

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

December 3, 2025

SOUTH MOUNTAIN MEMORY CARE LLC, LEGAL ENTITY
SOUTH MOUNTAIN MEMORY CARE LLC
201 SOUTH SEVENTH STREET
EMMAUS, PA, 18049

RE: SOUTH MOUNTAIN MEMORY CARE
201 SOUTH SEVENTH STREET
EMMAUS, PA, 18049
LICENSE/COC#: 22721

Dear SOUTH MOUNTAIN MEMORY CARE LLC,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/02/2025 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,

A large black rectangular redaction box covering the signature area.

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SOUTH MOUNTAIN MEMORY CARE License #: 22721 License Expiration: 09/17/2026
 Address: 201 SOUTH SEVENTH STREET, EMMAUS, PA 18049
 County: LEHIGH Region: NORTHEAST

Administrator

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

Legal Entity

Name: SOUTH MOUNTAIN MEMORY CARE LLC
 Address: 201 SOUTH SEVENTH STREET, EMMAUS, PA, 18049
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 02/14/2018 Issued By: Emmaus Borough

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 48 Waking Staff: 36

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 10/02/2025

Inspection Dates and Department Representative

10/02/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 28 Residents Served: 24

Secured Dementia Care Unit

In Home: Yes Area: Entire Home Capacity: 28 Residents Served: 24

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 24
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 24 Have Physical Disability: 0

Inspections / Reviews

10/02/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/26/2025

10/28/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/24/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/04/2025

Inspections / Reviews *(continued)*

10/28/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/24/2025

Reviewer: [REDACTED]

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

12/03/2025 - Document Submission

Submitted By: [REDACTED] *ma*

Date Submitted: 11/24/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82a - Poisonous Materials

1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At approximately 9:12 a.m., a clear unlabeled spray bottle was located in a supply closet near the North hallway exit. Staff indicated that the bottle contained a cleaning product.

Repeat Violation: 10/1/24

Plan of Correction

Accept (█ - 10/28/2025)

A new, 3rd party vendor was hired in May to complete and oversee SMMC's housekeeping efforts. An education was provided to company representatives and SMMC's housekeeper regarding the need for ALL chemicals to remain in their original packaging or in a bottle with a manufacturer's label. 3rd party company immediately sent bottles with manufacturer's labels for all chemical concentrates. Housekeeper will be responsible to maintain compliance and Maintenance supervisor will spot check for compliance biweekly. See Attachment.

Education was completed 10/2/2025. New bottles and label's were provided same day for all chemicals by vendor.

Licensee's Proposed Overall Completion Date: 10/28/2025

Implemented (█ - 12/03/2025)

103i - Outdated Food

2. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At approximately 2:15 p.m. a #10 can of Great Northern beans and a 16 oz can of Mushroom pieces were found dented on the storage rack in the kitchen.

Plan of Correction

Accept (█ - 10/28/2025)

Dining Staff have been made aware that dented cans are not to be kept on shelf for use and must be disposed of. Designated area has been set aside and labeled for damaged or dented cans. Weekly, Dining Director will audit area and dispose of any damaged cans and replace with weekly food order to keep inventory stable. Dining Director will monitor for continued compliance. See attachment.

The violation was corrected by disposing of dented cans on 10/2/2025. All other cans were checked for damage/dents, on this date, which turned up no additional cans for disposal.

Sign was posted on 10/3 and Dining team educated same day.

Licensee's Proposed Overall Completion Date: 10/28/2025

Implemented (█ - 12/03/2025)

185a - Implement Storage Procedures

3. Requirements

2600.

185a - Implement Storage Procedures (continued)

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 1's Lorazepam tab 0.5 mg #12 was opened and had clear tape on the back to keep the pill in place.

Plan of Correction

Accept (█ - 10/28/2025)

All care staff have been educated by DOW regarding appropriate measures for disposal of medications should they fall out of the pack. Medication was wasted on 10/3/2025 between █, DOW and █, 7-3 Med Tech. See attached narc sheet for medication and med card for destroyed medication. 3-11 LPN supervisor will audit cart weekly to make sure all med packs compliant. See Attachment. Education to staff was provided 10/9/2025.

Licensee's Proposed Overall Completion Date: 10/28/2025

Implemented (█ - 12/03/2025)

187a - Medication Record

4. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

8. Frequency of administration.

Description of Violation

Resident 2's Clobetasol CRE 0.05% label says apply topically 2nd and 3rd finger length of cream to all areas of lower back patient notes are itching every 12 hours at 6 a.m. and 6 pm Monday, Thursday, Friday only. The MAR says Apply to affected area topically two times a day 14 days on and 14 days off related to Xerosiscutis.

Plan of Correction

Accept (█ - 10/28/2025)

Medication was discontinued and both tubes discarded. See attached Discontinue order. DOW will audit cart for compliance of medication directions matching the orders provided in the EMAR when new orders are written for all residents. See Attached.

Medication was discontinued on 10/3 (date on Discontinue of orders previously attached) DOW will audit cart moving forward on a biweekly basis.

Licensee's Proposed Overall Completion Date: 10/28/2025

Implemented (█ - 11/25/2025)

233c - Key-Locking Devices

5. 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

The directions for operating the home's locking mechanism are not posted near the 2 exit doors on the North wing and the 2 exit doors on the South wing.

233c - Key-Locking Devices (continued)

Repeat Violation: 10/1/24.

Plan of Correction

Accept (█ - 10/28/2025)

Codes have been posted at all doors following the completion of our building wide painting. See Attached. All door codes posted should be entered BACKWARDS. Codes posted as █ should be entered as █ should be entered as █. All 15 keypads have codes posted. Executive Director will maintain compliance by auditing doors quarterly. See Attached photos from each are of the community. North wing, south wing and common area.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented (█ - 11/25/2025)