

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

December 26, 2025

[REDACTED], REGIONAL
WG BETHLEHEM SH LLC

RE: ATRIA BETHLEHEM
1745 WEST MACADA ROAD
BETHLEHEM, PA, 18017
LICENSE/COC#: 22281

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/06/2025, 11/12/2025 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: *ATRIA BETHLEHEM* License #: *22281* License Expiration: *10/16/2026*
 Address: *1745 WEST MACADA ROAD, BETHLEHEM, PA 18017*
 County: *NORTHAMPTON* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *WG BETHLEHEM SH LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/28/1998* Issued By: *Dept. L&I*

Staffing Hours

Resident Support Staff: *1* Total Daily Staff: *84* Waking Staff: *63*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: *11/12/2025*

Inspection Dates and Department Representative

11/06/2025 - On-Site: [REDACTED]
 11/12/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* Residents Served: *68*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *68*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *15* Have Physical Disability: *0*

Inspections / Reviews

11/06/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/27/2025*

12/02/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *12/23/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/04/2025*

Inspections / Reviews *(continued)*

12/05/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/23/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/10/2025

12/26/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/23/2025

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 6/8/25 at 1:23 a.m. Resident # 1 had an unwitnessed fall, resulting in [REDACTED]. The incident was reported 6/9/25 at 12:00p.m.

6/22/25 at 11:42a.m. Resident # 2 and at 10:19a.m. Resident # [REDACTED] were admitted to the hospital [REDACTED] [REDACTED] was reported to the department 2/27/25at 8:30p.m. which is 4 months prior to the diagnosis.

9/16/25 at 6:50 a.m. Resident # 3 had an unwitnessed fall, resulting in being admitted to the hospital [REDACTED] [REDACTED]. This incident was reported to the department 9/17/25 at 2:30p.m.

Plan of Correction

Accept ([REDACTED] - 12/05/2025)

- On or before 12/2/25, the Regional Care Director will provide training to the Executive Director and Resident Services Director/Designee on the importance of reporting within 24 hours all state reportable incidents as outlined by 2600.15 to the Department.
- Executive Director and Resident Service Director/Designee will meet weekly starting 12/1/2025 to review all incidents to ensure timely reporting to the Department for the next 90 days.
- Starting 12/2/2025, Resident Services Director and Executive Director will review incidents daily to ensure future compliance with regulation 2600 16c,
- Documentation will include: training sign in sheets

Licensee's Proposed Overall Completion Date: 12/20/2025

Implemented ([REDACTED] - 12/26/2025)

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

On 11/6/25 at 9:55a.m. the computer on the medication cart on the 3rd floor was unlocked and unattended, and accessible to anyone who walked by.

Plan of Correction

Accept ([REDACTED] - 12/02/2025)

- On or before 12/2/25, the Regional Care director will provide education to the Executive Director and Resident Service Director/Designee on the importance of ensuring resident information on EMAR system be kept secured by closing the screen option. Executive Director or Resident Service Director/Designee will provide this training to all medication staff by 12/10/2025.

17 - Record Confidentiality (continued)

- Executive Director and Resident Service Director/Designee will conduct weekly audits to ensure the EMAR system is kept secure in medication room and during med pass for the next 90 days.
- Documentation will include: training sign-in sheets, audit log.

Licensee's Proposed Overall Completion Date: 12/10/2025

Implemented (█) - 12/26/2025)

54a - Direct Care Staff

3. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff persons H and I do not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept (█) - 12/05/2025)

- o On 11/12/2025, Executive Director completed an audit of all care personnel to verify the high school credentials are compliance with 2600 54a. Any credential no in compliance will be addressed immediately.
- o Executive Director/ designee will submit waiver to DHS for all direct staff that are not in compliance by 12/20/2025.
- o Regional Vice President will educate Executive Director on regulation 2600 54a, specifically that any incoming direct care staff with a diploma outside the US must have a waiver prior to hire by 12/20/2025.
- Starting 12/2/2025, Executive Director will review all potential direct care staff credentials and verify that they are in compliance with regulation 2600 54a prior to hire.
- Starting 12/2/2025, Executive Director will review all potential direct care staff credentials and verify that they are in compliance with regulation 2600 54a prior to hire.
- o Documentation will include the training sign-in sheets, copy of the waivers, and the approved credential evaluations.

