

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

November 13, 2025

[REDACTED], EXECUTIVE DIRECTOR
ARDEN COURTS OF ALLENTOWN PA LLC
[REDACTED]
[REDACTED]

RE: ARDEN COURTS (ALLENTOWN)
5151 HAMILTON BOULEVARD
ALLENTOWN, PA, 18106
LICENSE/COC#: 21787

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/03/2025, 09/05/2025, 09/08/2025, 09/12/2025, 09/15/2025 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ARDEN COURTS (ALLENTOWN) License #: 21787 License Expiration: 06/16/2026
 Address: 5151 HAMILTON BOULEVARD, ALLENTOWN, PA 18106
 County: LEHIGH Region: NORTHEAST

Administrator

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

[REDACTED]
 Name: ARDEN COURTS OF ALLENTOWN PA LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 06/07/1995 Issued By: L&I

Staffing Hours

Resident Support Staff: 102 Total Daily Staff: 204 Waking Staff: 153

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 09/15/2025

Inspection Dates and Department Representative

09/03/2025 - On-Site: [REDACTED]
 09/05/2025 - Off-Site: [REDACTED]
 09/08/2025 - Off-Site: [REDACTED]
 09/12/2025 - Off-Site: [REDACTED]
 09/15/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 56 Residents Served: 51

Secured Dementia Care Unit

In Home: Yes Area: the entire home Capacity: 56 Residents Served: 51

Hospice

Current Residents: 11

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 51
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 51 Have Physical Disability: 0

Inspections / Reviews

09/03/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/18/2025

10/31/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 11/04/2025

11/13/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2025

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 7/8/25 at 3:15 p.m., Staff found resident #1 outside in the courtyard drenched in sweat, skin was scorching hot to touch and no strength to open the courtyard door to enter the home. Resident was difficult to arouse and could not consume fluid orally. The resident was transported by emergency services to the hospital to administer fluid intravenously with a diagnosis of heat exposure. The home did not report this incident to the department until 9/4/25.

Plan of Correction

Accept (█ - 10/31/2025)

In response to the violations on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

on 09/04/2025 Resident Services Coordinator completed reportable and sent to DHS via email for review.

2. on 9/05/2025 Executive Director completed audit of incidents for a period of 30 days prior to service to ensure compliant with regulation 16c.

3. on 9/5/2025 the Executive Director provided education regarding regulation 16c and the reporting of incidents and remain ongoing to maintain 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).

4. on 9/5/2025 Executive Director/Resident Services Coordinator began weekly auditing to validate compliance x 4 weeks and then monthly x 2. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 02/20/2026

Implemented (█ - 11/13/2025)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident’s designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident’s power of attorney for health care or health care proxy or a resident’s designated person, or if a court orders disclosure.

Description of Violation

At approximately 9:42 a.m. the kitchen in Dockside had a binder labeled diet list and a binder labeled 15-minute checks unlocked, unattended and accessible to anyone in the home. The binder contained confidential information of the residents.

17 - Record Confidentiality (continued)

At approximately 9:52 a.m. the Medication Administration Records (MAR) for the residents were located on top of the medication cart in Cloverdale. The MARs were unlocked, unattended and accessible to anyone in the home.

Plan of Correction**Accept (█ - 10/31/2025)**

1. In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/03/2025 by the Building Services Coordinator notified staff to immediately lock the Medication Administration Record (MAR) in the medication cart. Resident Services Caregiver locked hourly check binder in the laundry room while surveyor present.
2. on 9/3/2025 all public community areas were audited to confirmed that no items containing resident confidential information was displayed.
3. on 09/03/2025 the Resident Services Coordinator or designee has provided education to all staff on HIPPA and the importance of making sure all resident information is kept secured in a locked area.
4. Starting the week of September 8, 2025 the Resident Services Coordinator or designee will perform weekly audit x 4 weeks then monthly x 2 to maintain ongoing compliance with keeping resident records confidential. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 02/20/2026

Implemented (█ - 11/13/2025)**23a - Activities of Daily Living Assistance****3. 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 initial assessment and support plan, dated █, for resident #1 indicates the resident needs assistance with extensive supervision due to a diagnosis of dementia and needs daily assistance with judgement to minimize risk of harmful decisions. On 7/8/25 at 3:15 p.m., resident #1 was in the courtyard exposed to heat temperature measuring 91 degrees in Fahrenheit for 15 minutes. A staff found resident #1 outside in the courtyard drenched in sweat and skin scorching hot to touch. Resident was difficult to arouse and could not consume fluid orally. The resident was transported by emergency services to the hospital to administer fluids intravenously due to heat exposure. The resident did not receive the assistances as noted in the assessment and support plan.

Plan of Correction**Accept (█ - 10/31/2025)**

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 9/15/2025 by the Resident Services Coordinator who added addendum to resident #1 will be accompanied by staff or family in the courtyard during extreme weather in limited intervals for resident safety.

23a - Activities of Daily Living Assistance (continued)

Staff/family ensuring resident has water and sun protectant before going outside.

2. on 9/15/2025 Executive director and Resident Services Coordinator conducted audit on Resident Service Plans to confirm community is providing ADL assistance as indicated in resident assessment and support plan.

