

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

January 25, 2023

[REDACTED]  
PARKLAND MANOR LLC  
[REDACTED]

RE: PARKLAND MANOR  
4636 CRACKERSPORT ROAD  
ALLENTOWN, PA, 18104  
LICENSE/COC#: 22823

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/28/2021, 09/29/2021 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: PARKLAND MANOR License #: 22823 License Expiration: 10/09/2022  
 Address: 4636 CRACKERSPORT ROAD, ALLENTOWN, PA 18104  
 County: LEHIGH Region: NORTHEAST

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: PARKLAND MANOR LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: Other Date: 12/08/2020 Issued By: South Whitehall Township

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 81 Waking Staff: 61

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint Exit Conference Date: 09/29/2021

**Inspection Dates and Department Representative**

09/28/2021 - On-Site: [REDACTED]  
 09/29/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 70 Resident Served: 50

**Secured Dementia Care Unit**  
 In Home: Yes Area: n/a Capacity: 25 Resident Served: 16

**Hospice**  
 Current Resident : 8

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 31 Have Physical Disability: 0

**Inspections / Reviews**

09/28/2021 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/24/2022

Inspections / Reviews *(continued)*

02/07/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/19/2023  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/17/2022

03/01/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/19/2023  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/11/2022

05/30/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/19/2023  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/06/2022

01/13/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 01/19/2023  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/20/2023

01/25/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 01/19/2023  
Reviewer: [REDACTED] Follow-Up Type: Not Required

121a - Unobstructed Egress

1. 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

The two exits that exit the personal care home dining room to the outside of the building were locked with a magnetic locking device. The magnetic locks prevent immediate egress in the event of an emergency. Not all the residents were able to use the keypad to open the doors.

POC Submission

Accept

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

2600.125.a. was corrected immediately at the time of inspection. To ensure continued compliance with 2600.125.a, housekeeping/laundry and nursing will check this daily and a laminated sign was posted on the machine for continued compliance.

2600. 121.a. was corrected immediately at the time of inspection. To ensure continued compliance with 2600. 121.a, administration, nursing, and maintenance will check all egress routes daily to make sure they are unobstructed.

Licensee's Proposed Overall Completion Date: 01/24/2022

Document Submission

Implemented (█) - 01/13/2023)

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

2600.125.a. was corrected immediately at the time of inspection. To ensure continued compliance with 2600.125.a, housekeeping/laundry and nursing will check this daily and a laminated sign was posted on the machine for continued compliance.

2600. 121.a. was corrected immediately at the time of inspection. To ensure continued compliance with 2600. 121.a, administration, nursing, and maintenance will check all egress routes daily to make sure they are unobstructed.

121a - Unobstructed Egress (continued)

Licensee's Proposed Overall Completion Date: 12/29/2022

125a Combustible Storage

2. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

An accumulation of lint was located on the back of the dryer and dryer duct, posing a possible fire hazard.

The secondary lint trap located in the external pipe coming from the dryer had a thick layer of lint in the trap, posing a possible fire hazard.

POC Submission

Accept

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

2600.125.a. was corrected immediately at the time of inspection. To ensure continued compliance with 2600.125.a, housekeeping/laundry and nursing will check this daily and a laminated sign was posted on the machine for continued compliance.

Licensee's Proposed Overall Completion Date: 01/24/2022

Implemented [redacted] - 01/25/2023)

185a Implement Storage Procedures

3. 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

Resident #1's PRN [redacted] was not available at the time of the inspection.

Resident #2's PRN [redacted] and [redacted] was not available at the time of the inspection.

POC Submission

Accept

If an Rx is not in the cart, if there is a refill available, the med techs will notify the pharmacy. If there is no refill available, the facility nurse will get an order for the refill from the PCP and pharmacy will then fill it.

Med aides, nursing supervisors, and administration will manage compliance on a daily and weekly basis.

Licensee's Proposed Overall Completion Date: 02/24/2022

Implemented [redacted] 01/25/2023)

227d - Support Plan Medical/Dental

4. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1's RASP dated [redacted]/21 indicates the resident has a [redacted] diet. The resident has a recent order for [redacted] diet and the RASP was not updated to reflect the resident's new diet.

POC Submission

Accept

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

2600.227.d. was corrected on the RASP at the time of inspection. The assignment sheet and diet list that the staff uses on a daily basis reflected the correct information. To ensure continued compliance with 2600.227.d., administration and wellness will check on this on a daily basis.

Licensee's Proposed Overall Completion Date: 01/24/2022

Implemented [redacted] 01/25/2023)

233b - Lock Manufacturer Statement

5. Requirements

2600.

233.b. A home shall have a statement from the manufacturer, specific to that home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one of more of the following occurs:

- 1. Upon a signal from an activated fire alarm system, heat or smoke detector.
- 2. Power failure to the home.
- 3. Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device.

Description of Violation

The home does not have a statement from the manufacturer of the magnetic locks verifying that the locks will release when the fire alarm system is activated, the home's power fails, and when the lock releasing device is operated.

POC Submission

Accept

Please see attached letter, which includes all the requirements as per the regulation. To ensure continued compliance, this document will be filed in administrator's office and will be updated as needed.

Licensee's Proposed Overall Completion Date: 05/12/2022

Document Submission

Implemented [redacted] - 01/13/2023)

Please see attached letter, which includes all the requirements as per the regulation. To ensure continued compliance, this document will be filed in administrator's office and will be updated as needed.

233b - Lock Manufacturer Statement (*continued*)

Licensee's Proposed Overall Completion Date: *12/29/2022*