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

July 6, 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 05/26/2026 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: *28* **Total Daily Staff**: *133* **Waking Staff**: *100*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *05/26/2026*

Inspection Dates and Department Representative

05/26/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *103* **Residents Served**: *77*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *1st floor* **Capacity**: *30* **Residents Served**: *24*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *77*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *28* **Have Physical Disability**: *1*

Inspections / Reviews

05/26/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/22/2026*

06/30/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/02/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/05/2026*

Inspections / Reviews *(continued)*

07/06/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/02/2026*

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

141b1 - Annual Medical Evaluation

1. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] annual medical evaluation dated [redacted] did not indicate the resident's weight.

Plan of Correction ***Accept [redacted] - 06/30/2026)***

Immediately, on May 26th, 2026 the Director of Wellness consulted with the physician regarding the missing weight on resident [redacted]s DME. The DME was revised to reflect and update the current weight on May 27, 2026. On, May 27, 2026 the Executive Director educated Director of Wellness on 2600.141.b.1. On May, 30th the Executive Director and Wellness Director completed an audit on all resident DME's to ensure the weight as well as any other areas are documented and accurate on all resident DME's.

Licensee's Proposed Overall Completion Date: *06/22/2026*

Implemented ([redacted] - 07/06/2026)

225c - Additional Assessment

2. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident [redacted] most recent assessment was completed on [redacted]. There is detailed information contained in the assessment that describes a resident with significant mobility needs being immobile. The Resident Assessment and Support Plan (RASP) lists the resident's mobility needs as moderate.

Resident [redacted] also has an MAR that lists a diet mechanical soft with thin liquids. The Resident Assessment and Support Plan list the diet as regular.

Plan of Correction ***Accept [redacted] - 06/30/2026)***

Resident [redacted] had been assessed as a moderate immobile on the 10/28/25 DME but [redacted] RASP describes [redacted] needs as extensive. On 05/27/26 resident's DME dated 10/28/25 was corrected to reflect the correct mobility and to match the RASP as total immobile. At the department's request an addendum was added to the resident's support plan as well noting the correction. On 05/27/26 the daily shift report was updated to notify all staff of this correction. On 05/28/26. On May 05/27/26 the Executive Director educated the Director of Wellness on 2600.225c with an emphasis on mobility definitions in terms of minimal, moderate or total immobile to ensure ongoing compliance. Additionally, on 05/26/26 following the inspection the Director of Wellness reviewed the MAR for resident [redacted] Resident [redacted] mar indicates regular diet as does the RASP. The Administrator did email the inspector on 06/22/26 for clarification as we believe this to be an error. On 06/22/26 The Wellness Director, Regional Director, Administrator and Clinical Director all reviewed this and and all determined that the MAR never indicated mechanical for resident [redacted] On 05/30/26 the Director of wellness and Executive Director did an audit and on all residents diets to ensure accuracy.

225c Additional Assessment (continued)

Licensee's Proposed Overall Completion Date: *06/22/2026*

Implemented [redacted] 07/06/2026)