



Emailing Date: October 10, 2024

[REDACTED]
[REDACTED]
Parkland Manor North Campus LLC
[REDACTED]
[REDACTED]

RE: Parkland Manor North
4315 Washington Street
Schneckville, Pennsylvania 18078
License #: 232340

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on August 14, 2024 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive style with a large initial 'J'.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

September 26, 2024

[REDACTED]
PARKLAND MANOR NORTH CAMPUS LLC
[REDACTED]

RE: PARKLAND MANOR NORTH
4315 WASHINGTON STREET
SCHNECKSVILLE, PA, 18078
LICENSE/COC#: 232340

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/14/2024 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 NORTH* License #: *232340* License Expiration:
Address: *4315 WASHINGTON STREET, SCHNECKSVILLE, PA 18078*
County: *LEHIGH* Region: *NORTHEAST*

Administrator

Name: [REDACTED]

Legal Entity

Name: *PARKLAND MANOR NORTH CAMPUS LLC*
Address: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *New* Exit Conference Date: *08/14/2024*

Inspection Dates and Department Representative

08/14/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *0*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

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

Inspections / Reviews

08/14/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/08/2024*

09/17/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *09/26/2024*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/24/2024*

Inspections / Reviews *(continued)*

09/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document Submission*

09/26/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

133.1 - Exit Signs

1. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

The home has an exit door located in the basement storage room of the home. There was no exit sign posted above the doorway to the storage room to note the storage room contains an exit.

Plan of Correction

Do Not Accept [redacted] - 09/17/2024)

Personal Care Home immediately installed exit sign above the doorway to the storage room after the inspection. Please see attached photo to show compliance.

To ensure continued compliance weekly walk throughs will be conducted by maintenance in which they will check all exits and ensure exit signs are visible and working properly. This will be overseen by Administration and checked on a weekly basis as well to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 09/11/2024

Update: 09/17/2024

Please add dates as to when things were fixed and when audits started.

Plan of Correction

Accept [redacted] - 09/26/2024)

Personal Care Home immediately installed exit sign above the doorway to the storage room after the inspection. Please see attached photo to show compliance. Exit light was installed on 8/15/2024.

To ensure continued compliance weekly walk throughs will be conducted by maintenance in which they will check all exits and ensure exit signs are visible and working properly. These walk throughs will begin once license for the facility is issued and building is officially open. Walk throughs will be documented and log will be kept in Administration office. This will be overseen by Administration and checked on a weekly basis as well to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 09/25/2024

Update: 09/26/2024

Reviewed picture of sign

Bypass Document Submission

Implemented [redacted] - 09/26/2024)