

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

July 29, 2025

[REDACTED]  
HEATHER GLEN SENIOR LIVING LLC  
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/13/2025 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: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-1 Date: 04/06/2017 Issued By: Upper Macungie

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 138 Waking Staff: 104

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 05/13/2025

**Inspection Dates and Department Representative**

05/13/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 120 Residents Served: 98

**Secured Dementia Care Unit**  
 In Home: Yes Area: Memory Care Capacity: 48 Residents Served: 40

**Hospice**  
 Current Residents: 2

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 98  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 40 Have Physical Disability: 0

**Inspections / Reviews**

05/13/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/14/2025

06/20/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 06/24/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/24/2025

Inspections / Reviews *(continued)*

07/29/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/24/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at approximately 3:00 p.m. Resident [redacted] fell in the dining room, and had visible injuries. The resident was sent out to the hospital via ambulance, and then admitted to the hospital. The home did not report the incident to the department until [redacted] at 9:00 a.m.

Repeat violation: [redacted]

Plan of Correction

Accept ([redacted] - 06/20/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/30/2025 by the Director of Wellness to send a report to the bureau.

To enhance the currently compliant operations, on 05/13/2025 the Executive Director educated the Director of Wellness on regulation 2600 16c, with a completion date of 05/13/2025.

Effective 05/13/2025 the Director of Wellness will perform monthly reviews of the incident report log through 07/31/2025 to maintain ongoing compliance with reporting an incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department, and to follow the guidelines in § 2600.15 (relating to abuse reporting covered by law). 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: 07/31/2025

Implemented ([redacted] - 07/29/2025)