





COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

AUG 13 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Mr. Joseph Negrao, President  
Alexandria Manor of Allentown, Inc.  
Alexandria Manor  
7 South New Street  
Nazareth, Pennsylvania 18064

Dear Mr. Negrao:

As a result of the Department of Public Welfare's licensing inspection on July 1, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

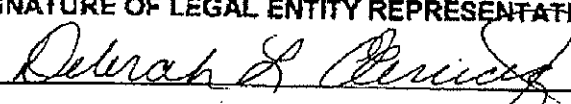
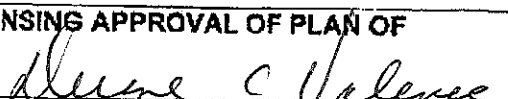
Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Alexandria Manor, 7 South New Street, Nazareth, Pennsylvania 18064		<b>CURRENT LICENSE NUMBER</b> 210640		
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> July 1, 2010		<b>REGIONAL REPRESENTATIVE</b> Michele Moskalczyk and Mary Ann Domanski		
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b> Deborah Oleniacz				
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 		<b>DATE</b> 7/23/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 8-3-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
20b3 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	Eight residents, who have their personal needs accounts managed by the home, are not signing for cash disbursements made on their behalf at the time of the transaction.  Original	7/1/10	All 8 residents will initial the personal needs account forms.  From this time forward the home will not accept personal needs cash disbursements on behalf of the residents.  The homes Administrator will oversee this and help residents to find other means.	DOV 8-3-10
			See attached 8 statements	


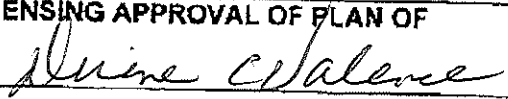
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<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Alexandria Manor, 7 South New Street, Nazareth, Pennsylvania 18064		<b>CURRENT LICENSE NUMBER</b> 210640
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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Dorothy H. [Signature]</i>	<b>DATE</b> 7/23/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 8.3.10
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
2068 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	Residents or their designated persons are not receiving an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	7/7/10	Resident will be mailed a statement of accounts showing their person needs account.  From this date forward, the home will not manage any personal needs cash disbursements for residents.  The homes Admin will oversee this and help residents to find other ways.	Dev 8.3.10

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 	<b>DATE</b> 7/23/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 8-3-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Resident #2 has a grab assist bar located on the upper portion of the bed with an opening large enough to entrap a resident's head or limbs.  Repeated violation – 5-8-09.	7/16/10	The grab bar was covered with a covering. This cover will protect the resident from getting tangled up in the opening.  All staff will monitor the grab bar on a daily basis.  Facility Administrator will supervise the staff to make sure of compliance.  Will forward photo.	DCU 8-3-10

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Dorothy S. Kenney</i>	DATE 7/23/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Luise C. Valence</i>	DATE 8-3-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The home's first aid kit in the "old side" medication room did not include a thermometer.	7/16/10	<p>A thermometer was placed in the first aid kit in the "old side" med room.</p> <p>Night shift will be conducting weekly inventory check list on all 1st aid kits.</p> <p>From this date forward the home will take steps to make sure all 1st aid kits are in compliance. This will be supervised by the Home's Administrator</p> <p><i>Will forward a picture.</i></p>	<p><i>Doc</i> 8-3-10</p>

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Suzanne R. Clemens</i>	<b>DATE</b> 7/23/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Dune Valone</i>	<b>DATE</b> 8-3-10

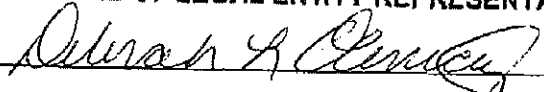
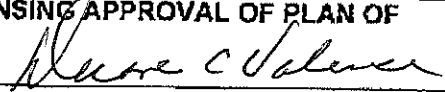
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141a-2 The medical evaluation shall include the following:  (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	Resident #2's MA-55, dated 5-4-10, under the medication section states "see MAR". The MAR attached is dated 5-6-10.  Resident #3's MA-55, dated 5-18-10, under the medication section states "see attached". There was no attachment.	7/16/10	In the future the home will be more careful to make sure that the Physician fills out all sections of the residents Medical Eval  If the Physician writes "See Attached" the home will be more caution in making sure that all attachments are present and in compliance.  This plan will be monitored by all certified Med Techs and Overseen by homes Administrator	DCV 8-3-10

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Debrah K. Demary</i>	<b>DATE</b> 7/23/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Dune C. Valence</i>	<b>DATE</b> 8-3-10

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181a A home shall provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the resident the medication at the prescribed times.	The following prescribed medications were not available for resident #1 from 6-24-10 to 6-28-10 when they were discontinued by the physician because of lack of funds to purchase the medications: Potassium CL; Onglyza 5mg; Lasix 20mg; Bystolic 2.5 mg; Pepcid 20mg and Welchol 625 mg.	8/6/10	In this case medications were not authorized by the residents Insurance Company. Because non-generic meds were prescribed. The physician ordered generic meds through the Pharmacy. The Insurance would not approve the generics.  In the future the home will be more diligent in making sure that all meds are delivered on time.  In future cases such as this the home will make sure some type of replacements are available: Samples.  This will be monitored by Certified Med Techs and over seen by homes Administrator.	Steps have been taken to correct violation; full compliance is not verifiable 8-3-10 Date Initials (DPW) <i>DeV</i>

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225c The resident shall have additional assessments as follows:  (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The annual assessment for resident #4 is overdue. The last available assessment is dated 6-10-09.	7/16/10	Unable to correct the date of this assessment because the date has past.  In the future the home will be more diligent in making sure all assessments will be completed before the annual due date or when there may be a change to the resident.  This will be monitored by the homes Administrator.	DCV 8-3-10

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Deborah L. Oleniacz</i>		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Deborah L. Oleniacz</i>	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Silvers</i>
		DATE 8-3-10

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227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	The annual support plan for resident #4 is overdue. The last available support plan is dated 6-12-09.	7/16/10	Unable to correct the date of this annual support plan - due to the date has past.  In the future the home will be more diligent in making sure all support plans will be completed before there due dates or when there is a change to the resident.  This will be monitored by the homes Administration	DCV. 8-3-10