

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ALEXANDRIA MANOR OF ALLENTOWN, INC.

LEGAL ENTITY

To operate ALEXANDRIA MANOR II

NAME OF FACILITY OR AGENCY

Located at 313 S. WALNUT ST., BATH, PA. 18014

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 89  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 16, 2010 until November 16, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **205260**

*Robert E. Robinson*

ISSUING OFFICER

*Kevin T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



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

ADULT RESIDENTIAL LICENSING

DEC 02 2010

PHONE: (717) 783-3670

FAX: (717) 783-5662

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

RE: Alexandria Manor II  
313 South Walnut Street  
Bath, Pennsylvania 18014

Dear Mr. Negro:

As a result of the Department of Public Welfare's licensing inspection on September 30, 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 II, 313 S WALNUT ST BATH, PA 18014		CURRENT LICENSE NUMBER 205260	
INSPECTION DATES (Include all dates of the inspection) 09/30/2010		REGIONAL REPRESENTATIVE Florence Babiarz, Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Clarissa DeGroff Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Clarissa DeGroff adm</i>	DATE <i>10/29/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Lawrence</i>	DATE <i>11-9-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care staff person "A" hired on 8/10/10 does not have a high school diploma, GED, or active registration status on the Pennsylvania nurse aide registry.  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center;">NOV 01 2010</div> <div style="text-align: center;">SCRANTON FIELD OFFICE Adult Residential Licensing</div>	when gotten & ongoing	Staff person "A" does not have a high school diploma or equivalent and is presently trying to obtain a copy. When we receive it, it will be immediately sent to DPW. In the future the administrator will be more diligent in obtaining certificates when hiring staff	Steps have been taken to correct violation; full compliance is not verifiable <div style="display: flex; justify-content: space-between;"> <span>Date <i>11-9-10</i></span> <span>Initials (DPW)</span> </div> <div style="text-align: right; font-size: 1.5em; font-family: cursive;">Original</div>

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

NAME AND ADDRESS OF PERSONAL CARE HOME ALEXANDRIA MANOR II, 313 S WALNUT ST BATH, PA 18014		CURRENT LICENSE NUMBER 205260	
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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 <i>Clairissa D. Hoffmann</i>	DATE <i>10/29/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>J. Henry</i>	DATE <i>11-9-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
services with reasonable skill and safety.				<i>See previous page</i>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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 <i>Mavisia Redhoff adm</i>	DATE <i>10/29/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE <i>11-9-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY								
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The hot water temperature exceed 120° F in the sinks located in the following areas: <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><u>Location</u></td> <td style="border: none;"><u>Temperature</u></td> </tr> <tr> <td style="border: none;">Bedroom #104</td> <td style="border: none;">126.6° F</td> </tr> <tr> <td style="border: none;">Bathroom #2 1st floor</td> <td style="border: none;">139.2° F</td> </tr> <tr> <td style="border: none;">Bathroom #4 1st floor</td> <td style="border: none;">123.6° F</td> </tr> </table>	<u>Location</u>	<u>Temperature</u>	Bedroom #104	126.6° F	Bathroom #2 1st floor	139.2° F	Bathroom #4 1st floor	123.6° F	<i>9/30/10 &amp; ongoing</i>	<i>Corrected at time of inspection - we will continue to do the water temperature checks and adjust accordingly to ensure water temps do not exceed 120°. These inspections will be monitored by administrators and maintenance weekly</i>	<i>11-9-10 JH</i>
<u>Location</u>	<u>Temperature</u>											
Bedroom #104	126.6° F											
Bathroom #2 1st floor	139.2° F											
Bathroom #4 1st floor	123.6° F											

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SIGNATURE OF LEGAL ENTITY <i>Clairissa DeStefano adm</i>	DATE <i>10/09/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE <i>11-9-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
95 Furniture and equipment shall be in good repair, clean and free of hazards.	The sink faucet located in bathroom #1 on the home's first floor is leaking.  The sink faucet handle located in the bathroom of resident room #215 is broken.	<i>9/30/10 &amp; ongoing</i>	<i>bathroom #1 was corrected at time of inspection. All areas of the home will have spot checks to remain in compliance with reg 95. Administration will oversee.  Room 215 - a new vanity was placed in there. In future home will be kept in good repair, clean &amp; free of hazards. This will be directly supervised by administrator</i>	<i>11-9-10</i>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Clarissa DeHoff adm</i>	DATE <i>10/29/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE <i>11-9-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Resident room #106 does not have a source of light at bedside as the bulb was burned out.  Resident room #18 did not have a bulb in the bedside lamp.  Resident room # 205, bed "A" does not have a source of light at bedside as the bulb was burned out.	<i>9/30/10</i>	<i>all bedside lamps were corrected at time of inspection. weekly checks will be conducted on all bedside lamps to ensure lamps are in working condition. this will be directly supervised by administrators &amp; house keeping staff</i>	<i>11-9-10 JH</i>

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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 <i>Charissa Rothoff adm</i>	DATE <i>10/29/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Harvey</i>	DATE <i>11-9-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
103c Food shall be protected from contamination while being stored, prepared, transported and served.	The home had the following food items in an unsealed 1 gallon size plastic bag: (2) oatmeal cookies, (4) chocolate chip cookies, and (5) oreo cookies.	<i>9/30/10 &amp; ongoing</i>	<i>Corrected at time of inspection. Ziploc bags are available as are markers. Signs have been posted. Kitchen &amp; administrative staff are instructed to check daily to keep within compliance of 103c. Kitchen staff will be more diligent with protecting food from contamination. Administrators will monitor this daily</i>	<i>11-9-10 gH</i>



