

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

July 2, 2024

[REDACTED]
PARKLAND MANOR LLC
[REDACTED]
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/12/2024 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: *10/09/2024*
 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: *12/03/2020* Issued By: *Township of S. Whitehall*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *105* Waking Staff: *79*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *06/12/2024*

Inspection Dates and Department Representative

06/12/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *80* Residents Served: *64*

Secured Dementia Care Unit
 In Home: *Yes* Area: *SDCU* Capacity: *30* Residents Served: *27*

Hospice
 Current Residents: *13*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *64*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *41* Have Physical Disability: *0*

Inspections / Reviews

06/12/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/04/2024*

07/02/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/02/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews (*continued*)

07/02/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/02/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

227d - Support Plan Medical/Dental

1. 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 [REDACTED] Resident Assessment and Support Plan (RASP) dated [REDACTED] contains the resident's first name correctly on the signature page. The remainder of the document refers to the resident as, [REDACTED] as the resident's first name. The RASP dated [REDACTED] does not address any of the behaviors reported via staff interviews, including the resident's physical assistance needs for transfers, toileting, bladder and bowel management, frequent requests for assistance, anxiety, and tendency to be an unreliable reporter. The RASP [REDACTED] indicates the resident is independent and does not want help and tries to complete tasks by themselves.

Plan of Correction

Accept [REDACTED] - 07/02/2024)

This was immediately corrected by our Wellness Coordinator and RASP Coordinator. See updated RASP.

To ensure continued compliance, effective immediately the Wellness Coordinator, RASP coordinator, and nursing will check weekly that all information on the RASP is accurate. Administration will oversee to ensure compliance biweekly.

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.

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented [REDACTED] - 07/02/2024)