Licensee's Proposed Overall Completion Date: 12/20/2025

Implemented (█) - 12/26/2025)

65f - Training Topics

4. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Staff persons C, E, F and G did not receive annual training in 2025 in the topic of "Care for residents with mental illness or intellectual disability". The home currently serves one individual who is intellectually disabled.

Plan of Correction

Accept (█) - 12/02/2025)

- Executive director is working with corporate training team to add additional training on the topic of "care for residents with mental illness or intellectual disability". This training will be added and assigned to all care staff by

65f - Training Topics (continued)

12/10/25. --All care staff will complete the training by 12/20/25.

The training will be added to the Community's annual training plan and calendar and will be assigned annually per 2600.65.f

-Executive director has reviewed 2600.65f. and will be responsible for monitoring compliance moving forward.

Executive Director will review this regulation with the Resident Services Director as well, who will assist in monitoring compliance.

Documentation will include: completed training certificates for care staff.

Licensee's Proposed Overall Completion Date: 12/20/2025

Implemented (█) - 12/26/2025)

81b - Resident Personal Equipment

5. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident # 4 utilizes a beside mobility device. On 11/6/25 at approximately 2:45p.m. the device was not secure to the bed, allowing over 6 inches of movement from left to right, parallel to the bed.

Plan of Correction

Accept (█) - 12/02/2025)

- Executive Director ensured that resident #4 bedside mobility device was removed and replaced with a compliant device on 11/12/2025
- Resident Services Director/designee will audit all bedside mobility devices for compliance with this regulation by 12/10/2025 and will work with residents and respective responsible parties to replace noncompliant bedside mobility devices.
- Regional Care Director will train Executive Director and Resident Services Director on specific requirements for these devices by 12/2/2025. Resident Services Director/designee will provide training to direct care staff and housekeeping on these requirements by 12/10/2025 and to report immediately any noncompliant devices to their supervisor.
- Executive Director will do spot checks of bedside mobility devices weekly starting 12/2/2025 for the next 90 days to ensure compliance.
- Documentation will include: training sign in sheets, bedside mobility audit log

Licensee's Proposed Overall Completion Date: 12/10/2025

Implemented (█) - 12/26/2025)

85e - Trash Outside Home

6. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

85e - Trash Outside Home (continued)

Description of Violation

At approximately 12:45 p.m. the lid to the dumpster was opened allowing for access of insects, rodents and wild animals.

Repeat Violation-12/10/24

Plan of Correction

Accept (█) - 12/02/2025

- On 11/6/2025, Maintenance director closed green dumpster side door and dumpster gate
- o On 11/7/2025, Maintenance Director created a new sign on the dumpster, indicating that the dumpster door and gate need to be always closed
- o Maintenance Director/ designee will complete daily checks, starting 11/27/2025 and continuing for the next 30 days, to ensure the dumpster and gate are covered/closed. Photos of the area will be taken and any issues found during these checks will be addressed immediately.
- o Regional Maintenance director will re-educate Executive Director and Maintenance Director on regulation 2600 85e, specifically, keeping trash receptacles covered/closed by 12/05/2025. Executive Director/designee will then educate all staff regarding 2600 85e by 12/20/2025 to ensure future compliance.
- o Documentation will include the training sign-in sheets and photos of the dumpster area.

Licensee's Proposed Overall Completion Date: 12/20/2025

Implemented (█) - 12/26/2025

125a - Combustible Storage

8. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At 9:20 A.M., The small dryer on the first floor had multiple folded towels and wash clothes lying on top of the dryer while it was running.

