



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

ADULT RESIDENTIAL LICENSING

SEP 29 2010

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

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

RE: Alexandria Manor of Allentown – Bethlehem Campus
3534 Linden Street
Bethlehem, Pennsylvania 18017

Dear Mr. Negrao:

As a result of the Department of Public Welfare's licensing inspection on July 2, 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

NAME AND ADDRESS OF PERSONAL CARE HOME Alexandria Manor Of Allentown-Bethlehem Campus, 3534 Linden Street, Bethlehem, Pennsylvania 18017		CURRENT LICENSE NUMBER 214560	
INSPECTION DATE(S) (Include all dates of the inspection) July 2, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) DAVID A. SMITH, ASSIST. ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>David A Smith</i>	DATE 8/6/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 9-21-10

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
22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department. 224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	Resident #1: Preadmission form was incomplete. The form did not include diagnosis, medical conditions, cognitive status or behavioral status. Resident # 2: Preadmission form, dated 10/14/09, was not checked to indicate if the home was capable of meeting this residents needs in the personal care home setting.	7/8/2010	Staff was re-trained on the importance of making sure ALL sections of ALL forms + required papers are filled out properly to prevent re-occurrence. An in service is scheduled for 8/12/10 on proper documentation. * see attached paperwork for residents #1 + #2 Administrative staff will monitor for compliance	Steps have been taken to correct violation; full compliance is not verifiable 9-21-10 Date: Initials (DPW): <i>JH</i>
RECEIVED AUG 09 2010				

SCRANTON FIELD OFFICE
 Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME Alexandria Manor Of Allentown-Bethlehem Campus, 3534 Linden Street, Bethlehem, Pennsylvania 18017		CURRENT LICENSE NUMBER 214560	
INSPECTION DATE(S) (Include all dates of the inspection) July 2, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
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>David A Smith</i>	DATE 8/6/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 9-21-10

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
85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents. in the home.	One square garbage container located in the main kitchen area had trash mixed in with recyclable items. This container had no lid.	7/8/10	a sign was posted in the main kitchen stating No trash to be found in recycling bins. * see attached photo administrative staff will monitor for compliance	9-21-10 JH

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

NAME AND ADDRESS OF PERSONAL CARE HOME Alexandria Manor Of Allentown-Bethlehem Campus, 3534 Linden Street, Bethlehem, Pennsylvania 18017		CURRENT LICENSE NUMBER 214560	
INSPECTION DATE(S) (Include all dates of the inspection) July 2, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
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>David A Smith</i>	DATE 8/6/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 9-21-10

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
85e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	The exterior trash dumpster had its sliding door open upon arrival at the facility.	7/8/10	signs were posted at each dumpster stating doors + lids must be closed. Staff was informed on importance of keeping these closed. * see attached photo administrative staff will monitor for compliance	9-21-10

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

NAME AND ADDRESS OF PERSONAL CARE HOME Alexandria Manor Of Allentown-Bethlehem Campus, 3534 Linden Street, Bethlehem, Pennsylvania 18017		CURRENT LICENSE NUMBER 214560	
INSPECTION DATE(S) (Include all dates of the inspection) July 2, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
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>David A Smith</i>	DATE 8/6/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 9-21-10

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
141a-2 The medical evaluation shall include the following: (10) Mobility assessment, updated annually or at the	Resident # 1: Medical Evaluation did not indicate the resident's mobility needs in the event of an emergency on line #16.	7/8/10	All Doctors will be informed prior to filling out the Med. Evals on the importance of filling out All required sections of the Med. Eval. Office staff will check to see that all sections are filled out properly, if not they will be sent back to Dr. for completion. * see attached letter administrative staff will monitor for compliance	Steps have been taken to correct violation; full compliance is not verifiable 9-21-10 Date <i>JG</i> Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Alexandria Manor Of Allentown-Bethlehem Campus, 3534 Linden Street, Bethlehem, Pennsylvania 18017		CURRENT LICENSE NUMBER 214560	
INSPECTION DATE(S) (Include all dates of the inspection) July 2, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
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>David A Smith</i>	DATE 8/6/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Juan Harvey</i>	DATE 9-21-10

