

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

April 23, 2026

[REDACTED], ADMINISTRATOR
HEATHER GLEN SENIOR LIVING LLC
415 BLUE BARN ROAD
ALLENTOWN, PA, 18104

RE: HEATHER GLEN SENIOR LIVING
415 BLUE BARN ROAD
ALLENTOWN, PA, 18104
LICENSE/COC#: 22682

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/01/2026 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: 415 BLUE BARN ROAD, ALLENTOWN, PA, 18104
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 04/06/2017 Issued By: Upper Macungie Twp

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 122 Waking Staff: 92

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 04/01/2026

Inspection Dates and Department Representative

04/01/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 120 Residents Served: 87
 Secured Dementia Care Unit
 In Home: Yes Area: 1st floor Capacity: 48 Residents Served: 35
 Hospice
 Current Residents: 9
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 87
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 35 Have Physical Disability: 0

Inspections / Reviews

04/01/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/19/2026

04/17/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/22/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/22/2026

Inspections / Reviews *(continued)*

04/23/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/22/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65f - Training Topics

1. Requirements

2600.

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

6. Safe management techniques.

Description of Violation*Direct Care staff persons A and B did not receive training in Safe Management Techniques during training year 2025.***Plan of Correction****Accept () - 04/17/2026***In response to the violation on 04/01/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/01/2026 by the Executive Director to schedule an educational session on 04/08/2026, for staff members A and B on Safe Management Techniques.**To enhance the currently compliant operations, on 04/01/2026 the Executive Director updated the 2026 Training Plan to include Safe Management Techniques, with a completion date of 04/01/2026.**Effective 04/01/2026 the Executive Director or designee will perform annual checks of the training plan, through 12/01/2026 to maintain ongoing compliance with ensuring training topics for the annual training for direct care staff persons include, including safe management techniques. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.***Licensee's Proposed Overall Completion Date: 12/01/2026****Implemented () - 04/23/2026**

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation*At 9:45 a.m. a housekeeping cart was unlocked, unattended, and accessible to residents in the secure dementia Pod B. The cart contained a spray bottle of OxyPlus disinfectant with a manufacturer's label indicating "Harmful if swallowed". The residents of the secure dementia unit have been assessed as not capable of recognizing and using poisons safely.***Plan of Correction****Accept () - 04/17/2026***In response to the violation on 04/01/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/01/2026 by the Maintenance Director to lock the housekeeping cart and notify the housekeeper that the cart was unlocked.**To enhance the currently compliant operations, on 04/08/2026 the Executive Director educated all staff on regulation 82c during the POC staff meeting, with a completion date of 04/08/2026.*

82c Locking Poisonous Materials (continued)

Effective 04/01/2026 the Memory Care Director or designee will perform daily inspections of containers of chemicals , through 06/01/2026 to maintain ongoing compliance with keeping poisonous materials locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 06/01/2026

Implemented (█ - 04/23/2026)

131e - Accessible Extinguishers

3. Requirements

2600.

131.e. Fire extinguishers shall be accessible to staff persons. Fire extinguishers shall be kept locked if access to the extinguisher by a resident could cause a safety risk to the resident. If fire extinguishers are kept locked, each staff person shall be able to immediately unlock the fire extinguisher in the event of a fire emergency.

Description of Violation

The fire extinguishers in the secure dementia units C, D, and E are stored in locked containers. Not all staff have access to the keys to unlock the fire extinguishers.

Plan of Correction

Accept (█ - 04/17/2026)

In response to the violation on 04/01/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/01/2026 by the Maintenance Director to order keys and magnetic key holders for each fire extinguisher of the secure dementia unit.

To enhance the currently compliant operations, on 04/06/2026 the Maintenance Director will adhere the magnetized cases containing the key to the bottom of the fire extinguisher boxes, with a completion date of 04/10/2026.

Effective 05/01/2026 the Maintenance Director will perform monthly checks of fire extinguisher keys, through 06/01/2026 to maintain ongoing compliance with ensuring fire extinguishers are accessible to staff persons, and to keep fire extinguishers locked if access to the extinguisher by a resident could cause a safety risk to the resident, and if fire extinguishers are kept locked, to ensure each staff person is able to immediately unlock the fire extinguisher in the event of a fire emergency. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 06/01/2026

Implemented (█ - 04/23/2026)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

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

Description of Violation

Resident #1's annual medical evaluation was completed on █ The previous medical evaluation was completed on █

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Accept (█ - 04/17/2026)

In response to the violation on 04/01/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/13/2026 by the Director of Wellness to complete an audit of all resident DMEs.

