

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

September 8, 2026

[REDACTED]
THE ATRIUM OF ALLENTOWN LLC
[REDACTED]
[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 07/28/2026 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

Type: I-1

Date: 10/02/2020

Issued By: Dept of L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 108

Waking Staff: 81

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint

Exit Conference Date: 07/28/2026

Inspection Dates and Department Representative

07/28/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 103

Residents Served: 71

Secured Dementia Care Unit

In Home: Yes

Area: Memory Care

Capacity: 30

Residents Served: 24

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 71

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 37

Have Physical Disability: 1

Inspections / Reviews

07/28/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/28/2026

08/31/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/07/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/07/2026

Inspections / Reviews *(continued)*

09/08/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/07/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident [REDACTED] were not administered on [REDACTED] and [REDACTED] due to the medications not being available. The home did not report the medication error to the Department.

Repeated Violation: [REDACTED]

Plan of Correction

Accepted [REDACTED] 08/31/2026)

"On July 31, 2026, the Administrator submitted an incident report for the medication error involving Resident [REDACTED] within 24 hours of the error being discovered and brought to the community's attention by the DHS inspector.

Also on July 31, 2026, the Administrator and Director of Wellness (DOW) re-educated all Medication Technicians on the incident reporting requirements under 55 Pa. Code §2600.16, with specific emphasis on the identification and timely reporting of medication errors.

Effective July 31, 2026, the community revised its incident reporting procedure to ensure the timely submission and review of all incident reports. A designated incident report mailbox will be maintained in the Wellness Office and will be accessible to all staff. Blank incident report forms will be available at this location, and staff will place completed reports in the designated mailbox. The Executive Director, DOW, or their designee will collect and review all submitted incident reports daily to ensure timely follow-up and compliance with applicable reporting requirements.

"

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented [REDACTED] - 09/08/2026)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident [REDACTED]'s contract was initiated on [REDACTED] by Staff Person A. On pages 16, 26, 33, and on the Medication Management Agreement it was not initially signed by the Administrator or designee. Staff Person B signed and back dated it to [REDACTED]

Plan of Correction

Accepted [REDACTED] - 08/31/2026)

"Resident [REDACTED] had been discharged at the time of the inspection; therefore, no corrective action could be taken

25b Contract Signatures (continued)

regarding the specific contract identified during the inspection.

On July 29, 2026, the Regional Director re educated the Executive Director, Director of Wellness (DOW), and Marketing Director on the requirements of 55 Pa. Code §2600.25(b), including lease and contract completion and signing requirements. The training specifically emphasized that documents may not be backdated at any time when corrections or updates are made.

Effective immediately, the Executive Director will review all leases and contracts for completeness and compliance on or before the resident's physical admission to ensure ongoing compliance."

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented [REDACTED] - 09/08/2026)

25c4 - Payment Responsibility**3. Requirements**

2600.

25.c. At a minimum, the contract must specify the following:

Description of Violation

Resident [REDACTED]'s contract dated [REDACTED] does not specify the party responsible, nor is it signed by anyone to indicate there is a responsible party. The resident's Medical Evaluation dated [REDACTED] indicates the resident requires assistance in higher level decision making.

Resident [REDACTED]'s contract dated [REDACTED] does not specify the responsible party, nor is it signed by anyone to indicate there is a responsible party other than the resident. The resident's medical evaluation dated [REDACTED] indicates the resident requires assistance in higher level decision making. This resident is in a Secured Dementia Care Unit (SDCU).

Plan of Correction

Accept [REDACTED] - 08/31/2026)

"On August 12, 2026, the Administrator contacted the Powers of Attorney (POAs) for Residents [REDACTED] and [REDACTED] by telephone to arrange for the required contracts to be signed in accordance with 55 Pa. Code §2600.25(c)(4).

