

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

October 6, 2026

[REDACTED] OWNER
BETHLEHEM MANOR MEMORY CARE LLC
[REDACTED]
C/O PREVENTATIVE MEASURES
[REDACTED]

RE: BETHELEHM MANOR MEMORY
CARE
316 E MARKET ST
BETHLEHEM, PA, 18018
LICENSE/COC#: 23244

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/25/2026 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: BETHELEHM MANOR MEMORY CARE

License #: 23244

License Expiration: 05/29/2027

Address: 316 E MARKET ST, BETHLEHEM, PA 18018

County: NORTHAMPTON

Region: NORTHEAST

Administrator

Name:

Phone:

Email:

Legal Entity

Name: BETHLEHEM MANOR MEMORY CARE LLC

Address: , C/O PREVENTATIVE MEASURES

Phone:

Email:

Certificate(s) of Occupancy

Type: I-2

Date: 09/02/2020

Issued By: City of Bethlehem

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 16

Waking Staff: 12

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Complaint

Exit Conference Date: 09/18/2026

Inspection Dates and Department Representative

08/25/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60

Residents Served: 8

Secured Dementia Care Unit

In Home: Yes

Area: Memory Care

Capacity: 30

Residents Served: 8

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 8

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 8

Have Physical Disability: 0

Inspections / Reviews

08/25/2026 Full

Lead Inspector: David Sheaffer

Follow-Up Type: POC Submission

Follow-Up Date: 09/21/2026

09/22/2026 - POC Submission

Submitted By: Jasalynn George

Date Submitted: 10/05/2026

Reviewer: Corey Pica

Follow-Up Type: Document Submission Follow-Up Date: 10/05/2026

Inspections / Reviews *(continued)*

10/06/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/05/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired on [REDACTED] and began working on [REDACTED] but their criminal background check was not initiated by the home until [REDACTED]

Plan of Correction

Accept ([REDACTED] - 09/21/2026)

In response to the violation on 08/25/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/26/2026 by the Executive Director to to educate the Human Resource Director on regulation 51.

To enhance the currently compliant operations:

1. on 09/14/2026 the Human Resources will audit all new hire's chart prior to the start of general orientation x 4 weeks, with a completion date of 10/05/2026.

The overall completion date is 10/05/2026.

Effective 09/14/2026 the Human Resource Director will perform weekly audits of criminal background checks, through 10/05/2026 to maintain ongoing compliance with having criminal history checks and hiring policies that are in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented ([REDACTED] - 10/06/2026)

82c - Locking Poisonous Materials

2. Requirements

2600.

- 82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At 9:30 a.m., a bottle of Medaline, with a manufacture's label indicating "call poison control center immediately if ingested", was found in the communal bathroom of the secured dementia unit unlocked, unattended, and accessible to residents. All residents in the secured dementia care unit are not assessed to be safely around poisons.

Plan of Correction

Accept ([REDACTED] - 09/21/2026)

In response to the violation on 08/25/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/25/2026 by the Director of Nursing to secure the Medline soap from the communal bathroom.

82c Locking Poisonous Materials (continued)

To enhance the currently compliant operations, on 09/14/2026 the Executive Director educated the Director of Nursing, and caregiving staff, along with the ancillary staff about regulation 82c, with a completion date of 09/25/2026.

Effective 09/14/2026 the Director of Nursing will perform daily audits x 5 days a week for poisonous material, through 10/05/2026 to maintain ongoing compliance with keeping poisonous materials locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 10/06/2026)

85a - Sanitary Conditions**3. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/25/26 at 11:00 a.m., in resident 1s bathroom, there was a large puddle of what appeared and smelled like urine around the bottom of the toilet.

Plan of Correction

Accept () - 09/21/2026)

In response to the violation on 08/25/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/25/2026 by the housekeeping team, cleaned the puddle of fluid off of the floor around the toilet of resident 1 bathroom.

To enhance the currently compliant operations, on 09/14/2026 the Executive Director or designee educated the maintenance director, housekeeping staff and the caregivers, about regulation 85a, with a completion date of 09/25/2026.

