

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

September 8, 2025

[REDACTED]  
HEATHER GLEN SENIOR LIVING LLC  
[REDACTED]  
[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 08/12/2025 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: C-2 LP Date: 08/04/1997 Issued By: Dept. L&I

**Staffing Hours**

Resident Support Staff: 1 Total Daily Staff: 124 Waking Staff: 93

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 08/12/2025

**Inspection Dates and Department Representative**

08/12/2025 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 120 Residents Served: 89

**Secured Dementia Care Unit**  
 In Home: Yes Area: Memory Care Capacity: 48 Residents Served: 33

**Hospice**  
 Current Residents: 8

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 89  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 34 Have Physical Disability: 0

**Inspections / Reviews**

08/12/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/04/2025

09/04/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 09/05/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/09/2025

Inspections / Reviews *(continued)*

09/08/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/05/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at 8:27 a.m. Staff Person A was identified by Staff Person B as being the individual in a photo shown to them by the Upper Macungie Police Dept. Staff Person A was observed on the security cameras of a local gas station using a credit card they had taken from Resident [REDACTED]'s room to purchase items. When Staff Person A was interviewed by police, they admitted to taking the card from Resident [REDACTED]'s room and using it.

Plan of Correction

Accept ([REDACTED] - 09/04/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/24/2025 by the Executive Director to terminate Staff Person A.

To enhance the currently compliant operations:

1. On 08/13/2025 the Executive Director conducted a mandatory staff training on Regulation 42b.
2. On 08/13/2025 the Executive Director reviewed the Employee Conduct section of the home's Employee Handbook, at the mandatory staff meeting.

The overall completion date was 08/13/2025.

Effective 08/13/2025 the Executive Director or Designee will continue to review the Employee Conduct section of the home's Handbook and Resident Rights to maintain ongoing compliance with not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented ([REDACTED] - 09/08/2025)