Plan of Correction

Accept (█) - 12/02/2025

- Maintenance director removed the towels and the washcloths off the dryer on 11/6/2025
- o On 11/7/2025, Maintenance Director created sign, indicating that no items should be placed on/near heating sources, and placed in over the dryer
- o Maintenance Director/ designee will complete daily checks, starting 11/27/2025 and continuing for the next 30 days, to ensure that all heating sources do not have any flammable material placed near them. Any issues found during these checks will be addressed immediately.
- o Regional Maintenance director will re-educate Executive Director and Maintenance Director on regulation 2600 125a, specifically, keeping combustible items off the dryer by 12/5/2025. Executive Director/designee will then educate all housekeeping, culinary, and care staff regarding 2600 125a by 12/20/2025 to ensure future compliance.
- o Documentation will include the training sign-in sheets

Licensee's Proposed Overall Completion Date: 12/20/2025

Implemented (█) - 12/26/2025

141b1 - Annual Medical Evaluation

9. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident # 5's medical evaluation was completed on [REDACTED] the resident's previous medical evaluation was completed on [REDACTED]

Resident # 6's medical evaluation was completed on [REDACTED], the resident's previous medical evaluation was completed [REDACTED]

Resident 7's most recent medical evaluation was completed on [REDACTED] The resident's previous medical evaluation was completed on [REDACTED].

Resident #8's most recent medical evaluation was completed on [REDACTED] The resident's previous medical evaluation was completed on [REDACTED]

Repeat Violation-12/10/24

Plan of Correction

Accept ([REDACTED]) - 12/02/2025)

- The Resident Service Director (RSD)/ designee will complete an audit of all current resident DMEs by 12/20/2025 and all issues found during the audit will be addressed immediately. Documentation of audit and findings will be attached to DME with issues noted.
- Regional Care Director will provide additional training by 12/2/2025 to the Executive Director and Resident Services Director/designee to ensure compliance with regulation 2600 141b to ensure DMEs are completed within the required timeframe (annually).
- Executive Director will meet with the Resident Services Director/ designee weekly starting 12/2/2025 to audit annual DMEs for next 90 days to ensure compliance with regulation 2600 141b.
- Documentation will include: training sign-in sheets, DME audit log with annotations when a past-due DME is identified.

Licensee's Proposed Overall Completion Date: 12/20/2025

Implemented ([REDACTED]) - 12/26/2025)

162c - Menus Posted

10. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 11/6/25 the menu was posted through 11/9/25.

Plan of Correction

Accept ([REDACTED]) - 12/02/2025)

- Immediate on 11/6/2025 Executive Director posted the schedule for week of 11/9/2025

162c - Menus Posted (continued)

- Executive Director/ designee will complete weekly checks, starting 11/27/2025 and continuing for the next 90 days, to ensure the menu is posted one week in advance in a conspicuous area. Any issues identified will be addressed immediately
- Regional Vice President will educate Executive Director on regulation 2600 54a, specifically that the menu is posted a week in advance in a public conspicuous area by 12/20/2025.
- Documentation will include the training sign-in sheets and audit log.

Licensee's Proposed Overall Completion Date: 12/20/2025

Implemented (█) - 12/26/2025

181e - Capable to Self Administer

11. Requirements

2600.

181.e. To be considered capable to self-administer medications, a resident shall:

Description of Violation

Resident # 4 had Zeasorb AF in the bathroom with a pharmacy label on it. This resident is not assessed to self-administer any medication.

Plan of Correction

Accept (█) - 12/02/2025

- Resident Service Director immediately removed Zeasorb AF from resident #4 apartment.
- Resident Service Director/ designee will audit the residents who are self-managing their medication to ensure we have current updated medication list, and medication matches medication in their apartment by 12/20/2024. Any issues found will be corrected immediately.
- On or before 12/2/25, the Regional Care Director will provide training to the Executive Director/Resident Services Director/designee on process to ensure all self-medicating residents have current medication list and medication in the resident's apartment matches that current list to ensure compliance with 2600.181f.
- The Executive Director/Resident Service Director/designee will monitor the self-medicating residents to ensure continued compliance with correct med list and medications in apartments for the next 90 days.
- Documentation will include: training sign-in sheets, Self managing medication audit log.

