

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

May 6, 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 02/25/2025 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: *THE ATRIUM OF ALLENTOWN* License #: *23050* License Expiration: *12/09/2025*
 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-1* Date: *10/02/2020* Issued By: *Upper Macungie Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *103* Waking Staff: *77*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *02/25/2025*

Inspection Dates and Department Representative

02/25/2025 - 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: *Memory Care* Capacity: *30* Residents Served: *23*

Hospice
 Current Residents: *8*

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: *0*
 Have Mobility Need: *32* Have Physical Disability: *0*

Inspections / Reviews

02/25/2025 Partial
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *04/05/2025*

04/16/2025 - POC Submission
 Submitted By: [Redacted] Date Submitted: *05/02/2025*
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *04/23/2025*

Inspections / Reviews *(continued)*

04/29/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/02/2025

05/06/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The Annual Medical Evaluation dated [redacted] for Resident [redacted], does not include a medication list or the resident's body temperature at the time they were evaluated

Plan of Correction

Accept [redacted] - 04/29/2025)

On 2/25/2025 immediately following the inspection the Director of Wellness retrieved and attached the medication list to the residents annual DME and had it updated by the physicians to add body temperature. On 3/30/2025 The Executive Director completed an education with the Director of Wellness to ensure [redacted] understanding 2600.141.b.1 On 4/25 The DOW will complete an audit on all residents DME's to ensure all are completely filled out in accordance with 2600.141.b.1 The Director of Wellness will have any areas of deficiency corrected upon discovery. As of 3/30/2025 There will be a 2 step process that requires both the Wellness Assistant and Director of Wellness reviewing all new initial, annual, or status change DME's to ensure ongoing compliance. The Director of Wellness and Executive Director will be responsible for ongoing compliance

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [redacted] - 05/06/2025)

225c - Additional Assessment

2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] is currently being treated for a wound on their left shin 4 days per week. The Annual Resident Assessment and Support Plan dated [redacted] for Resident [redacted] does not indicate their need for wound care or the name of the agency that is providing the care.

Plan of Correction

Accept [redacted] - 04/29/2025)

On 2/25/2025 Immediately following the inspection residents [redacted] Rasp was updated to indicate their need for wound care and the name of the agency providing the care. On 3/30/2025 The Executive Director did an education with the Director of Wellness, Wellness Assistant, Memory Care Coordinator on regulation 2600.225.c to ensure the understanding and ongoing compliance. The Director of Wellness and Designee will be responsible for ongoing compliance

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [redacted] - 05/06/2025)

227g -Support Plan Signatures

3. Requirements

2600.

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

227g -Support Plan Signatures (continued)

Description of Violation

The Annual Resident Assessment and Support Plan dated [REDACTED] for Resident [REDACTED] was not signed by the resident nor does it indicate why the resident did not sign it.

Plan of Correction

Accept [REDACTED] - 04/29/2025)

On 2/25/2025 immediately following the inspection Director of Wellness had the resident sign the care plan. On 3/30/2025 The Executive Director did an education with The Director of Wellness, Wellness Assistant, Memory Care Coordinator included a review of regulation 2600.227g On 4/25/2025 The Executive Director and Director of Wellness did a complete audit of all residents support plans to ensure compliance in all areas and any areas of deficiency will be corrected by the DOW or designee. Ensuring all residents have signed their care plan if able to or reason indicated why they are unable or refuse to sign the care plan. The Director of Wellness or designee will be responsible for ongoing compliance

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [REDACTED] - 05/06/2025)