3. on 9/15/2025 the Executive director completed education with nursing staff on providing ADL assistance as indicated in resident assessment and support plan and update service plans as needed.

On 9/16/2025 the Executive Director and Resident Coordinator will conduct weekly audits of a random 5 residents to confirm ADL assistance service plans and assessments are current x 4 weeks and monthly x 2 to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 02/20/2026

Implemented (█) - 11/13/2025

105g - Lint Removal and Duct Cleaning**4. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At approximately 9:50 a.m., the dryer located in Peach Hall's laundry room had approximately 1/16 of an inch accumulation of lint in the lint trap. There were no clothes in the dryer at the time.

Plan of Correction

Accept (█) - 10/31/2025

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 09/03/2025 by the Building Services Coordinator, lint was immediately cleaned from lint trap in the presence of DHS surveyor.
2. on 09/04/2025 by the Executive Director placed a sign on all dryers stating " Remove Lint after every cycle".

3. on 09/04/2025 the Executive Director provided education to all staff on Regulation 105g.1.

4. on 9/5/2025 Executive director and/or Building Services Coordinator will perform weekly audits on dryer lint removal logs weekly x4 then monthly x 2 to maintain compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 02/20/2026

Implemented (█) - 11/13/2025

121a - Unobstructed Egress

5. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At approximately 9:50 a.m. the studio door was locked. The door leads to an exit door inside of the room. The locked door prevented immediate egress in the event of an emergency.

Plan of Correction

Accept (█ - 10/31/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/03/2025 by the Building Services Coordinator who unlocked the Studio door with surveyor's present.

2. on 9/4/2025 Building Services Coordinator completed monitoring community doors of egress to validate compliance with regulation 105g.1.

3. on 09/03/2025 the Executive Director provided education to Lifestyle Enrichment Coordinator and Building Services Coordinator to make sure doors to any egress are unlocked at all times.

4. Starting the week of September 8, 2025 the Executive Director and/or BSC will conduct community doors of egress audit 5x per week x4 weeks then weekly x 2 months by ensuring all doors of egress are unlocked and unobstructed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 02/20/2026

Implemented (█ - 11/13/2025)

132c - Fire Drill Records

6. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill conducted on 7/10/25 at 2:05 p.m. notes 51 residents were present in the building at the time the fire alarm was activated, and 51 residents were evacuated. Resident #2 was not evacuated during the fire drill. The fire drill logs are incorrectly documented.

Plan of Correction

Accept (█ - 10/31/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/04/2025 by the Building Service Coordinator. Fire drill log updated to show the correct residents evacuated on 7/10/2025.

2. on 9/4/2025 Executive Director reviewed fire drill logs for the previous 12 months for compliance with regulation 132c.

132c - Fire Drill Records (continued)

3. on 09/04/2025 the Executive Director provided education to the Building Services Coordinator on the importance to document fire drill logs according to regulation 132c.

4. Executive Director will perform monthly reviews x 3 months of fire drill logs to maintain ongoing compliance with ensuring each written fire drill record includes the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 02/20/2026

Implemented (█ - 11/13/2025)

132h - Designated Meeting Place**7. Requirements**

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

Resident #2 was not evacuated during the fire drill conducted on 7/10/25 at 2:05 p.m.

Plan of Correction

Accept (█ - 10/31/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/04/2025 by the Executive Director to provided education to staff on the importance that all residents are evacuated during a fire drill.

Executive Director will perform monthly reviews x 3 months of fire drill logs to maintain ongoing compliance with ensuring each written fire drill record includes the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 02/20/2026

Implemented (█ - 11/13/2025)

133.1 - Exit Signs**8. Requirements**

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

The studio and community center doors do not have exit signs on or near them. Both of these doors lead to emergency exit doors inside the rooms.

133.1 - Exit Signs (continued)

Plan of Correction

Accept (█ - 10/31/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/03/2025 by the Building Services Coordinator placed exit signs on the outside of the community center and studio immediately with surveyors present.

2. on 9/04/2025 Executive Director and BSC completed community rounds validating compliance of regulation 133a. It was determined that additional exit signs were needed in 2 other areas of the community. (Back area of core above Harvest Glen and Cloverdale)

3. on 9/4/2025 Executive Director provided education to BSC on regulation 133a.

4. Starting October 2025 the Building Services Coordinator or designee will perform monthly checks that all exit signs are working properly and are in place x 3 months. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 02/20/2026

Implemented (█ - 11/13/2025)

190c - Record of Training

9. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record dated 7/2025 for staff member A does not include the staff's signature and date.

Plan of Correction

Accept (█ - 10/31/2025)

In response to the violation on 09/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/04/2025 by the Executive Director to have staff member sign and date annual medication administration training record.

2. on 9/5/2025 the Executive Director completed an audit on Annual med-tech training records.

3. on 9/5/2025 the Executive Director educated RSC on regulation 190c.

4. on 9/5/2025 the Executive Director will perform audits on newly hired med-techs monthly x 3 . Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 02/20/2026

Implemented (█ - 11/13/2025)