

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

December 2, 2025

[REDACTED]
THE ATRIUM OF ALLENTOWN LLC
[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 11/04/2025 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: 119 Waking Staff: 89

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Interim Exit Conference Date: 11/07/2025

Inspection Dates and Department Representative

11/04/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 103 Residents Served: 89
 Secured Dementia Care Unit
 In Home: Yes Area: 1st floor Capacity: 30 Residents Served: 24
 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: 30 Have Physical Disability: 2

Inspections / Reviews

11/04/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/23/2025

11/24/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/01/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/01/2025

Inspections / Reviews *(continued)*

12/02/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 Record Confidentiality

1. 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 11:30a.m., resident narcotic control sheets were unlocked, unattended, and accessible on top of cart #1 and cart #2.

Plan of Correction

Accept (████) - 11/24/2025)

Following the inspection the on 11/4 and 11/5 the Executive Director did an education with med tech and DOW on regulations 2600.17 record of confidentiality staff. On 11/5 DOW or designee will do daily checks of narcotic books are locked in cart when not in use. The DOW and Executive Director will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented (████) - 12/02/2025)

183b Meds and Syringes Locked

2. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At 12:30p.m., lidocaine was unlocked, unattended, and accessible in resident █████ room. The resident is not assessed to self-administer medication.

Plan of Correction

Accept (████) - 11/24/2025)

immediately following the inspection the DOW removed the lidocaine from residents' █████ room and did an education with █████ on not being able to have OTC medications in room when. On 11/5 the Executive Director sent a letter to residents and families on the importance otc being brought in to residents that can not self administer. On 11/10 The Executive Director did an educate with staff on regulations 2600.183b. The DOW and Executive Director will be responsible for on going complaisance

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented (████) - 12/02/2025)

184b Labeling OTC/CAM

3. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Bottles of Melatonin and D-3 belonging to resident █████ and a bottle of Bayer belonging to resident █████ were in the medication cart and were not labeled with the resident's name.

Plan of Correction

Accept (████) 11/24/2025)

Immediately following the inspection the DOW had the medication of Resident █████ and █████ labeled with the

184b Labeling OTC/CAM (continued)

residents name. On 11/5 the DOW and Executive Director did a education with med techs on regulation 2600.184b. Weekly audits will be conducted by the DOW or designee starting 11/11. The DOW and Executive Director will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [redacted] - 12/02/2025)

187d - Follow Prescriber's Orders

4. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] sliding scale order indicates for glucose readings between [redacted] and [redacted], to administer [redacted] of insulin. On [redacted] at 12:00p.m., the MAR was documented with a glucose reading of [redacted] and [redacted] was administered. Staff person A confirmed the reading and that no insulin was administered.

Plan of Correction

Accept [redacted] 11/24/2025)

Immediately following the inspection the Executive Director did a DHS report of medication error. On 11/4 the DOW did an education with the med tech on regulation 2600.187d. On 11/5 Med tech meeting was held by DOW and Executive Director on regulations 2600.187.d. As of 11/5 DOW or designee does daily checks on the glucometer readings and orders.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [redacted] 12/02/2025)

227d - Support Plan Medical/Dental

5. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident [redacted], dated [redacted] indicates the resident has a need for an enabler bar. The resident's support plan, dated [redacted] does not document whether the bar is required to be covered to meet FDA guidelines.

Plan of Correction

Accept (CP - 11/24/2025)

Immediately following the inspection the Executive Director corrected the support plan to have the proper documentation for enabler bar. On 11/10 The executive director did an education with the DOW, Wellness assistant, Memory care coordinator on regulation 2600.227.d.. The Executive Director audit on the rasps of residents with bed enablers. The DOW and Executive director will be responsible for ongoing compliance

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [redacted] - 12/02/2025)

231b Medical Evaluation

6. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident’s diagnosis of Alzheimer’s disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on 9/24/25. The resident’s medical evaluation completed on [redacted] section (14) special care needs, indicated both that the resident needs secured dementia care and does not need secured dementia care.

Plan of Correction

Accept [redacted] - 11/24/2025)

Following the inspection the DOW reached out to the doctor to get a corrected DME for resident [redacted] On 11/ 10 The Executive Director did an education with the Marketing Director, DOW, Wellness Assistant and Memory care on regulation 2600.231.b. On 11/10 did an audit on all DME in our secured Dementia unit to ensure their care needs are indicated for secured dementia unit.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented ([redacted] - 12/02/2025)