

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

June 3, 2026

[REDACTED]
BETHLEHEM MANOR SENIOR LIVING LLC
[REDACTED]
[REDACTED]

RE: BETHLEHEM MANOR
815 PENNSYLVANIA AVENUE
BETHLEHEM, PA, 18018
LICENSE/COC#: 22684

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/19/2026, 04/02/2026, 04/10/2026, 04/13/2026, 04/17/2026 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: BETHLEHEM MANOR **License #:** 22684 **License Expiration:** 05/24/2026
Address: 815 PENNSYLVANIA AVENUE, BETHLEHEM, PA 18018
County: LEHIGH **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: BETHLEHEM MANOR SENIOR LIVING LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 04/11/2011 **Issued By:** DLI
Type: I 2 **Date:** 04/11/2011 **Issued By:** DLI

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 87 **Waking Staff:** 65

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 04/13/2026

Inspection Dates and Department Representative

03/19/2026 On Site: [REDACTED]
04/02/2026 Off Site: [REDACTED]
04/10/2026 Off Site: [REDACTED]
04/13/2026 Off Site: [REDACTED]
04/17/2026 Off Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 75		Residents Served: 49	
Secured Dementia Care Unit			
In Home: Yes	Area: SDCU	Capacity: 36	Residents Served: 17
Hospice			
Current Residents: 7			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 49	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 38		Have Physical Disability: 2	

Inspections / Reviews

03/19/2026 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/14/2026*

05/18/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *05/29/2026*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/30/2026*

06/03/2026 - Document Submission

Submitted By: [REDACTED] Date Submitted: *05/29/2026*
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

The facility’s fire panel began flashing trouble on approximately [REDACTED] due to expired carbon dioxide/smoke detectors in the facility that need replacement. The facility did not maintain the fire alarm system, including the carbon monoxide detection system, in proper working condition and failed to report the issue to the Department.

Repeated Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 05/18/2026)

On March 19, 2026, while inspectors were onsite, the fire alarm system displayed a trouble signal caused by expired carbon monoxide (CO) detectors. The facility immediately initiated all required safety procedures and submitted a reportable incident to the Department. The Owner also spoke directly with the Licensing Supervisor on 3/19/26 in which they spoke regarding the issue and clarified the status of the system and confirmed that the facility was completing fire watch.

It is important to note that the fire alarm system was not in a trouble condition since 3/5/26, as inaccurately reflected in the Licensing Inspection Summary. Additionally, although the panel displayed a trouble signal due to expired CO detectors, the fire alarm system remained fully operational, including its ability to detect an actual emergency and transmit notifications to the monitoring company.

To ensure continued compliance, beginning May 2026, Maintenance will conduct monthly inspections of all CO detectors to ensure timely replacement prior to expiration. Administration will conduct weekly reviews of all fire alarm system to ensure any trouble conditions are promptly identified and reported. All staff will receive refresher training on 2600.16(c) reportable incident requirements, including the obligation to report any trouble signals on the fire alarm panel. This training will be held on May 26th and 27th. Administration has also directed Maintenance to immediately notify Administration of any fire alarm system trouble signal, regardless of cause. Documentation of all CO detector replacements, fire alarm inspections, and system status reports will be maintained in a dedicated binder in the Administration office.

The Administrator and Maintenance Supervisor are responsible for ensuring the fire alarm panel remains free of any trouble signals and that a service call is placed immediately if the panel enters trouble for any reason. All immediate corrective actions were completed on March 19, 2026. All preventive measures were fully implemented by May 30, 2026.

Licensee's Proposed Overall Completion Date: 05/30/2026

Implemented [REDACTED] - 06/02/2026)

130g - Smoke Detector Repair

2. Requirements

2600.

130.g. If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.

Description of Violation

On approximately [REDACTED], the home’s carbon dioxide/smoke detectors in suites [REDACTED]

130g Smoke Detector Repair (continued)

██████████ and in the laundry room, were expired and needed replacement. The system was not repaired and properly functioning until ██████████

Plan of Correction

Accept ██████████ - 05/18/2026)

On March 19, 2026, while inspectors were onsite, the fire alarm system displayed a trouble signal caused by expired carbon monoxide (CO) detectors. The facility immediately initiated all required safety procedures and submitted a reportable incident to the Department. The Owner also spoke directly with the Licensing Supervisor on 3/19/26 regarding the issue to clarify the status of the system, and ensure full regulatory compliance. It is important to note that although the panel displayed a trouble signal, the fire alarm system remained fully functional, including its ability to detect an actual emergency and transmit signals to the monitoring company.

Immediate corrective action was taken, and a service call was placed at the time the inspectors identified the trouble signal on 3/19/26. Fire watches were initiated immediately and remained in place continuously until all expired CO detectors were replaced by the service company. Documentation from the service provider was submitted to the Licensing Supervisor to obtain approval to discontinue fire watches once the system was restored to full compliance. To ensure continued compliance, Maintenance will conduct monthly inspections of all CO detectors beginning May 2026 to ensure timely replacement prior to expiration. Administration will review all fire alarm system reports weekly to ensure any trouble conditions are promptly identified, addressed, and reported. All staff will receive refresher training on 2600.130(g) requirements, including the obligation to report and respond to any fire alarm system trouble signal. This training will be held on May 26th and 27th, 2026. Maintenance has been directed to immediately notify Administration of any fire alarm system trouble condition so that a service call can be placed without delay. Documentation of all detector replacements, fire alarm inspections, service reports, and system status logs will be maintained in a dedicated binder in the Administration office.

