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

April 7, 2026

[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 02/03/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE ATRIUM OF ALLENTOWN* **License #**: *23050* **License Expiration**: *12/05/2026*

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**: *107* **Waking Staff**: *80*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *02/03/2026*

Inspection Dates and Department Representative

02/03/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *103* **Residents Served**: *79*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *n/a* **Capacity**: *30* **Residents Served**: *23*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *79*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *28*

Have Physical Disability: *0*

Inspections / Reviews

02/03/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/20/2026*

03/13/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *02/20/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *03/09/2026*

Inspections / Reviews *(continued)*

04/07/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *03/13/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] it was noted in resident [redacted] record at around 6:10 p.m. that resident [redacted] had resident [redacted] on the bed and was trying to kiss them. Resident [redacted] and [redacted] reside in the home's secure dementia unit and both have diagnoses of dementia. The home did not report the incident to the Area Agency on Aging immediately as required.

Plan of Correction ***Accept [redacted] - 03/03/2026)***

Immediately following the inspection the Regional Director reported the incident to AAA and to DHS. On 2/10 The Executive Director did a education with the the DOW and the ADOW on regulation 2600.15a. The Executive Director and DOW will be responsible for ongoing complaisance

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

Implemented [redacted] - 04/01/2026)

16c - Written Incident Report

2. 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 [redacted] it was noted in resident [redacted] record at around 6:10 p.m. that resident [redacted] had resident [redacted] on the bed and was trying to kiss them. Resident [redacted] and [redacted] reside in the home's secure dementia unit and both have diagnoses of dementia. The home did not report the incident to the department's regional office.

Plan of Correction ***Accept [redacted] - 03/03/2026)***

Immediately following the inspection the Regional Director did the report and sent it over to DHS. On 2/8 the Executive Director did a education with the DOW and ADOW on the regulation 2600.16c. The Executive Director will be responsible for ongoing compliance .

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

Implemented [redacted] - 04/07/2026)

201 - Positive Interventions

3. Requirements

2600.
201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident [redacted] resides in the home's secure dementia unit and has a diagnosis of [redacted]. According to staff

201 Positive Interventions (continued)

interviews, resident [redacted] frequently refuses care such as brief changing and showering. Resident [redacted] also makes loud, inappropriate sexual comments in common areas of the home. On [redacted] it was noted in the resident's record that the resident was walking around saying inappropriate comments and staff are then "yelling at [redacted] to shut up". On [redacted] at approximately 4:45 a.m. it was noted in the resident's record that resident [redacted] woke up from sleep yelling loudly; resident [redacted] punched a staff member it resulted in two staff members "trying to restrain" the resident's hands. Positive interventions to modify resident [redacted] behaviors were not used in these two incidents.

Plan of Correction ***Accept ([redacted] - 03/03/2026)***

Immediately following the inspection the Executive Director did a counsel with staff members involved on proper de escalation techniques. On 2/3 the DOW update resident 1 support plan to show de escalation techniques. The executive director on 2/8 started doing de escalation training for all staff and a dignity and respect training will be held with all staff on 2/26. The Executive Director and DOW will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: *02/26/2026*

Implemented ([redacted] 04/01/2026)

234d - Support Plan Revision

4. Requirements

2600.
234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

The annual support plan dated [redacted] was not updated to indicate that resident [redacted] was ordered a mechanical soft diet on [redacted]. Also, the support plan was not updated to include the resident's following behaviors: combativeness during care, making inappropriate sexual remarks towards staff and in the presence of residents, and masturbating in common areas of the home.

Plan of Correction ***Accept [redacted] 03/03/2026)***

Immediately following the inspection the DOW update Residents 1 support plan to reflect the special diet. On 2/8/2026 The Executive Director did an education with the DOW and ADOW on regulation 2600.234.d. T on 2/8/26 The Executive director did an audit on all support plan to ensure that the right diet is showing in the support plan. The DOW and designee will be responsible for ongoing

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

Implemented [redacted] - 04/07/2026)

254a - Records Discharge/Active

5. Requirements

2600.
254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

At 9:00 a.m. the door to the wellness office was left wide open and resident records in the office were unlocked, unattended, and accessible.

254a - Records Discharge/Active (continued)

Plan of Correction ***Accept [redacted] - 03/03/2026)***

Immediately while inspector was on site the wellness door was closed. On 2/6 The Executive Director did an education with the DOW, ADOW and medication associates on regulation 2600.254a. The Maintenance Director on his daily walks ensure that the wellness door is locked and secured. The DOW and designee will be responsible for ongoing compliance.

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

Implemented [redacted] - 04/01/2026)