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SIGNATURE OF LEGAL ENTITY <i>Clairissa D. Dwyer adm</i>	DATE <i>10/29/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jeanne Hawes</i>	DATE <i>11-9-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
103e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	The following items were not dated: Castlewood Thinly Shaved Honey Turkey and Castlewood Hard Salami.	<i>9/30/10 &amp; ongoing</i>	<i>Corrected at time of inspection - kitchen staff is instructed to label &amp; date any lunch meat upon opening to keep in compliance with 103e, this will be monitored by administrator daily</i>	<i>11-9-10 JH</i>

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SIGNATURE OF LEGAL ENTITY <i>Christina Dastoff adm</i>	DATE <i>10/29/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE <i>11-9-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
<p>141a</p> <p>he medical evaluation shall include the following:</p> <p>(1) A general physical examination by a physician, physician's assistant or nurse practitioner.</p> <p>(2) Medical diagnosis including physical or mental disabilities of the resident, if any.</p> <p>(3) Medical information pertinent to diagnosis and treatment in case of an emergency.</p> <p>(4) Special health or dietary needs of the resident.</p> <p>(5) Allergies.</p> <p>(6) Immunization</p>	<p>The medical evaluation for resident #1 dated 9/14/2010, does not include Treatment Therapies, Special Diet, Activities/Social Services, and Body positioning.</p> <p>The medical evaluation for resident #2 dated 1/8/2010, states "See MAR" for attached medications. Attachment is missing.</p> <p>The medical evaluation for resident #3 dated 4/12/2010, states "See Attached" for the Medical History and it is blank.</p>	<p><i>9/30/10</i> <i>&amp;</i> <i>ongoing</i></p>	<p><i>unable to correct on residents 1, 2 &amp; 3 but in future all medical evals will be checked thoroughly to ensure they are filled out. Also copies of MARS will be sent with instructions to sign &amp; date. If they are not filled out correctly they will be sent back to MD for proper completion. Administrator will over see as they are due</i></p>	<p><i>Steps have been taken to correct violation; full compliance is not verifiable</i></p> <p><i>11-9-10</i></p> <p><i>DPW</i></p> <p>Initials (DPW)</p>

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

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SIGNATURE OF LEGAL ENTITY <i>Christina D'Elia Adm</i>	DATE <i>10/29/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Hawry</i>	DATE <i>11-9-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.				<i>See previous page</i>

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SIGNATURE OF LEGAL ENTITY <i>Christina Ostroff Adm</i>	DATE <i>10/29/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>James Hanning</i>	DATE <i>11-9-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.	The Medication training of staff person C was incomplete, the Initial Training student certification form dated 12/8/08 did not have the required student testing documents, the Annual Practicum student examination data summary sheet only contained 1 out of 4 required medication administration record reviews dated 9/2/10, 1 out of 2 required medication administration observations dated 9/3/10, the medication trainer checked that staff person C had successfully completed the annual practicum for medication administration, dating the student pass date 9/2/2010 and the student certification form that had a training completion date of 9/3/2010.  Staff person B date of hire 4/10/10 medication training was incomplete, staff person B was trained at another facility on 7/7/2009 and did not have the Initial Training exam score sheet and student testing documents. The Annual Practicum student examination data summary sheet only contained 1 out of 4 required medication administration record reviews dated 7/6/2010, the medication trainer checked that staff person B had successfully completed the annual practicum for medication administration dating the student	<i>10/1/10 &amp; 10/2/10 &amp; ongoing</i>	<i>Staff person "C" was given the medication administration course again &amp; successfully passed.  Staff person "B" - correct form was used &amp; filled out. (Please see attached for both) in future we will be more diligent with training &amp; using the correct forms. Administrator will oversee this when training is required</i>	<i>11-9-10 JH</i>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Cherissa Rothloff Adm</i>	DATE <i>10/29/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Janet Haney</i>	DATE <i>11-2-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. (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.	pass date 7/6/2010.			<i>See previous Page</i>

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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Marianna Dostkoff Adm</i>	<i>10/29/10</i>	<i>Jason Harvey</i>	<i>11-9-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The medication administration record for resident #4 does not include the diagnosis for Fosamax.  The medication administration record for resident #5 is missing staff initials on 9/20/2010 for Nebulizer.	<i>9/30/10</i>	<i>corrected at time of inspection - pharmacy will be reminded again that all medication needs to have diagnosis in description box. med techs will be more diligent in initialing MAR's - check &amp; recheck after administration. med room supervisor &amp; administrator will re-view MAR's weekly to ensure diagnosis &amp; initials are there</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>11-7-10</i> Date Initials (DPW)

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				<i>see previous page</i>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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 #3 PreAdmission Screening dated 4/12/2010 does not indicate that the needs of the individual can be met by the services provided by the home.	<i>9/30/10 or ongoing</i>	<i>in future all pre screens will be checked &amp; double checked to ensure all applicable information is filled out properly. Administrator will monitor this as they are filled out.</i>	<i>11-9-10 JK</i>

RECEIVED

NOV 01 2010

SCRANTON FIELD OFFICE  
Adult Residential Licensing