

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

April 1, 2025

[REDACTED], ADMINISTRATOR
PARKLAND MANOR LLC

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 12/18/2024, 12/19/2024, 01/02/2025, 01/06/2025, 01/07/2025, 12/18/2024, 01/10/2025 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: *PARKLAND MANOR* License #: *22823* License Expiration: *10/09/2025*
 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 Wyomissing Twp.*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *98* Waking Staff: *74*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *01/10/2025*

Inspection Dates and Department Representative

12/18/2024 - On-Site: [REDACTED]
 12/19/2024 - Off-Site: [REDACTED]
 01/02/2025 - Off-Site: [REDACTED]
 01/06/2025 - Off-Site: [REDACTED]
 01/07/2025 - Off-Site: [REDACTED]
 12/18/2024 - Off-Site: [REDACTED]
 01/10/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *80* Residents Served: *61*

Secured Dementia Care Unit
 In Home: *Yes* Area: *SDCU* Capacity: *35* Residents Served: *24*

Hospice
 Current Residents: *14*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *61*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *37* Have Physical Disability: *0*

Inspections / Reviews

12/18/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/07/2025*

02/24/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/27/2025*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/03/2025*

03/04/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/27/2025*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/28/2025*

04/01/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: *03/27/2025*
Reviewer: [REDACTED] Follow-Up Type: *Not Required*

16c - Written Incident Report

1. 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

On 9/30/24 Resident # 1 was found by Staff Person A lying on the floor of the residents bedroom and bleeding from [REDACTED] head. Resident #1 was sent to the hospital and admitted [REDACTED]. The home did not submit an Incident Report to the Department until 10/3/24.

Plan of Correction

Accept ([REDACTED]) - 03/04/2025)

Going forward all reports will be sent within 24 hours of administration, nursing, and wellness coordinator getting the diagnosis. At times, hospitals do not give full diagnosis and administration, nursing, and wellness coordinator find out upon discharge to the facility. Administration will ensure that all incident reports are submitted as required in regulation 2600.16c. Administration and wellness will be responsible, as well as nursing supervisors to get the diagnosis as soon as possible. To maintain ongoing compliance, administration will implement the following sustainable plan. On a weekly basis, the wellness coordinator and nursing supervisor will follow up each shift to ensure timely reporting. All staff will be trained on reportable incidents and diagnoses at the March staff training on 3/26/2025. Additionally, nursing supervisor and wellness coordinator will, on a as applicable basis, ensure consistent calls to the hospital/necessary party to ensure timely submission of any required documentation. To monitor compliance, administration will audit on a weekly basis starting 3/3/2025 and going until 7/3/2025.

Licensee's Proposed Overall Completion Date: 03/03/2025

Implemented ([REDACTED]) - 04/01/2025)

20b9 - Record Keeping

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

9. A copy of the itemized account shall be kept in the resident’s record.

Description of Violation

Resident # 3 does not have a quarterly account of financial transactions in the record for 2024.

Plan of Correction

Accept ([REDACTED]) - 03/04/2025)

Administration sent the quarterly account of financial transactions to the POA of resident #3 on 2/14/2025. sent Administration will ensure that the quarterly account of financial transactions are sent directly to the POA and the resident in a timely manner. Administration and front desk will follow up to ensure that the POA receives the documentation and that administration and front desk receive signed documentation for facility files. To ensure continued compliance, administration and front desk have already mailed all quarterly account of financial transactions and will file as we receive responses. To monitor compliance, administration and front desk have implemented a calendar tracking system starting on 3/3/2025 throughout the remainder of 2025 to ensure that the facility maintains in accordance with regulation 2600.20b. This calendar clearly illustrates the necessary dates to submit the quarterly account of financial transactions. Additionally, administration will audit the business files on a monthly basis to ensure the sustainable plan is effective and realistic.

20b9 - Record Keeping (continued)

Licensee's Proposed Overall Completion Date: 03/03/2025

Implemented (█) - 04/01/2025)

81b - Resident Personal Equipment

3. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident # 2 requires 2 bed enabler bars. One of the bars was not covered and posed a possible limb or head entrapment to the resident. The opening of the enabler bar measured more than 4 3/4 inches.