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
182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose, and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.	Staff person A is not qualified to administer medications and will need to be retrained as their training was not conducted properly. The student examination data summary sheet for their initial training has a student pass date of 4/24/07 but 2 of the 4 required medication administration observations were completed after this date. In addition, this staff person's initial annual practicum has a student pass date of 10/3/08 when it was required to have been completed by 4/24/08. Also, this staff person's annual practicum only had 1 of 4 required medication administration record reviews documented as completed and only 1 of 2 required medication administration observations documented.	7/5/2010	Staff person A has taken medication class again. Copies of training attached. Trainers have been informed on importance of All PCA's receiving the proper training and follow-up observations by the trainer and documented properly. Administrative Staff will monitor for compliance	9-21-10 JH.

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

NAME AND ADDRESS OF PERSONAL CARE HOME Alexandria Manor Of Allentown-Bethlehem Campus, 3534 Linden Street, Bethlehem, Pennsylvania 18017		CURRENT LICENSE NUMBER 214560	
INSPECTION DATE(S) (Include all dates of the inspection) July 2, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
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>David A Smith</i>	DATE 8/6/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE 9-21-10

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
<p>182c Medication administration includes the following activities, based on the needs of the resident:</p> <p>(6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in 182b4.</p> <p>(7) Complete documentation in accordance with 187.</p>	<p>Staff person A was observed dropping resident #3's 5:00 pm medication on the floor and proceeded in attempting to administer this medication to the resident.</p> <p>Staff person A was also observed documenting giving medications to resident #3 prior to administration of the medication.</p>	7/5/10	<p>Staff person A was re-trained on the proper medication procedures during the med. tech class and All PCA will be trained again on 8/12/10 on proper documentation.</p> <p>Administrative staff will monitor for compliance</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>9-21-10 <i>JH</i> Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Alexandria Manor Of Allentown-Bethlehem Campus, 3534 Linden Street, Bethlehem, Pennsylvania 18017		CURRENT LICENSE NUMBER 214560	
INSPECTION DATE(S) (Include all dates of the inspection) July 2, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
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>David A Smith</i>	DATE 8/6/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joan Harvey</i>	DATE 9-21-10

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
184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	Resident #4: CVS brand Spectravite Vitamin Supplement did not have the resident's name on the container or label.	7/8/10	All PCA staff have been re-trained to insure that any medications that come into the facility will have the residents name, DR's name, med instructions, DX codes to help this from re-occurring. This is for per permanent residents as well as respite care. Administrative staff will monitor for compliance	9-21-10 JH

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

NAME AND ADDRESS OF PERSONAL CARE HOME Alexandria Manor Of Allentown-Bethlehem Campus, 3534 Linden Street, Bethlehem, Pennsylvania 18017		CURRENT LICENSE NUMBER 214560	
INSPECTION DATE(S) (Include all dates of the inspection) July 2, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Gerald Dumas	
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>David A Smith</i>	DATE 8/6/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Harvey</i>	DATE 9-21-10

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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	Resident #3 did not have a diagnosis listed on their Medical Administration Record for the Resident's Novolog Mix 70-30 Flexpen, inject 34 units subcutaneously, with breakfast at 8:00am & 28 units subcutaneously with supper at 5:00pm. Resident #4 did not have a diagnosis for the following medications: 1. Diltizem 180 mg tab, 1 tab po. Q 24 hrs. 8:00am 2. Lipitor 10 mg tab, take 1 tab po. Q daily at 8:00 am. 3. Desipramine 100 mg tab, take 1 tab at 8:00pm. 4. Zyprexa 10, mg tab, take 1 tab 8:00am. 5. Warfarin Sodium 5 mg tab, take 1 tab at 8:00 pm.	7/8/10	Pharmacy & PCA's have been informed about the importance of making sure that all DPW required information is included on the MAR's & on any labels they send us. Including DX Codes. administrative staff will monitor for compliance	Steps have been taken to correct violation; full compliance is not verifiable 9-21-10 Date Initials (DPW)

RECEIVED

AUG 19 2010