

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

May 20, 2025

[REDACTED], ADMINISTRATOR
HEATHER GLEN SENIOR LIVING LLC
415 BLUE BARN ROAD
ALLENTOWN, PA, 18104

RE: HEATHER GLEN SENIOR LIVING
415 BLUE BARN ROAD
ALLENTOWN, PA, 18104
LICENSE/COC#: 22682

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/05/2025 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: HEATHER GLEN SENIOR LIVING License #: 22682 License Expiration: 01/29/2023
 Address: 415 BLUE BARN ROAD, ALLENTOWN, PA 18104
 County: LEHIGH Region: NORTHEAST

Administrator

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

Legal Entity

Name: HEATHER GLEN SENIOR LIVING LLC
 Address: 415 BLUE BARN ROAD, ALLENTOWN, PA, 18104
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 08/04/1997 Issued By: DLI

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 132 Waking Staff: 99

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 04/03/2025

Inspection Dates and Department Representative

03/05/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 120 Residents Served: 93
 Secured Dementia Care Unit
 In Home: Yes Area: Memory Care Capacity: 48 Residents Served: 38
 Hospice
 Current Residents: 7
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 93
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 39 Have Physical Disability: 0

Inspections / Reviews

03/05/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/28/2025

05/07/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/16/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/19/2025

Inspections / Reviews (*continued*)

05/20/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, date of hire [REDACTED] has a high school diploma from [REDACTED] the home did not submit a waiver for this diploma.

Plan of Correction

Accept ([REDACTED] - 05/07/2025)

In response to the violation on 03/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 03/05/2025 by the Director of Wellness to remove the staff member from assigned position.
- 2. on 03/05/2025 by the Executive Director to transfer the staff member to a different department.

To enhance the currently compliant operations, on 04/18/2025 the Executive Director will educate staff involved in the hiring process on regulation 54.a, with a completion date of 04/18/2025.

Effective 04/18/2025 the Business Office Manager will perform monthly chart reviews through 06/27/2025 to maintain ongoing compliance with ensuring direct care staff, including have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented ([REDACTED] - 05/20/2025)

95 - Furniture and Equipment

2. Requirements

2600.

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

Description of Violation

At 9:35 a.m., a steam table was left plugged in and turned on in Memory Care pod E. The steam table was hot to touch and unattended.

Plan of Correction

Accept ([REDACTED] - 05/07/2025)

In response to the violation on 03/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/05/2025 by the Maintenance Director to unplug the steam table.

To enhance the currently compliant operations, on 03/12/2025 the Executive Director educated all dining staff on unplugging the steam tables after use, with a completion date of 03/12/2025.

Effective 03/12/2025 the Dining Director or designee will perform weekly checks through 05/07/2025 to maintain ongoing compliance with ensuring steam tables are unplugged and equipment is in good repair, clean and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

95 - Furniture and Equipment (continued)

Licensee's Proposed Overall Completion Date: 05/07/2025

Implemented (█) - 05/20/2025

103e - Left Overs

3. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At approximately 9:25 a.m. in the SDCU area of Pod E, there was an open gallon of 2% milk and an open jug of orange juice. Neither had a date on it when they were opened.

Plan of Correction

Accept (█) - 05/07/2025

In response to the violation on 03/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/05/2025 by the Personal Care Assistant to discard the open gallon of milk and jug of orange juice.

To enhance the currently compliant operations, on 03/12/2025 the Executive Director conducted a training with dining staff regarding regulation 103(e), with a completion date of 03/12/2025.

Effective 03/16/2025 the server will perform daily refrigerator checks through 05/18/2025 to maintain ongoing compliance with ensuring leftover food and beverages are labeled and dated. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Dining Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 05/18/2025

Implemented (█) - 05/20/2025

103f - Refrigerator/Freezer Temps

4. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At approximately 9:25 a.m. in the SDCU, area of Pod E, the refrigerator in the kitchenette did not have a thermometer in it.

The refrigerator in the SDCU pod B, the thermometer measured a temperature of 45 degrees Fahrenheit and the freezer thermometer measured a temperature of 35 degrees Fahrenheit.

103f - Refrigerator/Freezer Temps (continued)

Plan of Correction

Accept (█ - 05/07/2025)

In response to the violation on 03/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 03/05/2025 by the Maintenance Director to place a thermometer in the E Pod refrigerator.*
- 2. on 03/05/2025 by the Maintenance Director to move the thermometer in the freezer and refrigerator to the back of each respective unit.*

To enhance the currently compliant operations, on 03/07/2025 the Maintenance Director adhered the thermometers to the back of each appliance, with a completion date of 03/07/2025.