Plan of Correction

Accept (█) - 03/04/2025)

Resident #3 enabler bars were immediately covered by maintenance on 12/18/2024. As part of this plan of correction, administration has attached a photo for ensuring compliance with regulation 2600.81b. To maintain ongoing compliance, each nursing shift will check on the status of the enabler bars and maintenance will check this on a weekly basis. Administration will oversee this through weekly bed cane audits which will begin 3/3/2025 and continue until 7/3/2025.

Licensee's Proposed Overall Completion Date: 03/03/2025

Implemented (█) - 04/01/2025)

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Feces and urine stains were noted on the toilet seat, sink and trash can lid in the bathroom in Resident Room A-18.

Plan of Correction

Accept (█) - 03/04/2025)

All unsanitary areas in room A-18 were immediately cleaned by housekeeping on 12/18/2024. The resident had a bowel incontinence accident. Please see the attached photos to ensure continued compliance. To ensure continued compliance, the housekeeping team will be checking rooms on their assignments daily to ensure sanitary conditions are maintained. Additionally, housekeeping will do a daily second round of room sanitary audits at the end of their shift for incontinent residents. Administration will oversee this on a daily basis starting on 3/3/2025 continuing until 12/31/2025.

Licensee's Proposed Overall Completion Date: 03/03/2025

Implemented (█) - 04/01/2025)

132e - Fire Drill Sleeping Hours

5. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

132e - Fire Drill Sleeping Hours (continued)

Description of Violation

The sleeping hours fire drills occurred 5-21-23 at 622am and then on 8-31-24 at 1145pm, exceeding the 6 month requirement.

Plan of Correction

Accept () - 03/04/2025)

Please see attached fire drill 11-7 that was conducted on 12/22/2024 by maintenance at 1:56 AM. To ensure continued compliance, administration and maintenance will ensure that the next unannounced 11-7 drill is before 6/22/2025 and again before 12/22/2025. To ensure continued compliance with regulation 2600.132e, maintenance and administration will make a private calendar to pre-schedule the 11-7 fire drills to ensure they are within the time limitations. This calendar will be locked in a location that only maintenance and administration can access.

Licensee's Proposed Overall Completion Date: 03/03/2025

Implemented () - 04/01/2025)

144c1 - Smoking Area Guidelines

6. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

There was a chair in the smoking area, the seat and the back of the chair was a rope material. This material is flammable and poses a fire hazard in the smoking area.

Plan of Correction

Accept () - 02/24/2025)

The chair was immediately removed on 12/18/2024 by maintenance. Please see attached picture. To ensure continued compliance, maintenance will be checking the areas weekly to ensure compliance is maintained.

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented () - 04/01/2025)

183e - Storing Medications

7. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident # 4 Lantus Solostar 100 Unit S/M was open in the cart. There was no date indicating when the pen was opened or when it expires. As per the manufacturer's instructions the pen expires 28 days after opening the pen.

Repeat 10-3-23

Plan of Correction

Accept () - 03/04/2025)

Administration and nursing took immediate action and ordered a new pen from Zephyr pharmacy and dated it

183e - Storing Medications (continued)

appropriately. Please see the attached photos. To ensure continued compliance with regulation 2600.183e, nursing supervisors will audit weekly and administration will oversee biweekly starting on 3/3/2025 and continuing until 12/31/2025. The insulin pen audits will continue for the remainder of the year and into 2026.

Licensee's Proposed Overall Completion Date: 03/03/2025

Implemented (█ - 04/01/2025)

233c - Key-Locking Devices

8. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The secured dementia unit's exterior keypad directions, that are located at the patio door entrance, do not match the number code that is taped to the building's exterior keypad.

Plan of Correction

Accept (█ - 03/04/2025)

This was immediately corrected at the time of inspection on 12/18/2024 by maintenance. To ensure continued compliance, maintenance will check this weekly and administration will oversee biweekly. The facility implemented a sustainable plan of maintenance doing exterior and interior building checks at the beginning of their shift on a daily basis to maintain overall campus wide compliance with regulation 2600.233c. These daily exterior audits will begin 3/3/2025 and continue until 12/31/2025.

Licensee's Proposed Overall Completion Date: 03/03/2025

Implemented (█ - 04/01/2025)