Licensee's Proposed Overall Completion Date: 12/20/2025

Implemented (█) - 12/26/2025

190a - Completion Medication Course

13. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff persons A, who has not successfully completed the Department-approved Medication Administration Annual Practicum Course for 2025, administered medications to residents on 10/26/25.

Staff person B, who has not successfully completed the Department-approved Medication Administration Annual

190a - Completion Medication Course (continued)

Practicum Course for 2025, administered medications to residents to on 10/27/25 and 10/28/25.

Staff person C completed the Modified Medication Administration Course in [REDACTED]. However, Staff person C has not successfully completed the required Standard Medication Administration Course by [REDACTED]. Staff person C administered medications to residents on 10/28/25.

Staff person D has not completed the Department Approved Medication Administration Train the Trainer Course.

Plan of Correction

Accept ([REDACTED] - 12/05/2025)

-Staff Person D completed the Department Approved Medication Administration Train the Trainer Course on 11/24/2025.

-Staff A, completed the Department -approved Medication Administration Annual Practicum Course for 2025 on 11/26/2025

-Staff B will complete the Department -approved Medication Administration Annual Practicum Course for 2025 by 12/15/2025

-Staff C will complete the Standard Medication Administration Course by 12/20/2025

-Resident Service Director/designee will complete an audit wellness employee file by 12/20/2025 to ensure compliance with regulation 2600.190a. Any issues found during the audit will be addressed immediately.

-Regional Care Director will provide additional training to the Executive Director and Resident Services Director/designee by 12/2/2025 on regulation 2600.190a

-• To ensure future compliance with regulation 2600 190a, Resident Services Director and Executive Director will review the medication course evaluations weekly and address all issues immediately

Documentation will include: training sign-in sheets and practicum evaluations

Licensee's Proposed Overall Completion Date: 12/02/2025

Implemented ([REDACTED] - 12/26/2025)

225c - Additional Assessment

14. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident #3 most recent Assessment was [REDACTED]. The resident's previous assessment was completed on [REDACTED].

Plan of Correction

Accept ([REDACTED] - 12/02/2025)

• Resident Service Director/designee will complete an audit of all residents to ensure they have had a recent assessment completed within the past year to meet regulatory guidelines by 12/20/2025. Any issues found will be addressed immediately. Documentation of audit and findings will be attached to assessment with issues noted.

• Regional Care Director will provide additional training to the Executive Director and Resident Service Director/designee by 12/2/2025 on the importance of ensuring assessments/service plans are completed annually per 2600.225c.

• Executive Director/designee will meet with Resident Services Director/designee weekly starting 12/2/2025 for the next 90 days to review resident's assessment to ensure they are completed annually.

• Documentation will include: training sign-in sheets. Assessment Audit log

Licensee's Proposed Overall Completion Date: 12/20/2025

225c - Additional Assessment (continued)

Implemented (█) - 12/26/2025

252 - Record Content

15. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident # 6 photo on file was taken █.

Plan of Correction

Accept (█) - 12/02/2025

- Executive Director/Resident Services Director will update resident #6 picture by 12/2/2025.
- Resident Service Director/designee will complete an audit of the current residents' pictures by 12/20/2025 to ensure compliance with regulation 2600.252. Any issues found during the audit will be addressed immediately.
- Regional Care Director will provide additional training to the Executive Director and Resident Services Director/designee by 12/2/2025 on regulation 2600.252 and ensure resident photos are updated every 2 years.
- Executive Director will meet with Resident Services Director/designee weekly for the next 90 days to review all new residents have photos to ensure compliance with regulation 2600.252.
- Documentation will include: training sign-in sheets. Photo audit log

Licensee's Proposed Overall Completion Date: 12/20/2025

Implemented (█) - 12/26/2025