Effective 03/05/2025 the Server or designee will perform daily inspections through 05/09/2025 to maintain ongoing compliance with ensuring food requiring refrigeration is stored at or below 40°F, and frozen food is kept at or below 0°F, and thermometers are present in refrigerators and freezers. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Dining Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 05/09/2025

Implemented (█ - 05/20/2025)

103g - Storing Food

5. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 3:35 p.m., in the main kitchen, there was a bag of whip cream that was previously opened and not sealed.

At approximately 9:25 a.m. in the SDCU, area of Pod E, in the refrigerator of the kitchenette there was a plate of scrambled eggs, cooked bacon, and what appeared to be oatmeal. The plate was uncovered.

Plan of Correction

Accept (█ - 05/07/2025)

In response to the violation on 03/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/05/2025 by the Dining Director to dispose of the whip cream and the uncovered plate of food.

To enhance the currently compliant operations, on 03/12/2025 the Executive Director provided staff training on regulation 2600.103.g, with a completion date of 03/12/2025.

Effective 03/16/2025 the Server or designee will perform daily refrigerator inspections through 05/07/2025 to maintain ongoing compliance with ensuring food is stored in closed or sealed containers. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Dining Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 05/07/2025

103g - Storing Food (continued)

Implemented (█) - 05/20/2025

162c - Menus Posted

6. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

At 10:00 a.m., the menus posted in the main dining room were for 2/16/25 through 2/22/25 and 3/2/25 through 3/8/25. The menus for the upcoming week was not posted.

At approximately 9:30 a.m., the menus in the SDCU were posted though 3-8-25.

Plan of Correction

Accept (█) - 05/07/2025

In response to the violation on 03/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/05/2025 by the Dining Director to post the menu for the week of 3/9/25 through 3/15/25.

To enhance the currently compliant operations, on 03/12/2025 the Executive Director educated dining staff on regulation 2600.162.c at the staff meeting, with a completion date of 03/12/2025.

Effective 03/16/2025 the Dining Director will perform weekly checks through 05/18/2025 to maintain ongoing compliance with preparing menus, stating the specific food being served at each meal for 1 week in advance and to follow the menu, and to post weekly menus 1 week in advance in a conspicuous and public place in the home. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 05/18/2025

Implemented (█) - 05/20/2025

183e - Storing Medications

7. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1 has an order for Pro Re Nata (PRN) Acetaminophen 500 mg. The medication expired 2-2025.

Plan of Correction

Accept (█) - 05/07/2025

In response to the violation on 03/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 03/05/2025 by the Director of Wellness to remove the expired medication from the cart.
2. on 03/05/2025 by the Director of Wellness to reorder the medication.

183e - Storing Medications (continued)

To enhance the currently compliant operations, on 03/12/2025 the Executive Director and Director of Wellness will conducted reeducation on regulation 2600.183.e with the Medication Technicians and nursing staff, with a completion date of 03/12/2025.

Effective 04/30/2025 the LPN or designee will perform monthly medication cart audits through 06/30/2025 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Wellness for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█) - 05/20/2025

185a - Implement Storage Procedures

8. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident # 2 has an order for blood glucose readings four times daily. At 8:00 p.m. on 2/28/25, the glucometer reading was 146 and the Medication Administration Record (MAR), was incorrectly transcribed as 145.

Resident # 3 has an order for blood glucose readings four times daily. At 12:00 p.m. on 03/01/25, the glucometer reading was 146 and the MAR, was incorrectly transcribed as 147 and at 8:00 a.m. on 2/28/25, the glucometer reading was 137 and the MAR was incorrectly transcribed as 134. On 2/28/25at 4:00 p.m. the MAR noted a reading of 171 but no reading was noted in the glucometer. On 2/28/25 at 8:00 p.m. the MAR noted a reading of 179 but no reading was noted in the glucometer. On 3/3/25 at 4:00 p.m. the MAR noted a reading of 167 but no reading was noted in the glucometer. On 3/3/25 at 8:00 p.m. the MAR noted a reading of 142 but no reading was noted in the glucometer.

Repeat Violation 2-3-25, 3-22-24, et al.

Plan of Correction

Accept (█) - 05/07/2025

In response to the violation on 03/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/05/2025 by the Director of Wellness to schedule a training to reeducate Medication Technicians and Nursing staff on proper documentation and use of glucometer. This training was held on 3/12/2025 at the POC review meeting.

To enhance the currently compliant operations, on 04/01/2025 the Resident Care Coordinator will perform weekly audits on all glucometers and MARs to ensure accurate readings are documented, with a completion date of 10/31/2025.

