

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

May 20, 2025

[REDACTED]
BETHLEHEM MANOR SENIOR LIVING LLC
[REDACTED]

RE: BETHLEHEM MANOR
815 PENNSYLVANIA AVENUE
BETHLEHEM, PA, 18018
LICENSE/COC#: 22684

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/19/2025 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 License #: 22684 License Expiration: 05/24/2025
Address: 815 PENNSYLVANIA AVENUE, BETHLEHEM, PA 18018
County: LEHIGH Region: NORTHEAST

Administrator

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

Legal Entity

Name: BETHLEHEM MANOR SENIOR LIVING LLC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP Date: 04/11/2011 Issued By: L & I
Type: I 2 Date: 04/11/2017 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 51 Waking Staff: 38

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 03/19/2025

Inspection Dates and Department Representative

03/19/2025 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 75	Residents Served: 34		
Secured Dementia Care Unit			
In Home: Yes	Area: 2nd floor	Capacity: 36	Residents Served: 11
Hospice			
Current Residents: 11			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 34		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 17	Have Physical Disability: 1		

Inspections / Reviews

03/19/2025 - Partial

Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 04/19/2025

Inspections / Reviews (*continued*)

04/21/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/11/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 04/28/2025

05/06/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/23/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/30/2025

05/20/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On [redacted] at 9:30 a.m. the resident record for Resident [redacted] was requested. Staff of the home advised the resident's most recent Resident Assessment Support Plan dated [redacted] was locked in the office of the staff member who completes the support plans, and no staff of the home had a key to access the office containing support plan. The support plan was later emailed to the licensing representative by the home at 2:48 p.m.

Plan of Correction

Directed [redacted] 05/06/2025)

The violation you mentioned had been corrected the same day on [redacted] by nursing coordinator. The resident support plan has been emailed and is now available in Resident [redacted] folder by rasp coordinator. Nursing coordinator and Administration are taking steps to ensure all medical files are accessible at all times. Wellness coordinator will be checking on this daily and administrator will be also be checking on this weekly.

Proposed Overall Completion Date: 04/23/2025

(Directed)

The Administrator will ensure that agents of the Department have immediate access to the home, records, and residents upon request. The home will designate a staff person to act as administrator designee at all times the administrator is not present in the home. The designee will have access to all staff and resident records. The staff schedule will indicate who is acting as administrator designee on all shifts.

Directed Completion Date: 05/16/2025

Implemented [redacted] - 05/20/2025)

141b1 - Annual Medical Evaluation

2. Requirements

2600.

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

Description of Violation

Resident [redacted]'s most recent Medical Evaluation lists an evaluation date of [redacted]. The resident's previous Medical Evaluation was completed on [redacted].

Plan of Correction

Directed [redacted] - 05/06/2025)

To ensure compliance going forward, Wellness Coordinator and Administrator will ensure medical evaluations are completed within the allowed timeframe. As this violation for resident [redacted] could not be corrected due to [redacted] being discharged, going forward [redacted] Wellness Coordinator and [redacted] Administrator will collaborate with all PCPs to ensure compliance weekly and insure all appointments will be scheduled 60 days in advance. A chart is also going to be followed and check weekly by wellness coordinator to insure compliance.

Proposed Overall Completion Date: 04/23/2025

(Directed)

141b1 Annual Medical Evaluation (continued)

The Administrator will audit all resident records to ensure that each resident has had a medical evaluation within the past year. Any resident whose medical evaluation is overdue will have a new evaluation completed. The audit will be documented and a tracking tool will be created by the home to ensure medical evaluations are being completed timely.

Directed Completion Date: 05/30/2025

Implemented [redacted] - 05/20/2025)

231b - Medical Evaluation

3. 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

Resident [redacted] was admitted to the home on [redacted] and was resident in the home’s secured dementia care unit . Resident # [redacted] most recent Medical Evaluation listing an evaluation date of [redacted] does not indicate the resident requires a secured dementia care.

Plan of Correction

Directed [redacted] - 05/06/2025)

This error occurred due to a mistake by the PCP, as this resident is already discharge and Bethlehem manor cannot get it fixed, going forward all MEs will be reviewed weekly by wellness coordinator and any errors found will be sent back for immediate corrections.

Proposed Overall Completion Date: 04/23/2025

(Directed)

The Administrator will audit all resident records to ensure that each resident has had a medical evaluation within the past year. Any resident whose medical evaluation is overdue will have a new evaluation completed. The audit will be documented and a tracking tool will be created by the home to ensure medical evaluations are being completed timely.

Directed Completion Date: 05/30/2025

Implemented [redacted] - 05/20/2025)

234d - Support Plan Revision

4. Requirements

2600.

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

Description of Violation

The resident’s most recent Resident Assessment Support Plan was completed on [redacted]. The resident’s previous Resident Assessment Support Plan was completed on [redacted].

Plan of Correction

Directed [redacted] - 05/06/2025)

We acknowledge and apologize that the RASP was not updated within the required timeframe by our RASP coordinator . While we cannot retroactively correct this instance, rasp are implementing measures to prevent

234d Support Plan Revision (continued)

future occurrences. Moving forward, we will ensure all RASPs are completed as required weekly by Wellness Coordinator. Administration will also conduct bi weekly checks to maintain compliance. Unless a status change occurs, our logs will serve as the primary reference for verifying adherence to these procedures. Please see attach log

Proposed Overall Completion Date: 04/23/2025

(Directed)

The Administrator will audit all resident records to ensure RASPS are current and accurate to the residents care needs. The home will conduct weekly meetings starting 5/12/25 to ensure the RASPS are updated as the residents needs change. These meetings will be documented and changes will be noted. A tracking tool will be developed to make sure RASPS are completed timely.

Directed Completion Date: 05/30/2025

Implemented [REDACTED] 05/20/2025)