

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

May 8, 2026

[REDACTED]  
THE ATRIUM OF ALLENTOWN LLC  
[REDACTED]  
[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 03/17/2026 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: DLI

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 105 Waking Staff: 79

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Interim Exit Conference Date: 03/17/2026

**Inspection Dates and Department Representative**

03/17/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 103 Residents Served: 75

**Secured Dementia Care Unit**  
 In Home: Yes Area: SDCU Capacity: 30 Residents Served: 24

**Hospice**  
 Current Residents: 7

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 75  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 30 Have Physical Disability: 1

**Inspections / Reviews**

03/17/2026 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/17/2026

04/21/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 04/23/2026  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/23/2026

Inspections / Reviews *(continued)*

05/08/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/23/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

*The public restroom in the lobby area across from the dining area did not have paper towels or a means to dry hands from 9:25 a.m. to 2:30 p.m.*

Plan of Correction

Accept (████ - 04/21/2026)

*On 3/17/2026 Immediately following the inspection the Executive Director had housekeeping fill the paper towels. On 3/20/26 The Executive Director did an education with the Maintenance Director and the Housekeepers on regulation 2600.85.a.. As of 3/20 the The Maintenance Director will do daily audits of the public restrooms to ensure we are in compliance with regulation 2600.85.a. The Executive Director and the Maintenance Director will be responsible for ongoing compliance*

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented (████ - 05/08/2026)

184a - Resident's Meds Labeled

2. Requirements

2600.  
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
4. The prescribed dosage and instructions for administration.

Description of Violation

*Resident █████ has an order for █████ at 8:00 p.m. T, W, Th, F, S, SU and 2 mg at 8:00 p.m. on M. The medication label indicates 2 mg, take 1/2 to 1 tablet daily as needed.*

Plan of Correction

Accept (████ - 04/21/2026)

*3/17/26 Immediately following the inspection the DOW had the bottles corrected with the proper medication label. On 3/23 The Executive Director did a education with all med techs on regulation 2600.184a. 3/24/26 The DOW will conduct weekly cart audit to ensure all medications match the order that is in the system. The DOW or designee will be responsible for ongoing compliance.*

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented (████ - 05/08/2026)

187c - Refusal of Medication

3. Requirements

2600.  
187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

*Resident █████ refused █████ on █████ and █████ at 8:00 a.m. The resident also refused █████ on █████, and █████ at 12:00 p.m. The prescriber was not notified regarding the refusals.*

## 187c Refusal of Medication (continued)

**Plan of Correction**

Accepted [REDACTED] - 04/21/2026)

On 3/17 immediately following the inspection the DOW sent the prescriber the refusal for resident [REDACTED]. On 3/23 the Executive Director did an education with med techs DOW and ADOW on regulation 2600.187.c. As of 3/20/26 the DOW and ADOW will do daily audits on the refusals. The DOW or designee will be responsible for ongoing compliance

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented [REDACTED] - 05/08/2026)

## 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**

Resident [REDACTED] was involved with an inappropriate incident with another resident. Per staff interviews, this behavior is not abnormal for Resident [REDACTED]. Resident [REDACTED] Assessment and Support Plan dated [REDACTED] is not updated with those behaviors.

Repeat violation: [REDACTED]

**Plan of Correction**

Accepted [REDACTED] - 04/21/2026)

on 3/17 immediately following the inspection the DOW updated the rasps to show residents [REDACTED] behaviors. On 3/23/26 The Executive Director did an education with the DOW and ADOW on regulation 2600.234.d. On 3/30 The Executive director DOW and ADOW audit 5 residents rasps a week to ensure they are revised with a new needs or behaviors. The DOW or designee will be responsible for on going compliance

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented [REDACTED] - 05/08/2026)