185a - Implement Storage Procedures (continued)

Effective 04/30/2025 the Director of Wellness will perform monthly audit reviews through 10/31/2025 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented (█) - 05/20/2025)

187d - Follow Prescriber's Orders

9. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 has an order for blood glucose testing four times daily. On 2/26/25, the blood glucose was not tested at 4:00 p.m. and 8:00p.m.

Resident #4 has an order for Metoprolol Tartrate 25mg twice a day hold for systolic blood pressure (SBP) less than 110. On 2/8/25, at 8:00 a.m., the SBP was 103 and the medication was administered.

Resident #2 has an order for Novolog, per a sliding scale. On 03/04/25, at 8:00 a.m., the blood glucose was 207, the sliding scale indicates the resident should have been administered 4 units of Novolog and the medication was withheld.

Resident # 3 has an order for blood glucose readings four times daily. On 2/28/25 and 3/3/25 at 4:00 p.m. and 8:00 p.m. the blood glucose was noted tested.

Repeat Violation: 2-3-25, 3-22-24 et al.

Plan of Correction

Accept (█) - 05/07/2025)

In response to the violation on 03/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 03/05/2025 by the Director of Wellness to contact the physician for both resident #2 and #4. PCP advised no further action was required.
2. on 03/05/2025 by the Director of Wellness to notify the POA of both resident #2 and #4.

To enhance the currently compliant operations:

1. on 03/12/2025 the Director of Wellness conducted a training with the Medication Technicians and Nursing staff on the Rights of Medication Administration, documentation and Glucometers, with a completion date of 03/12/2025.
2. on 04/01/2025 the Resident Care Coordinator will perform weekly audits on all glucometers and MARs to ensure accurate readings are documented, with a completion date of 10/31/2025.
3. on 04/01/2025 the Director of Wellness or designee will conduct a weekly MAR audit of all medications with parameters including blood pressure medications and sliding scale insulin, with a completion date of 10/31/2025.

187d - Follow Prescriber's Orders (continued)

The overall completion date is 10/31/2025.

Effective 04/30/2025 the Director of Wellness will perform monthly audit reviews through 10/31/2025 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented (█) - 05/20/2025

224a - Preadmission Screen Form

10. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #5's preadmission screening dated █ indicates the home could not meet the needs of the resident.

Resident #6's preadmission screening dated █ did not indicate if the home can meet the needs of the resident.

Plan of Correction

Accept (█) - 05/07/2025

In response to the violation on 03/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/05/2025 by the Director of Wellness to make corrections to the preadmission screening form for Resident #5 and #6.

To enhance the currently compliant operations, on 05/01/2025 the Director of Wellness or designee will conduct an audit of all current resident's Preadmission Screening Forms to ensure accuracy, with a completion date of 05/30/2025.

Effective 05/01/2025 the Executive Director will perform monthly reviews through 10/31/2025 to maintain ongoing compliance with ensuring a determination is made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented (█) - 05/20/2025

227d - Support Plan Medical/Dental

11. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #7 is prescribed a mechanical soft diet. The correct diet is indicated in the assessment and support plan. The support plan indicated the homes plan to meet this need was to encourage resident to attend meals in the dining room, monitor intake, and alert physician if decreased appetite is noted.

Plan of Correction

Accept () - 05/07/2025

In response to the violation on 03/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/05/2025 by the Director of Wellness to update the support plan to reflect how the home will meet this need.

To enhance the currently compliant operations, on 03/12/2025 the Director of Wellness educated all staff who participate in writing RASPs on how the home supports the needs of special diets, with a completion date of 03/12/2025.

Effective 05/01/2025 the Director of Wellness will perform a review of all resident's support plans through 05/31/2025 to maintain ongoing compliance with documenting in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented () - 05/20/2025

252 - Record Content

12. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Resident #5's record did not include identifying marks.

Plan of Correction

Accept () - 05/07/2025

In response to the violation on 03/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/05/2025 by the Director of Wellness to update the resident's identifying marks in the file.

To enhance the currently compliant operations:

- 1. on 03/12/2025 the Executive Director educated staff on regulation 2600.252 at the POC review meeting, with a completion date of 03/12/2025.
- 2. on 04/25/2025 the LPN or designee will initiate audits on all resident files for identifying marks and updates

252 - Record Content (continued)

accordingly, with a completion date of 05/02/2025.

The overall completion date is 05/02/2025.

Effective 05/05/2025 the Director of Wellness will assess identifying marks upon move in to maintain ongoing compliance with ensuring each resident's record includes, including race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/02/2025

Implemented (█ - 05/20/2025)