Resident [REDACTED] POA agreed to sign the required documentation electronically via DocuSign and completed the signature on August 27, 2026. Resident [REDACTED] POA met with the Executive Director on August 28, 2026, to sign the required documentation in accordance with §2600.25(c)(4).

By August 31, 2026, the Administrator will complete an audit of all resident leases and contracts to ensure that the responsible party is properly identified and all required documentation is complete. Any deficiencies identified during the audit will be corrected by August 31, 2026.

Additionally, on July 31, 2026, the Regional Director provided training to the new Administrator and Marketing Director on the requirements of 55 Pa. Code §2600.25 in its entirety, including the requirements of §2600.25(c)(4). Documentation of the training will be maintained in the Executive Director's office.

"

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented [REDACTED] - 09/08/2026)

25c10 - Advance Notice

4. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

10. A statement that the resident is entitled to at least 30 days' advance notice, in writing, of the home's request to change the contract.

Description of Violation

Resident [REDACTED]'s contract was signed on [REDACTED]. In the contract it indicates the resident must pay [REDACTED] a month for the service of Medication Assistance and Administration. January 2026, February 2026, March 2026, and April 2026 the resident was charged [REDACTED] a month for this service. There was never a 30-day notice given to resident or the responsible party to indicate this increase change.

Plan of Correction

Accept [REDACTED] - 08/31/2026)

"On July 28, 2026, while the DHS inspector was onsite, the Regional Director contacted the Home Office to request an [REDACTED] refund due to contradictions between the resident's contract and billing. Documentation of the refund was provided to the inspector during the inspection.

On July 31, 2026, the community responded by email to Resident [REDACTED]'s son regarding the refund that was issued.

On July 29, 2026, the Regional Director educated the Executive Director and Marketing Director on the requirements of 55 Pa. Code §2600.25(c)(10), including the requirement to provide residents and responsible parties with at least 30 days' written notice before implementing changes to the home's contract. The training also included procedures for reviewing contracts for accuracy and completeness to prevent discrepancies between contract terms and billing practices.

The Executive Director will be responsible for ensuring ongoing compliance with these requirements."

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented [REDACTED] 09/08/2026)

25c11 - List of Rates

5. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

11. A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

Description of Violation

Resident [REDACTED] moved from Secure Dementia Care Unit to Personal Care on [REDACTED]. The resident's fee decreased from [REDACTED] to [REDACTED]. There was no new contract or addendum completed to update the resident's new monthly fee.

Residents [REDACTED] and [REDACTED] were charged [REDACTED] each for a shared room. On [REDACTED], Resident [REDACTED] moved to Secure Dementia Care Unit and resident [REDACTED] remained on Personal Care. There was no new contract completed or addendum to update the new charges for either resident.

25c11 - List of Rates (continued)

Plan of Correction

Accept [REDACTED] - 08/31/2026)

"On July 29, 2026, the Administrator completed the following contract corrections to accurately reflect each resident's change in placement and applicable rates:

Resident [REDACTED] The Administrator completed an updated contract or formal contract addendum reflecting the resident's transfer from the Secured Dementia Care Unit to Personal Care on November 10, 2025, including the appropriate decrease in the monthly rate.

Resident [REDACTED] The Administrator updated the contract to reflect the resident's transfer to the Secured Dementia Care Unit (SDCU) on October 8, 2025, including the applicable increase in fees.

Resident [REDACTED]: The Administrator updated the contract to reflect the resident's room status and applicable monthly rate while remaining in Personal Care. All respective residents and responsible parties signed the revised contracts.

On August 1, 2026, the Regional Administrator educated the new Executive Director on the resident room transfer and discharge process, including the requirement to complete and obtain signatures on a contract addendum whenever a resident's room assignment, level of care, or applicable fees change. The Executive Director will be responsible for ensuring ongoing compliance with this process.

"

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented [REDACTED] - 09/08/2026)

82a - Poisonous Materials

6. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At approximately 9:20 a.m., the cleaning cart had 3 unlabeled spray bottles, staff identified one as Fabuloso, the other was identified as peroxide, and the 3rd was identified as an air freshener. These bottles did not have a manufacturers label on them.