To enhance the currently compliant operations, on 04/13/2026 the Director of Wellness will create a tracking system, with a completion date of 04/13/2026.

Effective 04/13/2026 the Director of Wellness or designee will perform monthly audits of DME tracking, through 06/08/2026 to maintain ongoing compliance with ensuring each resident has a medical evaluation at least annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/08/2026

Implemented (█ - 04/23/2026)

183e - Storing Medications

5. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

At 1:40 p.m. the Lantus insulin pen belonging to resident #2 was not dated when the pen was opened for use. According to manufacturer's instructions, the insulin pen should be discarded 28 days after it is opened for use. At 1:41 p.m. a loose Tylenol tablet was found in the 2nd drawer of the secure dementia unit medication cart. Repeat violation 3/5/25.

Plan of Correction

Accept (█ - 04/17/2026)

In response to the violation on 04/01/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 04/01/2026 by the Director of Wellness to discard the Lantus insulin pen and reorder it.*
- 2. on 04/01/2026 by the Director of Wellness to discard the loose Tylenol tablet.*

To enhance the currently compliant operations, on 04/14/2026 the Director of Wellness will reeducate all Medication Technicians on storage of medication, regulation 183.e, with a completion date of 04/17/2026.

Effective 04/17/2026 the Director of Wellness or Designee will perform monthly audits of the medication carts, through 06/19/2026 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

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

183e - Storing Medications (continued)

Implemented (█) - 04/23/2026

185a - Implement Storage Procedures

6. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

According to the home's narcotic storage policy, staff are required to count narcotics at each shift and sign the daily narcotic count sheet. The narcotic count sheets for March were missing signatures on a daily basis for varying shifts.

Plan of Correction

Accept (█) - 04/17/2026

In response to the violation on 04/01/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/01/2026 by the Director of Wellness to count all narcotics to ensure an accurate count.

To enhance the currently compliant operations, on 04/14/2026 the Director of Wellness will reeducate all Medication Technicians on regulation 185a and signing the narcotic sheets at the beginning and end of each shift, with a completion date of 04/17/2026.

Effective 04/17/2026 the ADOW or Designee will perform weekly audits of the narcotic count sheets, through 06/19/2026 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Wellness for further review and continuous improvement.

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

Implemented (█) - 04/23/2026

187a - Medication Record

7. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #3 is prescribed Quetiapine Fumarate 50mg, one tablet every 8 hours. On 3/30/26 at 8:00 p.m. the medication was not initialed as administered.

Plan of Correction

Accept (█) - 04/17/2026

In response to the violation on 04/01/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/01/2026 by the Director of Wellness to schedule a reeducation training session with the Medication Technicians.

187a - Medication Record (continued)

To enhance the currently compliant operations, on 04/14/2026 the Director of Wellness will provide reeducation to all Medication Technicians regarding documentation and regulation 187.a.14, with a completion date of 04/17/2026.

Effective 04/17/2026 the Director of Wellness or Designee will perform weekly audits of the MAR, through 06/19/2026 to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered, that includes, including name and initials of the staff person administering the medication, and name and initials of the staff person administering the medication, and name and initials of the staff person administering the medication. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

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

Implemented () - 04/23/2026

233c - Key-Locking Devices

8. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism posted near the door located in the common area of the C pod were displayed on a card near the door; not all of the numbers in the code were visible to allow for operation of the keypad.

Plan of Correction

Accept () - 04/17/2026

In response to the violation on 04/01/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/01/2026 by the Business Office Manager to reprint the door code numbers in black ink.

To enhance the currently compliant operations, on 04/01/2026 the Business Office Manager will print the code numbers in a different color ink than the picture to ensure clear visibility, with a completion date of 04/01/2026.

Effective 04/01/2026 the Maintenance Director will perform monthly checks of code visibility, through 07/01/2026 to maintain ongoing compliance with ensuring that if key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, that directions for their operation are conspicuously posted near the device. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 06/01/2026

Implemented () - 04/23/2026