/2025

Implemented (redacted) - 05/22/2025)

95 - Furniture and Equipment

4. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The plastic covers over all the fluorescent lights in the home's dining room contained several dead insects and dirt.

Plan of Correction

Accept (redacted) 03/14/2025)

This was corrected on 2/13/2025 immediately on the day of inspection by the construction team and project manager. In order to maintain continued compliance, protect manager and construction team will conduct weekly interior and exterior walk arounds with the already scheduled weekly room checks starting on 3/11/2025 and continuing until 12/31/2025. Additionally, they will have logs to date and sign after each weekly audit to maintain compliance with regulation 2600.95 Please see the attached photos.

Licensee's Proposed Overall Completion Date: 03/11/2025

Implemented (redacted) - 05/22/2025)

100a - Exterior - Free of Hazards

5. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The second floor Secured Dementia Care Unit outdoor space is a concrete patio elevated one story above ground level which is enclosed by a 48 inch wrought iron railing. There is also a 48 inch wrought iron mag lock gate at the top of two flights of concrete steps leading to the ground level parking lot. The concrete, 48 inch railing enclosure, located one story above ground level, poses a safety hazard for residents with cognitive impairments who may not be able to safely navigate or avoid the lower railing.

Plan of Correction

Accept (redacted) - 03/14/2025)

On 3/11/2025, project manager and construction team fixed the iron railing, as directed for safety in order to be compliant with regulation 2600.100a. In order to maintain continued compliance, protect manager and

100a Exterior Free of Hazards (continued)

construction team will conduct weekly interior and exterior walk arounds with the already scheduled weekly room checks starting on 3/12/2025 and continuing until 12/31/2025. Please see attached photos to ensure compliance.

Licensee's Proposed Overall Completion Date: 03/12/2025

Implemented ( ) - 05/22/2025)

103a - Kitchen

6. Requirements

2600.

103.a. A home shall have access on the grounds to an operable kitchen with a refrigerator, sink, stove, oven, cooking equipment and cabinets or shelves for storage. If the kitchen is not in the home, the home shall have a kitchen area with a refrigerator, cooking equipment, a sink and food storage space.

Description of Violation

The home's plan is to transport meals to the residents from an off site kitchen located in another building. The main dining area where the residents will be served their meals does not have a microwave, a refrigerator, an area to store food or a food preparation sink that is separate from bathroom facilities.

Plan of Correction

Accept ( ) - 03/19/2025)

On 3/11/2025, project manager and construction team built a preparation station and sink in order to be compliant with regulation on 2600.103a. Please see attached photo. In order to maintain continued compliance, administration, maintenance, and dietary will conduct weekly walk arounds starting 3/12/2025 continuing until 12/31/2025 to ensure that the preparation station has all necessary components to be in accordance with regulation 2600.103a.

Licensee's Proposed Overall Completion Date: 03/18/2025

Implemented ( ) - 05/22/2025)

121a - Unobstructed Egress

7. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

Upon inspection, the left door of the double doors leading to the home's 2nd floor outdoor activity space/patio would not open completely due to the cement patio floor being resurfaced.

Plan of Correction

Accept ( ) - 03/14/2025)

On 2/13/2025, project manager and construction team adjusted the doors to ensure it was unlocked and unobstructed, in accordance with regulation 2600.121a. In order to maintain continued compliance with regulation 2600.121.a, maintenance will do weekly checks of all stairways, hallways, doorways, passageways and egress routes from rooms and from the building..

Licensee's Proposed Overall Completion Date: 03/12/2025

Implemented ( ) - 05/22/2025)

133.1 - Exit Signs

8. Requirements

133.1 - Exit Signs (continued)

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

**Description of Violation**

*The door in the home's dining room, leading to a section of the home that will not be occupied by residents or staff, is not labeled with a "NO EXIT" sign.*

*The door labeled "FIRE DOOR KEEP CLOSED" at the top of the stairwell leading from the second-floor dining room to a ground floor exterior exit has a sign above it indicating it is not an exit. Staff confirmed the stairwell can be used in the event of an emergency.*

**Plan of Correction**

**Accept** [redacted] - 03/14/2025)

*On 2/13/2025, project manager and construction team installed the appropriate signage to be compliant with regulation 2600.133.1. Please see attached photos. In order to maintain continued compliance, project manager and maintenance will conduct daily checks on all exit areas to ensure safety.*

**Licensee's Proposed Overall Completion Date:** 03/12/2025

**Implemented** [redacted] - 05/22/2025)