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

October 6, 2026

[redacted]
HEATHER GLEN SENIOR LIVING LLC
[redacted]

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

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/15/2026, 07/17/2026, 07/20/2026, 07/24/2026, 07/27/2026, 08/05/2026, 08/06/2026, 08/07/2026 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: *HEATHER GLEN SENIOR LIVING* **License #**: *22682* **License Expiration**: *01/29/2027*

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: [redacted]

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**: *134* **Waking Staff**: *101*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *08/07/2026*

Inspection Dates and Department Representative

07/15/2026 - On-Site: [redacted]
07/17/2026 - Off-Site: [redacted]
07/20/2026 - Off-Site: [redacted]
07/24/2026 - Off-Site: [redacted]
07/27/2026 - Off-Site: [redacted]
08/05/2026 - Off-Site: [redacted]
08/06/2026 - Off-Site: [redacted]
08/07/2026 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *120* **Residents Served**: *94*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *MC* **Capacity**: *48* **Residents Served**: *40*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Are 60 Years of Age or Older: *94*
Diagnosed with Mental Illness: *0*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *40*
Have Physical Disability: *1*

Inspections / Reviews

07/15/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *09/07/2026*

09/24/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *09/24/2026*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *09/28/2026*

10/06/2026 - Document Submission

Submitted By: [redacted] **Date Submitted:** *09/24/2026*

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

16d - Final Incident Report

1. Requirements

2600.
16.d. The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

Description of Violation

On [redacted], the home was informed by the hospital that resident [redacted] was diagnosed with a [redacted] The home submitted an initial incident report on [redacted] The home did not submit a final report to the Department.

Plan of Correction ***Accept [redacted] - 09/24/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, action was taken on 09/04/2026 by the Director of Wellness to send a final report to the department with the update.

To enhance the currently compliant operations, on 08/31/2026 the Executive Director provided reeducation to the DOW and ADOW on regulation 2600.16.d, with a completion date of 08/31/2026.

Effective 09/01/2026 the Director of Wellness will perform weekly reviews of reportable incidents, through 11/30/2026 to maintain ongoing compliance with submitting a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *11/30/2026*

Implemented [redacted] 10/06/2026)

228b - Discharge or Transfer

2. Requirements

2600.
228.b. If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

Description of Violation

On [redacted] the home determined resident [redacted]s needs could not be met safely in the personal care home. However, the home did not issue a 30-day written notice to resident [redacted] or the resident's responsible person.

Plan of Correction ***Accept [redacted] 09/24/2026)***

On 5/18/2026, the DOW and MC nurse assessed resident [redacted] at a rehab facility following a hospital stay due to a fall and hip fracture.
It was determined by the nursing team that it was unsafe for the resident to return from the rehab to the home. Moving forward, the administrator will send a 30-day written notice to the resident or POA if the home initiates a discharge or transfer.

Licensee's Proposed Overall Completion Date: *09/11/2026*

Implemented [redacted] - 10/06/2026)