Plan of Correction

Accept [REDACTED] - 08/31/2026)

"Immediately on July 28, 2026, while the DHS inspectors were onsite, the Director of Maintenance, who oversees the Housekeeping Department, removed and properly disposed of all unlabeled cleaning product bottles. Housekeeping staff were provided with cleaning products in their original, properly labeled containers.

Also on July 28, 2026, the Director of Maintenance inspected the housekeeping supply storage area and removed and properly disposed of all unlabeled chemical products and containers.

On July 29, 2026, the Administrator re-educated housekeeping and all facility staff on the requirements of 55 Pa. Code §2600.82(a) and proper chemical handling and labeling protocols. The training emphasized that unlabeled spray bottles or chemical containers are strictly prohibited and that all cleaning products must remain in their original labeled containers or be properly labeled in accordance with applicable requirements. "

Licensee's Proposed Overall Completion Date: 08/28/2026

82a - Poisonous Materials (*continued*)*Implemented* [REDACTED] - 09/08/2026)

121a - Unobstructed Egress

7. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At approximately 9:33 a.m., a white sitting chair was observed blocking the egress to the right-side front patio emergency exit near the reception area.

Plan of Correction

Accept [REDACTED] - 08/31/2026)

"Immediately on July 28, 2026, the Director of Wellness (DOW) removed the white sitting chair located near the right-side front patio emergency exit by the reception area, ensuring the exit route was completely clear and unobstructed. The Administrator also posted a "Do Not Block Emergency Exit" sign on the exit door.

On July 29, 2026, the Administrator and Maintenance Supervisor educated residents and all staff on the requirements of 55 Pa. Code §2600.121(a). The training emphasized that all emergency exit routes and pathways must remain completely clear and unobstructed at all times.

Effective as of 07/28/26, the Executive Director, Maintenance Director, or designee will be responsible for conducting daily walk-through rounds to inspect emergency exits and primary egress routes and ensure they remain clear and unobstructed."

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented [REDACTED] - 09/08/2026)

141a 1-10 Medical Evaluation Information

8. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

141a 1-10 Medical Evaluation Information (continued)

Description of Violation

Resident [REDACTED]'s initial Medical Evaluation dated [REDACTED] was incomplete and does not address if the resident can safely use or avoid poisons, the resident's immunization history, health status, cognitive functioning, or mobility requirements.

Plan of Correction

Accept ([REDACTED] - 08/31/2026)

"On July 29, 2026, the Director of Wellness (DOW) contacted Resident [REDACTED] primary care physician to obtain a completed and updated Medical Evaluation that addressed all required areas, including whether the resident could safely use or avoid poisons, immunization history, health status, cognitive functioning, and mobility requirements. The physician completed the necessary corrections to the Medical Evaluation on July 29, 2026, bringing the documentation into compliance.

Beginning August 1, 2026, the Administrator, DOW, or designee initiated a 100% audit of all current residents' initial and annual Medical Evaluations to ensure that all required sections are fully completed. Any incomplete evaluations identified during the audit will be returned to the appropriate physician for completion.

Effective August 1, 2026, a Medical Evaluation Review Checklist was implemented. The Administrator or DOW will complete the checklist upon receipt of all new or updated Medical Evaluations to verify that every required section is complete before the document is accepted and filed in the resident's record.

On July 29 and July 30, 2026, the Administrator re-educated the Wellness Director on the requirements of 55 Pa. Code §2600.141(a), including the requirement for complete Medical Evaluation forms and the mandatory review process for incoming medical documentation.

The Director of Wellness, Designee and Executive Director will be responsible to ensure ongoing compliance.

"

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented ([REDACTED] 09/08/2026)

187b - Date/Time of Medication Admin.

9. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On [REDACTED] Staff person E did not document Resident [REDACTED] Medication Administration Record (MAR) at the time of administering the following medications: [REDACTED] and [REDACTED] on time at 8:00 a.m.

Staff person B did not document Resident [REDACTED]'s MAR at the time of administering the following medications: [REDACTED]

[REDACTED], and [REDACTED]. On [REDACTED], and [REDACTED]. On [REDACTED] and [REDACTED].

187b - Date/Time of Medication Admin. (continued)

Plan of Correction

Accept [REDACTED] - 08/31/2026)

"Immediately upon discovery on July 30, 2026, Staff Person E had not documented Resident [REDACTED]'s medication administration on the MAR, the Administrator and Director of Wellness (DOW) held a meeting with the Medication Technicians to review proper medication administration and documentation practices on 07/30/26.

On July 30, 2026, Staff Person B and Staff Person E were individually coached by the Director of Wellness and the Executive Director and counseled on the five rights of medication administration and the importance of accurate and timely medication documentation.

To ensure ongoing compliance, the DOW, Administrator, or designee will conduct daily medication cart and MAR audits for 30 days. The daily audits started on 07/29/26 for 30 days. Following the 30-day monitoring period, medication cart and MAR audits will be conducted weekly by the Director of Wellness or Designee."

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented [REDACTED] - 09/08/2026)

187d - Follow Prescriber's Orders

10. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] with instructions to instill one drop into both eyes at 8:00 p.m. daily. On [REDACTED] and [REDACTED] Staff person's A and B did not administer the medication to resident [REDACTED] due to the medication not being available.

Repeated Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/31/2026)

"Immediately on July 30, 2026, Staff Person A and Staff Person B were coached and counseled on the five rights of medication administration, the requirement to follow prescriber orders as written, and the importance of ensuring medications are available and administered as prescribed.

On July 30, 2026, the Administrator re-educated medication staff on the location of backup medications, including the additional medication cart and medication refrigerator located in the Wellness Office. Staff were instructed to verify the availability of medications and promptly access approved backup supplies when needed to prevent missed doses.

The Director of Wellness (DOW), Administrator, or designee will conduct daily medication cart and MAR audits for 30 days to verify that medications are available and administered according to prescriber orders. Following the initial 30-day monitoring period, medication cart and MAR audits will be conducted weekly to ensure ongoing compliance. The Director of Wellness and Executive Director Staff coached and counseled Person B and Staff Person on the 5 rights of medication management and administration and to follow prescriber orders as prescribed.

All medtechs were re-educated by Administrator on 7/30/2026, 07/31/26 where the extra medication is stored and

187d - Follow Prescriber's Orders (continued)

kept in extra cart and refrigerator in wellness.

To ensure ongoing compliance, the DOW, Administrator, or designee will conduct daily medication cart and MAR audits for 30 days. The daily audits started on 07/29/26 for 30 days. Following the 30-day monitoring period, medication cart and MAR audits will be conducted weekly by the Director of Wellness of Designee.

"

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented () - 09/08/2026)

188b - Medication Error Reporting**11. Requirements**

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] with instructions to instill one drop into both eyes at 8:00 p.m. daily. On [REDACTED] and [REDACTED], Staff person's A and B did not administer the medication did not notify the resident's designated person, and the resident's prescriber.

Plan of Correction

Accept () - 08/31/2026)

"An incident report for the medication error involving Resident [REDACTED] was submitted to the Department on July 31, 2026, by the Administrator. The appropriate resident representative and prescriber were also notified of the medication error.

On July 31, 2026, the Administrator and Director of Wellness (DOW) re-educated all Medication Technicians on the incident reporting requirements under 55 Pa. Code §2600.16, with specific emphasis on medication errors, including the requirement to immediately notify the resident, the resident's designated person, and the prescriber.

Effective August 31, 2026, the Executive Director revised the community's incident reporting procedure to establish a designated incident-reporting mailbox in the Wellness Office. The mailbox will be accessible to all staff and will contain blank incident report forms. Staff will place completed incident reports in the designated mailbox for timely review.

