

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

April 28, 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 03/18/2026 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]
Human Services Licensing Supervisor

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: 43	Total Daily Staff: 103	Waking Staff: 77

Inspection Information		
Type: Partial	Notice: Unannounced	BHA Docket #:
Reason: Complaint	Exit Conference Date: 03/18/2026	

Inspection Dates and Department Representative	
03/18/2026 - On-Site	[REDACTED]

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 80		Residents Served: 28	
Secured Dementia Care Unit			
In Home: Yes	Area: SDCU	Capacity: 40	Residents Served: 35
Hospice			
Current Residents: 17			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 53	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 32		Have Physical Disability: 1	

Inspections / Reviews		
03/18/2026 Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 04/13/2026
04/10/2026 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 04/27/2026	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 04/17/2026

Inspections / Reviews *(continued)*

04/13/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/27/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/30/2026

04/28/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/27/2026

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 [REDACTED], Resident [REDACTED] was sitting at the dining room table, pushed back, and fell to the floor hitting the back of their head. The resident was transported to the hospital and diagnosed with a head contusion. The home did not report this incident to the department.

Plan of Correction

Directed [REDACTED] - 04/13/2026)

The state report by administration was sent on 3/19/2026. Please see the attached report. In order to ensure continued compliance with regulation 2600.16c, administration will follow up with the hospitals to obtain diagnosis and report will be submitted as per 2600 regulations. In the event that administration is unable to obtain an official diagnosis within the 24 hour reporting period, administration will send a reportable incident as a precautionary measure in order to comply with the 2600 regulations, in the event that it is reportable. Administration will monitor ongoing compliance. Proper incident reporting, filling out incident reports, and submitting reports to the department will be re-reviewed with all staff at the April monthly training. This will be the responsibility of administration to ensure that all reportable incidents are being sent within the 24 hour timeframe.

Proposed Overall Completion Date: 04/30/2026

Directed: In addition to the above plan of correction, All staff will be trained and educated in reporting requirements and timelines.

Directed Completion Date: 04/30/2026

Implemented [REDACTED] - 04/28/2026)

185a - Implement Storage Procedures

2. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [REDACTED] has an order for blood glucose testing 4 times daily at 7:00a.m., 11:00a.m., 4:00p.m., and 8:00p.m. On [REDACTED] at 8:00p.m., the resident had a blood glucose reading in glucometer of [REDACTED] that was documented on the resident’s medication record as [REDACTED]. On [REDACTED] at 4:00p.m., Resident [REDACTED] medication record was documented with a blood glucose reading of [REDACTED] and a documented blood glucose reading of [REDACTED] on [REDACTED] at 7:00 a.m. There were no corresponding blood glucose readings for these dates and times on Resident [REDACTED] glucometer.

185a Implement Storage Procedures (continued)

Plan of Correction

Directed [redacted] - 04/13/2026)

The state report by administration was sent on 3/19/2026. Please see the attached report. In order to ensure continued compliance with regulation 2600.185a, med aides will complete weekly audits and administration will oversee on a biweekly basis and sign off on the audits to monitor ongoing compliance. Please see the attached revised audit log in which med aides will sign off weekly and administration will also sign off to ensure it has been completed and accurate. It will be the responsibility of administration to ensure ongoing continued compliance with this regulation. In addition, documentation of blood glucose readings will be re reviewed at April's monthly training with med aides. We revised the initial log that was sent in our previous POC and as of 4/10/2026, we will be using attached log to document that glucometers and readings are being checked on a weekly basis.

Proposed Overall Completion Date: 04/30/2026

Directed: In addition to the above plan of correction, All staff that perform blood glucose checks will be re-educated on the home's policy and proper techniques for recording blood glucose and documenting the results. The administrator or designee will audit staff records to verify up to date training for all staff that perform blood glucose checks and administer insulin.

Directed Completion Date: 04/30/2026

Implemented [redacted] 04/28/2026)

187d - Follow Prescriber's Orders

3. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] on a sliding scale twice daily at 7:00a.m. and 8:00p.m. On [redacted] at 7:00 a.m. the Resident's Medication Administration Record (MAR) noted a blood glucose reading of [redacted] and per the prescribers sliding scale order [redacted] of insulin were to be administered. The MAR indicates that [redacted] of insulin were administered but there was no corresponding blood glucose reading found in the resident's glucometer. Interviews with staff were completed and staff could not confirm the resident's blood glucose check was completed prior to the administration of the insulin.

Plan of Correction

Directed [redacted] 04/13/2026)

The state report by administration was sent on 3/19/2026. Please see the attached report. In order to ensure continued compliance with regulation 2600.185a, med aides will complete weekly audits and administration will oversee on a biweekly basis and sign off on the audits to monitor ongoing compliance. Please see the attached revised audit log in which med aides will sign off weekly and administration will also sign off to ensure it has been completed and accurate. It will be the responsibility of administration to ensure ongoing continued compliance with this regulation. In addition, documentation of blood glucose readings will be re reviewed at April's monthly training with med aides.

187d Follow Prescriber's Orders (continued)

Proposed Overall Completion Date: 04/30/2026

Directed: In addition to the above plan of correction, All staff that perform blood glucose checks will be re-educated on the home's policy and proper techniques for recording blood glucose and documenting the results. The administrator or designee will audit staff records to verify up to date training for all staff that perform blood glucose checks and administer insulin.

Directed Completion Date: 04/30/2026

Implemented ([REDACTED] 04/28/2026)