

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

February 26, 2026

[REDACTED]
HEATHER GLEN SENIOR LIVING LLC
[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 11/24/2025, 01/21/2026 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: I-1 Date: 04/06/2017 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 129 Waking Staff: 97

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 01/21/2026

Inspection Dates and Department Representative

11/24/2025 - On-Site: [REDACTED]
 01/21/2026 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 120 Residents Served: 91

Secured Dementia Care Unit
 In Home: Yes Area: NA Capacity: 40 Residents Served: 38

Hospice
 Current Residents: 10

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 91
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 38 Have Physical Disability: 0

Inspections / Reviews

11/24/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/07/2026

02/12/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/12/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/17/2026

Inspections / Reviews *(continued)*

02/26/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/12/2026

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] around 12:45 p.m., resident [REDACTED] was entering the community bus for an outing. Staff person A assisted resident [REDACTED] to the top step entering the bus. When Staff member A turned to help the next resident getting on the bus, resident [REDACTED] fell backwards, landing on the ground at the bottom of the steps. Resident [REDACTED] complained of arm pain around 2 p.m., and 911 was finally called around 5:25pm. Cetronia EMT's transported resident at 5:36p.m. to St. Lukes Hospital where they were diagnosed with two [REDACTED]. According to the hospital records, resident [REDACTED] had a fall last week also, has [REDACTED] to the forehead and nasal bone. Staff interviews and nursing notes indicate the resident had multiple falls since entering the secure dementia care unit on [REDACTED]. The resident's assessment and support plan completed [REDACTED] was not updated with the resident having falls and no plan in place to prevent future falls by the home.

Plan of Correction

Accept [REDACTED] - 02/09/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/02/2025 by the Director of Wellness to cleanse, dress and assess the skin tear to the right elbow. Since this resident was on hospice services, the Director of Wellness placed a call to hospice for an evaluation of the resident's condition. The Hospice nurse set out to Heather Glen Senior Living at 1:03pm and arrived to the community at 1:56pm. Resident [REDACTED] complained of arm pain around 2 p.m. during the hospice RN assessment. Orders were obtained for a mobile x-ray of the right elbow and pain medication. The mobile x-ray company did not have availability for that day. Hospice then advised to send to the emergency room for evaluation.

To enhance the currently compliant operations:

1. on 07/02/2025 the Executive Director created a new transportation policy to ensure that residents are assisted and immediately secured in company vehicles one at a time.
2. on 07/03/2025 the Executive Director educated all staff on the new transportation policy, with a completion date of 02/02/2026.
3. 01/30/2026 the Director of Wellness created a fall log to track resident falls and update the care plans accordingly.

Effective 02/06/2026 the Executive Director or Designee will perform weekly checks through 02/27/2026 to maintain ongoing compliance with ensuring resident falls are tracked and updated on the respective care plans. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 02/27/2026

Implemented [REDACTED] - 02/26/2026)

142a - Secure Medical Care

2. Requirements

2600.

142a Secure Medical Care (continued)

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

On [redacted], around 12:45 p.m., resident [redacted] was entering the community bus for an outing. Resident [redacted] fell backwards, landing on the ground at the bottom of the steps. Resident [redacted] complained of arm pain around 2 p.m., and 911 was finally called around 5:25pm. Cetrionia EMT's arrived at 5:36pm and transported resident [redacted] to St. Luke's Hospital where they were diagnosed with two [redacted]. The home failed to secure timely medical treatment for resident [redacted].

Plan of Correction

Accept [redacted] 02/12/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/02/2025 by the Director of Wellness to cleanse, dress and assess the skin tear to the right elbow. Since this resident was on hospice services, the Director of Wellness placed a call to hospice for an evaluation of the resident's condition. The Hospice nurse set out to Heather Glen Senior Living at 1:03pm and arrived to the community at 1:56pm. Resident [redacted] complained of arm pain around 2 p.m. during the hospice RN assessment. Orders were obtained for a mobile x ray of the right elbow and pain medication. The mobile x ray company did not have availability for that day. Hospice then advised to send to the emergency room for evaluation.

To enhance the currently compliant operations, staff will continue to secure timely medical attention for all residents

Licensee's Proposed Overall Completion Date: 02/27/2026

Implemented [redacted] - 02/26/2026)

234d - Support Plan Revision

3. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

The most recent resident assessment and support plan for resident [redacted] was completed on [redacted] however, the support plan does not include the resident's history of falls since admission to the Secure Dementia Unit on [redacted]. Staff interviews and nursing notes indicate the resident had multiple falls since admission to the [redacted].

Plan of Correction

Accept [redacted] - 02/12/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/30/2026 by the Director of Wellness to create a fall log to track resident falls and update the care plans accordingly.

To enhance the currently compliant operations, on 02/06/2026 the Director of Wellness or Designee will update resident care plans with any falls that are on the fall log, with a completion date of 02/27/2026.

234d - Support Plan Revision (continued)

Effective 02/06/2026 the Executive Director will perform weekly checks through 02/27/2026 to maintain ongoing compliance with ensuring the resident support plan is updated to show any falls. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 02/27/2026

Implemented [redacted] - 02/26/2026)

252 - Record Content

4. Requirements

2600.

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

Description of Violation

Resident [redacted] record does not include a copy of the resident's death certificate from [redacted].

Plan of Correction

Accept [redacted] - 02/12/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/10/2025 by the Executive Director to request a copy of the death certificate from hospice, POA and funeral home.

To enhance the currently compliant operations, on 02/05/2026 the Executive Director will continue to request death certificates from appropriate parties until documentation is received. On 02/05/2026 the death certificate was received and placed in the chart, with a completion date of 02/05/2026.

Effective 02/02/2026 the Director of Wellness will perform weekly checks of any expired resident's charts, through 02/27/2026 to maintain ongoing compliance with ensuring each resident's record includes their death certificate within 30 days of their death. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 02/27/2026

Implemented [redacted] - 02/26/2026)