

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

November 20, 2024

[REDACTED]  
PARKLAND MANOR LLC  
[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 09/05/2024 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: *95* Waking Staff: *71*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]  
 Reason: *Complaint, Incident* Exit Conference Date: *09/05/2024*

**Inspection Dates and Department Representative**

09/05/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *80* Residents Served: *59*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *NA* Capacity: *30* Residents Served: *23*

**Hospice**  
 Current Residents: *13*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *59*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *36* Have Physical Disability: *0*

**Inspections / Reviews**

09/05/2024 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/20/2024*

10/21/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *11/20/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/26/2024*

Inspections / Reviews *(continued)*

10/28/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/20/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/02/2024

11/20/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/20/2024

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:

- 1. Agents of the Department.

Description of Violation

The representative of the department requested the support plan for resident [redacted] on [redacted] at 1000am. The record was not provided to the department representative until [redacted] via email.

Plan of Correction

Accept [redacted] - 10/21/2024)

Immediate action was taken on 9/8/2024 in which the support plan was sent on a Sunday to the licensing representative as facility wanted to ensure all updates were correct prior to giving to the inspector, due our strong commitment to always be in compliance. To ensure continued compliance with 2600.5a. all support plans will be updated as required by the regulations and be accessible to staff and licensing representatives at all times. This will be checked weekly by our wellness coordinator and RASP coordinator and overseen by administration.

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: 10/16/2024

Implemented [redacted] - 11/20/2024)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

The home did not complete and send an incident report to the department within 24 hours of the resident [redacted] having a fall on 7-30-24 that contributed to the resident's death on 7-31-24. The home contacted EMS to take the resident out but that did not occur due to a medical choice by the POA.

Plan of Correction

Directed [redacted] - 10/28/2024)

With all due respect, all incident reports are sent in accordance with 2600.16c. The way this violation was written is not accurate. As explained to the inspector, the personal care home contacted hospice on call for resident [redacted] The hospice medical director wanted to send a "do not send out order." The POA did not want resident [redacted] sent out. The personal care home called the EMTs who refused to take resident [redacted] as they stated "[redacted] was already actively passing unrelated to the fall." [redacted] had been in the active dying process for several days. There was no incident report required. To ensure continued compliance with 2600.16c., in situations where the personal care home is unsure if a situation is reportable, as it is not listed in the reportable incidents section, administration will contact the department via email or phone for guidance. Furthermore, Resident [redacted] death was reported to the department. Going forward, as of 10/25/2024, administration will ensure all incident reports will be sent to the department as required by the regulation.

16c Written Incident Report (continued)

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.

Proposed Overall Completion Date: 10/25/2024

**Directed Plan of Correction:**

**The administrator will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required.**

Directed Completion Date: 11/08/2024

Implemented ( ) - 11/20/2024)

227g -Support Plan Signatures

3. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

Resident ( ) support plan dated ( ) does not include the resident's signature or the box checked that the resident was unable to participate.

Resident ( )'s support plan dated ( ) does not include the resident's signature or the box checked that the resident was unable to participate.

**Plan of Correction**

Accept ( ) - 10/28/2024)

See attached support plans as resident ( ) support plan was signed on ( ) and resident ( ) support plan was unable to be signed due to her discharge. To ensure continued compliance with 2600.227g., wellness coordinator and RASP coordinator will be responsible to check this on a weekly basis and this will be overseen by administration. Please see the attached RASP audit log from 9/12/2024 to 10/24/2024 and RASPS included in the audit.

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Licensee's Proposed Overall Completion Date: 10/25/2024

Implemented ( ) - 11/20/2024)