Effective 09/14/2026 the Maintenance Director or designee will perform daily inspections of the bathrooms, through 10/05/2026 to maintain ongoing compliance with maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 10/06/2026)

103e - Left Overs**4. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

103e - Left Overs (continued)

Description of Violation

At 2:00 p.m., there were 2 unlabeled bags of what appeared to be frozen spinach and frozen sausage links in the kitchen refrigerator.

Plan of Correction

Accept () - 09/21/2026

In response to the violation on 08/25/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/25/2026 by the cook to label the bags of frozen spinach and label the bag of frozen sausage in the refrigerator.

To enhance the currently compliant operations, on 09/14/2026 the Executive Director, educated the Food Service Director, and the cook about regulation 103e, with a completion date of 09/18/2026.

Effective 09/14/2026 the Food service director will perform weekly inspections, x 4 weeks, of the refrigerators and freezers that all food have labels that identify the items, through 10/05/2026 to maintain ongoing compliance with ensuring food served and returned from an individual's plate is not be served again or used in the preparation of other dishes, and ensure leftover food is labeled and dated. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 10/06/2026

121a - Unobstructed Egress

5. 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

On 8/25/26 at 9:15 a.m., the exterior courtyard gate was fastened closed with a metal clamp, blocking egress to the parking lot. The egress is noted as an exit on the evacuation diagram.

Plan of Correction

Accept () - 09/22/2026

In response to the violation on 08/25/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/26/2026 by the Executive Director contact the maglock company, Zeller electric, about installing the maglock system to that gate, with a completion date of 10/05/2026.

To enhance the currently compliant operations, on 09/14/2026 the Executive Director educated the maintenance director, and the director of nursing about regulation 121a.

121a Unobstructed Egress (continued)

Effective 09/14/2026 the Maintenance Director will perform weekly inspections, x 4 weeks, of all exit doors, through 10/05/2026 to maintain ongoing compliance with ensuring stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 10/06/2026)

132b - Safety Inspection/Fire Drill**6. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home has not had a fire drill supervised by a fire safety expert in the last year.

Plan of Correction

Accept () - 09/22/2026)

In response to the violation on 08/25/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/18/2026 by the Executive Director to Call placed to the fire safety expert and scheduled annual fire drill.

To enhance the currently compliant operations:

- 1. on 09/18/2026 the Executive Director will Education was provided to the maintenance director about regulation 132b, with a completion date of 09/18/2026.*
- 2. on 09/18/2026 the Maintenance Director will create an annual Fire drill calendar, and schedule the annual fire expert drill, with in the 12 month calendar year, with a completion date of 10/05/2026.*

The overall completion date is 10/05/2026.

Effective 09/18/2026 the Maintenance Director will perform annual review of scheduled fire drills, and ensure that the annual expert fire drill is scheduled for the following year, through 10/05/2026 to maintain ongoing compliance with ensuring a fire safety inspection and fire drill conducted by a fire safety expert is completed annually, and to keep documentation of each fire drill and fire safety inspection. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 10/06/2026)

132d - Evacuation**7. Requirements**

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

132d - Evacuation (*continued*)**Description of Violation**

The home does not have a written letter from a fire safety expert within the last year specifying allowable evacuation time. Therefore, the maximum safe evacuation time for the home is 2 minutes and 30 seconds. Fire drill logs document the fire drill conducted on 4/16/26 at 3:03 p.m. took 5 minutes and 8 seconds to evacuate, the fire drill conducted on 5/12/26 at 1:38 p.m. took 5 minutes and 18 seconds to evacuate, the fire drill conducted on 6/30/26 at 6:05 a.m. took 6 minutes and 15 seconds, and the fire drill conducted on 7/22/26 at 1:30 p.m. took 6 minutes and 13 seconds to evacuate.

Plan of Correction

Accept () - 09/22/2026)

In response to the violation on 08/25/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/18/2026 by the Executive Director to schedule the fire safety expert for annual fire drills and obtain documentation of allowable evacuation time.

To enhance the currently compliant operations, on 09/18/2026 the Maintenance Director was educated on regulation 132d, with a completion date of 09/18/2026.

