

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

February 10, 2026

[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 11/13/2025, 12/04/2025 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: 10/09/2026  
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: 95 Waking Staff: 71

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Complaint Exit Conference Date: 12/04/2025

**Inspection Dates and Department Representative**

11/13/2025 - On-Site: [REDACTED]  
12/04/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

<b>General Information</b>			
License Capacity: 80	Residents Served: 57		
<b>Secured Dementia Care Unit</b>			
In Home: Yes	Area: SDCU	Capacity: 35	Residents Served: 30
<b>Hospice</b>			
Current Residents: 5			
<b>Number of Residents Who:</b>			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 57		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 38	Have Physical Disability: 0		

**Inspections / Reviews**

11/13/2025 Partial  
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/15/2026

Inspections / Reviews (*continued*)

## 01/16/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/30/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 01/23/2026

## 01/23/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/30/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/30/2026

## 02/10/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/30/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [redacted]'s RASP dated [redacted] indicates the resident is incontinent of bladder and bowel and wears depends. The resident is on a 2 two-hour toileting schedule. On [redacted] resident [redacted] indicated that they were not changed on [redacted] from 11:30 a.m. to 4:30 p.m.

Plan of Correction

Accept [redacted] - 01/16/2026)

Please see attached accurate RASP that reflects the appropriate protocol for bowel and bladder incontinence management. In order to ensure continued compliance, our nursing team will label all briefs during 2-hour toileting schedule with the initials of employee, date, and time. Additionally, the area assignment sheets for the nursing team will be updated and all staff will be made aware. This was corrected immediately by nursing when the assigned PCA changed the resident and overseen by administration on a daily basis.

Licensee's Proposed Overall Completion Date: 01/13/2026

Implemented [redacted] - 02/02/2026)

141a - Medical Evaluation

2. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The initial medical evaluation form dated [redacted] for resident [redacted] was missing page 2 and the medical professional license number for the provider who signed the form.

The medical evaluation form dated [redacted] for resident [redacted] did not indicate if the resident's needs could be met in a personal care setting on page 5.

Plan of Correction

Accept [redacted] - 01/16/2026)

This was corrected immediately by the wellness coordinator and administration by obtaining a comprehensive DME from the PCP. In order to ensure continued compliance, wellness coordinator and administration will follow up to ensure all documents are filled out to completion and review all necessary documents are received at time of admission and will be checked on a weekly basis.

Licensee's Proposed Overall Completion Date: 01/13/2026

Implemented [redacted] - 02/10/2026)

183b - Meds and Syringes Locked

3. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

183b Meds and Syringes Locked (continued)

Description of Violation

The administrator stated that on [REDACTED] 5 they stepped away to use the bathroom that is located near room [REDACTED] leaving two cups that contained medications for resident [REDACTED] and resident [REDACTED]. The medications were left unattended and unlocked on top of the medication cart.

Plan of Correction

Accept [REDACTED] - 01/16/2026)

This was corrected immediately by the administrator. In order to ensure continued compliance, administrator will undergo medication administration re training and review all policies and procedures regarding proper medication protocols. All items will be locked and will be in accordance with regulation 183b.

Licensee's Proposed Overall Completion Date: 01/13/2026

Implemented [REDACTED] - 02/02/2026)

224c - Preadmission Screening

4. Requirements

2600.

224.c. The preadmission screening shall be completed by the administrator or designee. If the resident is referred by a State-operated facility, a county mental health and intellectual disability program, a drug and alcohol program or an area agency on aging, a representative of the referral agent may complete the preadmission screening.

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED]. The home dis not have a completed preadmission screening form for the resident on [REDACTED].

Plan of Correction

Accept [REDACTED] 01/16/2026)

This was immediately corrected the same day. In order to ensure continued compliance, we will ensure that all pre admission screens are organized in their medical charts and accessible when requested. Please see attached completed preadmission screens to show our commitment to maintain compliance with regulation 224c. Administrator will conduct weekly audits of the medical charts to ensure all required documents are in the files.

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented [REDACTED] - 02/10/2026)

225a - Assessment 15 Days

5. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED]. The home did not have a completed assessment for the resident on [REDACTED].

Plan of Correction

Accept [REDACTED] - 01/16/2026)

This was corrected same day by the RASP coordinator, please see attached assessment. In order to ensure continued compliance, RASP coordinator and wellness coordinator will conduct weekly audits of the medical charts and audit the assessments to ensure all are completed in a timely fashion. Administration will oversee these audits on a biweekly basis.

225a Assessment 15 Days (continued)

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented [redacted] 02/10/2026)

225c - Additional Assessment

6. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident [redacted] resident Assessment Plan dated [redacted] did not indicate that the resident requires a 3 person assist during morning care and when utilizing the Hoyer when reviewed [redacted]

Resident # [redacted] requires two person assistance for transfers with the use of a Hoyer lift. The resident also has an order for a hospital bed with side rails. The initial assessment plan dated [redacted] did not include the use of a Hoyer lift to be used for transfers or the need for a hospital bed with side rails when reviewed [redacted]

Resident # [redacted] requires a Hoyer lift for transfers. The assessment form dated [redacted] did not include the use of a Hoyer lift to be used for transfers by the resident when reviewed [redacted].

On [redacted], Resident [redacted] most recent assessment was completed on [redacted]

On [redacted] Resident [redacted] most recent assessment was completed on [redacted].

Plan of Correction

Accept [redacted] - 01/23/2026)

See attached RASPS. This was corrected the same day by the RASP coordinator. In order to ensure continued compliance with regulation 2600.225c, RASP coordinator will review charts weekly to ensure RASPs are current and accessible. Administration will monitor on a biweekly basis.

Licensee's Proposed Overall Completion Date: 01/23/2026

Implemented [redacted] - 02/10/2026)