

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

June 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 03/26/2025, 03/31/2025, 04/04/2025, 04/07/2025, 04/08/2025 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: *10/11/2025*
 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-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: *Complaint, Incident* Exit Conference Date: *04/08/2025*

Inspection Dates and Department Representative

03/26/2025 - On-Site: [REDACTED]
 03/31/2025 - Off-Site: [REDACTED]
 04/04/2025 - Off-Site: [REDACTED]
 04/07/2025 - Off-Site: [REDACTED]
 04/08/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *103* Residents Served: *80*

Secured Dementia Care Unit
 In Home: *Yes* Area: *1st floor* Capacity: *30* Residents Served: *19*

Hospice
 Current Residents: *9*

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: *24* Have Physical Disability: *0*

Inspections / Reviews

03/26/2025 *Partial*
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/09/2025*

05/23/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/26/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/26/2025

06/04/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/26/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED] for Resident [REDACTED] indicates the resident requires assistance with supervision in the home and needs attendance when outside of the home, and tends to wander.

Staff interviews indicated in February 2025, Resident [REDACTED] had entered the code on the door to elope from the secured dementia care unit (SDCU). The home failed to follow resident [REDACTED]'s plan of supervision in the home. Resident was found in the lobby area by staff and resident was redirected to the secured unit. At approximately 11:10 a.m., on [REDACTED] Resident [REDACTED] had entered the code on the door to elope from the SDCU again. The home failed to follow resident [REDACTED] plan of supervision in the home. The resident was found on a residential property by staff.

Plan of Correction

Accept [REDACTED] - 05/23/2025)

On March 1 The Executive director called the family of Resident [REDACTED] and gave explained that they would need a one to one aid or that they would need to be with resident [REDACTED]. The family opted to take [REDACTED] home, [REDACTED] stayed at home with family until March 12 when they discharged and moved [REDACTED] to another facility. Also on March 1, immediately following the incident the Maintenance director changed the code to the door. On March 3,2025 the Executive director did an education with the staff on residents ADL's and their supervision. On 4/01/2025 The Executive Director sent a letter to families about the residents not to be given the code for their safety The Executive Director and designee will be responsible for on going compliance

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

Implemented [REDACTED] 06/04/2025)

144c1 - Smoking Area Guidelines

2. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At approximately 10:40 a.m. 10 cigarette butts were noted in the grass and to the right of the home's exit. The home's designated smoking area is located to the left of the exit. In addition, 5 cigarette butts were noted in the grassy area next to the designated smoking area.

Plan of Correction

Accept [REDACTED] - 05/23/2025)

Immediately following the inspection the Maintenance Director went and cleaned up the cigarette butts. On 3/27/2025 The executive Director did an education with housekeeping and maintenance director on regulation 2600.144.c. Moving forward the housekeeping will maintain the smoking area with keeping it clean and clear of cigarette butts. Maintenance Director will do daily walk throughs to ensure that the home is free off cigarette butts.

144c1 - Smoking Area Guidelines (continued)

The Executive Director and Maintenance Director will be responsible for ongoing compliance

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

Implemented [REDACTED] - 06/04/2025)

233c - Key-Locking Devices

3. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

At approximately 9:40 a.m. no codes were posted to operate the key locking devices at either of the doors that exit out of the home's SDCU into the main area of the home.

Plan of Correction

Accept [REDACTED] - 05/23/2025)

Immediately following the inspection the Memory Care coordinator reposted the signs. On 3/27/2025 The Executive Director did an education with the memory care coordinator on regulation 2600.233c. On 4/1/2025 Enclosed Cases were mounted by the doors and the signs were enclosed in them so they can not be removed. The Executive Director or designee will be responsible for ongoing compliance

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

Implemented [REDACTED] - 06/04/2025)