Effective 09/18/2026 the Maintenance Director or designee will perform monthly review of allowable evacuation time on fire drill records, through 10/05/2026 to maintain ongoing compliance with ensuring residents are able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert, and for purposes of this subsection, ensure the fire safety expert is not a staff person of the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 10/06/2026)

162c - Menus Posted

8. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

At approximately 9:28 a.m., the current menu for the week of 8/23/26 through 8/29/26 and the following week of 8/30/26 through 09/05/26 were not posted.

Plan of Correction

Accept () - 09/21/2026)

In response to the violation on 08/25/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/25/2026 by the Executive Director to post the two-week food menu.

To enhance the currently compliant operations, on 09/14/2026 the Executive Director or designee educated the Food Service Director on regulation 162c, with a completion date of 09/14/2026.

162c - Menus Posted (continued)

Effective 09/14/2026 the Food Service Director will perform weekly audits of menus posted , through 10/05/2026 to maintain ongoing compliance with preparing menus, stating the specific food being served at each meal for 1 week in advance and to follow the menu, and to post weekly menus 1 week in advance in a conspicuous and public place in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 10/06/2026)

185a - Implement Storage Procedures**9. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

At 2:13 p.m., [REDACTED] prescribed to resident #1 to be administered as needed were not available in the home.

Plan of Correction

Accept () - 09/21/2026)

In response to the violation on 08/25/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/25/2026 by the Director of Nursing to order [REDACTED]

To enhance the currently compliant operations, on 09/14/2026 the Executive Director educated the Director of Nursing on regulation 185a, with a completion date of 09/14/2026.

Effective 09/14/2026 the Director of nursing will perform Weekly x 5 days audits of Medication cart audits , through 10/05/2026 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 10/06/2026)

190c - Record of Training**10. Requirements**

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

Staff person B's most recent Annual Summary and Requalification Practicum form is dated 7/03/24 to 7/03/25.

190c Record of Training (continued)

Plan of Correction

Accept () - 09/22/2026)

In response to the violation on 08/25/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/25/2026 by the Director of Nursing to call placed to the med tech trainer and schedule an observation for staff member B.

To enhance the currently compliant operations:

- 1. on 08/26/2026 the Executive Director educated the Director of nursing, and also the Med Tech Training Nurse, on regulation 190c, with a completion date of 08/26/2026.*
- 2. on 08/26/2026 the Med Tech Training nurse completed Staff person B's medication observation, with a completion date of 08/27/2026.*

The overall completion date is 10/05/2026.

Effective 09/14/2026 the Director of Nursing will perform quarterly audits of med tech observations , through 10/05/2026 to maintain ongoing compliance with ensuring A record of the training must be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 10/06/2026)

233c - Key-Locking Devices

11. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

At 9:27 a.m., the home's directions for operating the locking mechanism were not conspicuously posted at the outside gate located in the SDCU patio courtyard.

Plan of Correction

Accept () - 09/21/2026)

In response to the violation on 08/25/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/25/2026 by the Executive Director to post the code outside of the gate located in the patio courtyard.

To enhance the currently compliant operations, on 09/14/2026 the Executive Director educate the Director of Nursing, and maintenance director, on regulation 233c, with a completion date of 10/05/2026.

Effective 09/14/2026 the Director of Nursing or designee will perform weekly audits of code posting by locked exit door , through 10/05/2026 to maintain ongoing compliance with ensuring that if key locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, that directions for their operation are conspicuously posted near the device. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

233c - Key-Locking Devices *(continued)*

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 10/06/2026)

233d - Electronic/Magnetic System

12. Requirements

2600.

233.d. Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

Description of Violation

The doors opening into the parking lot from the courtyard are not locked with an electronic or magnetic locking system.

Plan of Correction

Accept () - 09/22/2026)

In response to the violation on 08/25/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/18/2026 by the Executive Director to Call placed to the mag lock service team, to install the mag lock on the courtyard gate on 10/5/2026.

To enhance the currently compliant operations, on 09/18/2026 the Executive Director educated the maintenance director on regulation 233d, with a completion date of 09/18/2026.

Effective 09/18/2026 the Maintenance Director will perform weekly checks of door alarms, and maglock, functions through 10/05/2026 to maintain ongoing compliance with ensuring doors that open onto areas such as parking lots, or other potentially unsafe areas, are locked by an electronic or magnetic system. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 10/05/2026

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 10/06/2026)