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

August 5, 2026

[redacted]
COLUMBIA HANOVER OPCO, LLC
[redacted]

RE: THE VERO AT BETHLEHEM
4700 BATH PIKE
BETHLEHEM, PA, 18017
LICENSE/COC#: 23163

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/17/2026 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 VERO AT BETHLEHEM* **License #**: *23163* **License Expiration**: *08/15/2026*

Address: *4700 BATH PIKE, BETHLEHEM, PA 18017*

County: *NORTHAMPTON* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *COLUMBIA HANOVER OPCO, LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *02/09/2023* **Issued By**: *L & I*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *158* **Waking Staff**: *119*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *06/29/2026*

Inspection Dates and Department Representative

06/17/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *140* **Residents Served**: *123*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *SDCU* **Capacity**: *36* **Residents Served**: *30*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *123*

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

Have Mobility Need: *35* **Have Physical Disability**: *1*

Inspections / Reviews

06/17/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/20/2026*

07/21/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/28/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/28/2026*

Inspections / Reviews *(continued)*

08/05/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/28/2026*

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

95 - Furniture and Equipment

1. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The home had 2 dryers that had been out of order since January 2026 and were not fixed until [redacted].

Plan of Correction ***Accept*** [redacted] ***- 07/21/2026)***

-On 6/18/26, the Maintenance Director placed an additional order for 2 dryers as the previous order had not been delivered by HD Supply at the time of the inspection. On 6/20/26, 2 dryers were delivered and installed in the home same day.

-By 7/22/26, the administrator shall educate the Maintenance Director on regulation 2600.95, documentation shall be kept.

-Beginning 7/27/26, the administrator or designee shall audit all dryers weekly for 4 weeks to ensure they are in working order. Documentation shall be maintained.

-On 8/27/2026, the Residence Director or designee, will review the above findings for 2600.95 during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *07/27/2026*

Implemented [redacted] ***- 08/05/2026)***

101o - Walls, Floors, Ceilings

2. Requirements

2600.
101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On [redacted] *in resident* [redacted] *room, there was a hole approximately 2 feet by 2 feet that was cut out in the ceiling, exposing a white PVC pipe. Also, the wall below was water stained with peeling, rippled paint.*

Plan of Correction ***Accept*** [redacted] ***- 07/21/2026)***

-On 6/17/26, the Maintenance Director continued to complete the work in resident [redacted] *room due to a leak from roof. The roof repair was completed and the interior ceiling/wall of resident* [redacted] *was in process of being repaired at time of inspection. Work completed on 6/25/26.*

-By 7/22/26, the administrator shall educate the Maintenance Director on regulation 2600.101o, documentation shall be kept.

101o Walls, Floors, Ceilings (continued)

By 7/27/26, the administrator or designee shall audit current resident rooms to ensure wall and ceiling are in good repair. Any further findings shall be corrected at time of audit. Documentation shall be maintained.

Beginning 8/3/26, the administrator or designee shall audit 5 resident bedrooms weekly for 4 weeks to ensure wall and ceiling are in good repair. Documentation shall be maintained.

On 8/27/2026, the Residence Director or designee, will review the above findings for 2600.101.o during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *07/27/2026*

Implemented[redacted] - 08/05/2026)