



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
100 LACKAWANNA AVENUE
ROOM 330, SCRANTON STATE OFFICE BUILDING
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209
1-800-833-5095
FAX: (570) 963-3018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 16, 2011

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 April 19, 2011 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.

Sincerely,

Michele Moskalczyk
Regional Licensing Administrator



Enclosure
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, PA 18017		CURRENT LICENSE NUMBER 214560	
INSPECTION DATES (Include all dates of the inspection) 04/19/2011		REGIONAL REPRESENTATIVE Leslie Patton, Meriann O'Malley	
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 <i>David A Smith</i> Assist. Admin			
SIGNATURE OF LEGAL ENTITY <i>Wally Kelly</i>	DATE 5/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune Colanese</i>	DATE 5-13-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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	Staff did not sign or initial the Medication Administration Record (MAR) of resident #1 on 4/19/11 at 7:00am to indicate Novolog insulin was administered and that the resident's blood sugar level was tested. Staff did not document the blood sugar test results for resident #1 on the following dates and times: 7:00am: 4/2/11, 4/3/11, 4/5/11, 4/11/11, 4/16/11-4/19/11 4:00pm: 4/7/11 The Master Key located in the front of the MAR book for the first and third floor was for the month of March 2011 and not the current month of April 2011. The Master Key located in the front of the MAR book for the second floor did not specify the month. The MAR of Resident #2 has an order for Nexium 40 MG with instructions to take 1 tab by mouth at 7AM daily for GERD. The 8am doses were not signed out on 04/15/2011, 04/16/2011, or 04/17/2011. Resident #1 had an order for Colace 100 MG, with instructions to take 1 tab by mouth daily at	5/5/11	All PCA staff have been re-trained on the importance of proper documentation and medication distribution which includes signing All documentation required of the facility and the DPW. A class on Proper Documentation has been scheduled for all PCA's on 8/5/2011. All PCA's will attend.	Steps have been taken to correct violation; full compliance is not verifiable 5-13-11 DCJ 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, PA 18017		CURRENT LICENSE NUMBER 214560	
INSPECTION DATES (Include all dates of the inspection) 04/19/2011	REGIONAL REPRESENTATIVE Leslie Patton, Meriann O'Malley		
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 	DATE 5/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5-13-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
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.	8AM and 8PM for a stool softener. The morning doses of this medication were not signed out on 04/15/2011 or 04/19/2011.		<i>See attached copies of corrections made and Direct Care Staff Training schedule</i>	<i>See page 1 of 2</i>

RECEIVED

MAY 11 2011

SCRANTON FIELD OFFICE
Adult Residential Licensing

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

2992
Page 2 of 2

NAME AND ADDRESS OF PERSONAL CARE HOME Alexandria Manor of Allentown Bethlehem Campus, 3534 Linden Street Bethlehem, PA 18017		CURRENT LICENSE NUMBER 214560	
INSPECTION DATES (Include all dates of the inspection) 04/19/2011		REGIONAL REPRESENTATIVE Leslie Patton, Meriann O'Malley	
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>[Signature]</i>	DATE 5/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5/5/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
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.	8AM and 8PM for a stool softener. The morning doses of this medication were not signed out on 04/15/2011 or 04/19/2011.	5/5/11 5/13/11	See attached copies of corrections made and Direct Care Staff Training schedule a proper documentation class has been scheduled for 10am w/ [redacted] Medication Trainer. All PCA's will attend. Sign in sheet attached.	See page 1 of 2

0003/0032

05/13/2011 03:22 FAX