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

June 23, 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 05/04/2026 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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *114* **Waking Staff**: *86*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *05/04/2026*

Inspection Dates and Department Representative

05/04/2026 - 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**: *SDCU* **Capacity**: *30* **Residents Served**: *27*

Hospice

Current Residents: *7*

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: *35* **Have Physical Disability**: *1*

Inspections / Reviews

05/04/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/06/2026*

06/10/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/12/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/12/2026*

Inspections / Reviews *(continued)*

06/23/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/12/2026*

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

23a Activities of Daily Living Assistance

1. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [redacted] assessment and support plan dated [redacted] indicates the resident cannot go from a sit to stand without being assisted, and hands on assistance for ambulation. On the following dates and times, the call bell log indicates an extended delay in receiving assistance required by their support plan; [redacted] at 4:05 p.m. waited 57 minutes 1 seconds, [redacted] at 8:34 a.m. waited 33 minutes 32 seconds, [redacted] at 1:59 p.m. waited 49 minutes 44 seconds, [redacted] at 5:07 a.m. waited 26 minutes 11 seconds, [redacted] at 4:54 p.m. waited 47 minutes 16 seconds.

Resident [redacted] assessment and support plan dated [redacted] indicates they cannot go from sit to stand without assistance and will be accompanied to the bathroom. On the following dates and times, the call bell log indicates an extended delay in receiving assistance required by their support plan; [redacted] at 5:48 p.m. waited 37 minutes 20 seconds, [redacted] at 12:58 p.m. waited 91 minutes and 20 seconds, [redacted] at 7:17 p.m. waited 61 minutes 10 seconds

Plan of Correction ***Accept [redacted] - 06/10/2026)***

Following the incident on May 4, 2026, the Executive Director facilitated a mandatory in-service training emphasizing the importance of timely call bell responses and regulation 2600.23.a to ensure each resident is assisted with ADLs as indicated in the resident's assessment and support plan
Further, during a root cause analysis conducted to determine contributing factors related to delays in call bell response times, it was identified that, in addition to staff response times, there were occasions when staff experienced difficulty resetting resident pendant devices after responding to calls. Specifically, the manual reset mechanism on some devices was found to be unreliable and, at times, required the use of a magnet to successfully reset the system. To address this identified technical issue and ensure timely clearing of call alerts, the Director of Wellness issued magnets to all staff responsible for responding to call bells on May 31, 2026. Staff were educated on their proper use to facilitate prompt resetting of pendant devices and to support more efficient call bell response process, by the Director of Wellness.
Starting May 5th, 2026 the Executive Director or Director of wellness will begin a new process of weekly call bell auditing to ensure ongoing compliance. If any areas of deficiency are noted the Administrator or Director of wellness will address them immediately with appropriate corrective action.
The Executive Director, Director of Wellness or Designee will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: *06/04/2026*

Implemented [redacted] - 06/23/2026)

225c Additional Assessment

2. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] assessment and support plan dated [redacted] was not updated [redacted] when the resident was diagnosed with a [redacted]. There is no updated assessment on the resident's mobility needs due to this hairline

225c Additional Assessment (continued)

fracture. According to the resident, due to the fracture, they have been wheelchair bound and cannot stand without assistance.

Resident [redacted] assessment and support plan dated [redacted] indicates the resident requires assistance with transfers and toileting and can ambulate with a walker for short distances. The resident is completely bed bound according to the resident and their spouse. The resident has not been reassessed as their mobility needs have changed.

Plan of Correction ***Accept [redacted] - 06/10/2026)***

A root cause analysis determined that changes in resident mobility status were not consistently followed through after injuries, hospitalizations, or rehabilitation stays to ensure assessments and Resident Assessment Support Plans (RASPs) were timely updated and communicated to staff.

On May 4, 2026, Resident [redacted]s mobility assessment was updated based on physician recommendations, and the Director of Wellness revised the resident's RASP to reflect the identified needs. Additionally, on May 4, 2026, Resident #4 was reassessed, and the Director of Wellness updated the resident's RASP to accurately reflect the change in condition and required interventions.

The Director of Wellness communicated the revised RASPs and resident care needs to all Direct Care Staff on May 4, 2026, and reinforced the expectation that staff immediately notify the Director of Wellness or designee of any observed changes in a resident's condition or functional abilities.

To address the identified root cause and prevent recurrence, effective May 5, 2026, the community implemented a new protocol requiring the Director of Wellness or designee to follow up on all resident injuries, changes in mobility status, hospital discharges, and rehabilitation returns to ensure that assessments, physician recommendations, and support plans are reviewed and updated as appropriate. In addition, any resident experiencing a change in mobility status will be referred for therapy evaluation by the Director of Wellness or designee.

The Director of Wellness or designee will be responsible for ongoing monitoring and compliance with this process to ensure residents receive services consistent with their current needs and that all assessments and support plans remain accurate and up to date.

Licensee's Proposed Overall Completion Date: *06/04/2026*

Implemented [redacted] 06/23/2026)