Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY PUBLIC

August 11, 2025

[redacted]
BETHLEHEM MANOR SENIOR LIVING LLC
[redacted]

RE: BETHLEHEM MANOR
815 PENNSYLVANIA AVENUE
BETHLEHEM, PA, 18018
LICENSE/COC#: 22684

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/24/2025 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: *BETHLEHEM MANOR* **License #**: *22684* **License Expiration**: *05/24/2026*

Address: *815 PENNSYLVANIA AVENUE, BETHLEHEM, PA 18018*

County: *LEHIGH* **Region**: *NORTHEAST*

Administrator

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

Legal Entity

Name: *BETHLEHEM MANOR SENIOR LIVING LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *C 2 LP* **Date**: *04/11/2011* **Issued By**: *L & I*

Type: *I 2* **Date**: *04/11/2011* **Issued By**: *L & I*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *50* **Waking Staff**: *38*

Inspection Information

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

Reason: *Interim* **Exit Conference Date**: *06/24/2025*

Inspection Dates and Department Representative

06/24/2025 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* **Residents Served**: *27*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *unit* **Capacity**: *36* **Residents Served**: *12*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *27*

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

Have Mobility Need: *23* **Have Physical Disability**: *1*

Inspections / Reviews

06/24/2025 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *07/24/2025*

Inspections / Reviews *(continued)*

07/25/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/06/2025*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *08/01/2025*

07/30/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/06/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/06/2025*

08/11/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/06/2025*

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

5a1 - DHS Access

1. Requirements

2600.
5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

Description of Violation

On [redacted] at 10:50 a.m., DHS Licensing Representative requested access to staff and resident records, schedules, and Medication Administration Records. These records were not given to representatives until 11:57a.m.

Plan of Correction ***Accept ([redacted] - 07/30/2025)***

The Administrator will ensure that agents of the Department have immediate access to the home, records, and residents upon request. The home will designate a staff person to act as administrator designee at all times the administrator is not present in the home. The designee will have access to all staff and resident records. The staff schedule will indicate who is acting as administrator designee on all shifts. Please see attached training

Licensee's Proposed Overall Completion Date: *07/29/2025*

Implemented ([redacted] - 08/11/2025)

88a - Surfaces

2. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [redacted] at 10:04 a.m., Resident [redacted] was peeling off large chunks of paint on the windowsill in the Memory Care activity unit and there were multiple other sections of the sill that had already been peeled off.

Plan of Correction ***Accept [redacted] - 07/25/2025)***

Maintenance immediately covered window with a wooden capping board. The administrator and admin designee on all three shifts along with
nursing staff will make sure that, the paint is not peeling. We will also ensure that residents are not peeling paint. Housekeeping along with maintenance will make sure daily that no paint is peeling anywhere else when doing their weekly window and screening audit. To ensure continued compliance, Housekeeping will keep track of this using or audit chart attached

Licensee's Proposed Overall Completion Date: *07/23/2025*

Implemented [redacted] - 08/08/2025)

103f - Refrigerator/Freezer Temps

3. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 10:11 a.m., the temperature in the refrigerator of the Memory Care Unit was 45 degrees Fahrenheit. It was checked again at 12:15 p.m. and was 43 degrees Fahrenheit.

103f Refrigerator/Freezer Temps (continued)

Plan of Correction ***Accept*** **- 07/30/2025)**

This was corrected at time of inspection, by maintenance who adjusted the temperature inside of fridge . To ensure continued compliance the administrator, or admin designee will check weekly to ensure that the freezer temperature is 40 degrees, This was corrected at time of inspection. Dietary aid will continue to do the daily temperature log. Please see attached picture of the thermometer.

Licensee's Proposed Overall Completion Date: *07/29/2025*

Implemented **- 08/08/2025)**

162c - Menus Posted

4. 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

On the home's menu for the week of was posted. However, the following week, was not posted

Plan of Correction ***Accept*** **- 07/25/2025)**

This was corrected at time of inspection. To maintain continued compliance admin designee along with dietary aide will ensure current menus are always posted. Dietary will audit daily when they check temps daily

Licensee's Proposed Overall Completion Date: *07/23/2025*

Implemented **- 08/08/2025)**