Additionally, the facility owner will be working with the fire alarm company to establish emergency service protocols in the event a service call is required and that technicians will be onsite within 48 hours, as required by regulation 2600.130(g).

The Administrator and Maintenance Supervisor are responsible for ensuring the fire alarm panel remains free of any trouble signals and that a service call is placed immediately if the panel enters trouble for any reason. All immediate corrective actions were completed on March 19, 2026. All preventive measures will be fully implemented by May 30, 2026.

Licensee's Proposed Overall Completion Date: 05/30/2026

Implemented ██████████ - 06/02/2026)

130h - Inoperable Smoke Detector

3. Requirements

2600.

130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Description of Violation

The facility did not follow their inoperable smoke detector policy and conduct a fire watch of the building from approximately ██████████ to ██████████, when the fire alarm panel was showing trouble.

Plan of Correction

Accept ██████████ - 05/18/2026)

On March 19, 2026, while inspectors were onsite, the fire alarm system displayed a trouble signal caused by expired carbon monoxide (CO) detectors. The facility management staff immediately initiated all required safety

130h - Inoperable Smoke Detector (continued)

procedures, including the prompt initiation of a building-wide fire watch, and submitted a reportable incident to the Department. The Owner also spoke directly with the Licensing Supervisor on 3/19/26 to clarify the status of the system and ensure full regulatory compliance.

It is important to note that the fire alarm system was not in a trouble condition since 3/5/26, as inaccurately reflected in the Licensing Inspection Summary. Additionally, although the panel displayed a trouble signal due to expired CO detectors, the fire alarm system remained fully operational, including its ability to detect an actual emergency and transmit notifications to the monitoring company.

Immediate corrective action was taken on 3/19/26. Fire watch procedures were initiated in accordance with facility policy and regulatory requirements. A service call was placed immediately to address the expired CO detectors causing the trouble condition. Fire watch remained in place until all expired CO detectors were replaced and the system was restored to full compliance. Documentation from the service provider was submitted to the Licensing Supervisor to obtain approval to discontinue fire watch.

To ensure continued compliance, Maintenance will conduct monthly inspections of all CO detectors beginning May 2026 to ensure timely replacement prior to expiration. Administration will review all fire alarm system reports weekly to ensure any trouble conditions are promptly identified, addressed, and reported. All staff will receive refresher training on 2600.130(h) requirements, including the facility's inoperable smoke detector policy and fire watch procedures. This training will be held on May 26th and 27th, 2026. Maintenance has been directed to immediately notify Administration of any fire alarm system trouble condition so that fire watch can be initiated without delay. Documentation of all detector replacements, fire alarm inspections, service reports, and system status logs will be maintained in a dedicated binder in the Administration office.

The facility owner is also working with the fire alarm company to discuss emergency service protocol within 48 hours, as required by regulation 2600.130(g), which further supports compliance with 2600.130(h).

The Administrator and Maintenance Supervisor are responsible for ensuring compliance with all fire alarm system requirements, including the immediate initiation of fire watch when required. All immediate corrective actions were completed on March 19, 2026. All preventive measures will be fully implemented by May 30, 2026.

Licensee's Proposed Overall Completion Date: 05/30/2026

Implemented (redacted) 06/02/2026)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

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

Description of Violation

Resident # (redacted) s most recent medical evaluation was completed on (redacted)

Repeated Violation: (redacted)

Plan of Correction

Accept (redacted) - 05/18/2026)

During the inspection, it was identified that Resident (redacted) s most recent medical evaluation was dated 2/28/25, which exceeded the annual requirement. This lapse was the result of a mere oversight, and immediate corrective action was taken after the inspector was on site in which Administration immediately requested a new medical evaluation for Resident (redacted). An appointment with the resident's Primary Care Physician was promptly scheduled to obtain an updated medical evaluation and bring the resident's record back into full compliance.

141b1 - Annual Medical Evaluation (continued)

To ensure continued compliance, beginning in May 2026, Administration will maintain a centralized medical evaluation tracking log listing all residents and the due dates of their annual evaluations. This log will be reviewed monthly to ensure upcoming due dates are identified in advance and appointments are scheduled in a timely manner, prior to the required annual deadline. Additionally, resident files will be audited quarterly by leadership team to verify that all required medical evaluations remain current.

The Administrator is responsible for ensuring that all medical evaluations are completed annually and that the tracking system is maintained accurately. Immediate corrective action was initiated after inspector left the facility on 3/19/26, and all preventive measures will be fully implemented by May 30, 2026.

Licensee's Proposed Overall Completion Date: 05/30/2026

Implemented ([REDACTED] - 06/03/2026)