As of 08/31/26, The Executive Director, DOW, or designee will collect and review all incident reports daily to ensure appropriate follow-up, notification, and reporting are completed within the required timeframes and will be responsible for ongoing compliance."

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 09/08/2026)

231c - Preadmission Screening

12. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [REDACTED] entered the home's Secure Dementia Care Unit on [REDACTED]. The resident's Cognitive Preadmission Screen was completed on [REDACTED].

Plan of Correction**Accept [REDACTED] - 08/31/2026)**

"Immediately on July 29, 2026, the Administrator completed a new Cognitive Preadmission Screening for Resident [REDACTED] using the Department's required preadmission screening form.

On July 29, 2026, the Regional Director of Operations re-educated the Executive Director, Director of Wellness (DOW), and Marketing Director on the requirements of 55 Pa. Code §2600.231(c). The education included the requirement that the Cognitive Preadmission Screening be completed in collaboration with the appropriate physician or geriatric assessment team within 72 hours prior to admission to the Secured Dementia Care Unit. The team was also instructed to verify each screening for accuracy and completeness prior to admission.

The Executive Director, DOW, and Marketing Director will be responsible for ensuring compliance with this requirement for all future Secured Dementia Care Unit admissions.

By August 31, 2026, the Executive Director, DOW, or designee will complete a 100% audit of the Cognitive Preadmission Screenings for all current Secured Dementia Care Unit residents to verify that each required screening is complete, accurate, and compliant with the 72-hour requirement. Any deficiencies identified during the audit will be corrected immediately.

Effective July 29, 2026, an admission record checklist was implemented. The Executive Director will complete the checklist for every new admission upon admission to verify that all required admission documentation, including the Cognitive Preadmission Screening when applicable, has been completed accurately and within the required timeframe. The checklist will be maintained as evidence of the review and will be used to ensure ongoing compliance.

."

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented [REDACTED] - 09/08/2026)**234a - Admission Support Plan****13. Requirements**

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [REDACTED] entered the home's Secure Dementia Care Unit on [REDACTED]. The resident's initial Assessment and Support Plan was completed on [REDACTED].

234a - Admission Support Plan (continued)

Resident [REDACTED] entered the Secure Dementia Care Unit on [REDACTED]. The resident's initial Assessment and Support Plan was completed on [REDACTED].

Resident [REDACTED] entered the Secure Dementia Care Unit on [REDACTED]. The resident's initial Assessment and Support Plan was completed on [REDACTED].

Plan of Correction**Accept [REDACTED] - 08/31/2026)**

"On July 29, 2026, the Administrator corrected the dates on the initial Assessment and Support Plans for Residents [REDACTED] and [REDACTED] to accurately reflect the dates the plans were completed. Documentation was corrected to ensure the resident records accurately reflected the services provided. Corrections were not backdated.

On July 29, 2026, the Regional Director of Operations re-educated the Executive Director, Director of Wellness (DOW), and Administrator on the requirements of 55 Pa. Code §2600 regarding the timely completion of Assessment and Support Plans for residents admitted to the Secured Dementia Care Unit. Education emphasized that the initial Assessment and Support Plan must be developed, implemented, and documented within 72 hours prior to admission or within 72 hours following admission, as applicable.

By August 31, 2026, the Executive Director, DOW, or designee will complete a 100% audit of all current Secured Dementia Care Unit residents' Assessment and Support Plans to verify compliance with the required 72-hour timeframe. Any deficiencies identified will be corrected immediately.

Effective July 29, 2026, an admission record checklist was implemented. The Executive Director will complete the checklist for every new admission to verify that all required admission documentation, including the Assessment and Support Plan, is completed accurately and within the required timeframe. The completed checklist will be maintained in the resident's record as evidence of the review and to ensure ongoing compliance."

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented [REDACTED] - 09/08/2026)