



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: August 24, 2011

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 June 8, 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,

A handwritten signature in cursive script that reads "Michele Mostakalzyk".

Regional Licensing Administrator

Enclosure
Violation Report

NAME AND ADDRESS OF PERSONAL CARE HOME ALEXANDRIA MANOR, 7 SOUTH NEW STREET NAZARETH, PA 18064		CURRENT LICENSE NUMBER 210640	
INSPECTION DATES (Include all dates of the inspection) 06/08/2011		REGIONAL REPRESENTATIVE Ryan Novak, Jason Harvey	
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 Oleniacz - Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Deborah Oleniacz</i>	DATE <i>7/7/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>James D. ...</i>	DATE <i>8-24-11</i>

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
132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	<p>The fire drill conducted on 6/6/11 at 4:20am indicates 71 residents were evacuated. Administrator A reported that there were only 70 residents present at the time of the drill and evacuated.</p> <p>The fire drill conducted on 6/6/11 at 4:20am indicates 4 staff members participating in the drill. The direct care staff schedule for 6/6/11 indicates only 3 staff working. Administrator A reported that she counted herself in the drill even though she was the person who activated the alarm.</p>	<i>7/6/11</i>	<p><i>Can not be corrected at this time. In the future Administration will be more accurate in the count of the residents that are in the home at the time of fire drills. A hospital log will be kept.</i></p> <p><i>In the future fire drills in the home - the person activating the alarm/drill will not be included in the count as an active participation of the drill.</i></p>	<p><i>AG</i> <i>8-24-11</i></p>

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JUL 08 2011

SCRANTON FIELD OFFICE
 Adult Residential Licensing

NAME AND ADDRESS OF PERSONAL CARE HOME ALEXANDRIA MANOR, 7 SOUTH NEW STREET NAZARETH, PA 18064		CURRENT LICENSE NUMBER 210640	
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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) <p style="text-align: center;"><i>Deborah Oleniacz - Administrator</i></p>			
SIGNATURE OF LEGAL ENTITY <i>Deborah A Oleniacz</i>	DATE 7/7/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doree Hagian</i>	DATE 8-24-11

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																																																																	
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Mont</th> <th style="text-align: left; border-bottom: 1px solid black;">Date</th> <th style="text-align: left; border-bottom: 1px solid black;">Time</th> <th style="text-align: left; border-bottom: 1px solid black;">Evac. Time</th> <th style="text-align: left; border-bottom: 1px solid black;">FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>May</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jun</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jul</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan				No	Feb				No	Mar				No	Apr				No	May				No	Jun				No	Jul				No	Aug				No	Sep				No	Oct				No	Nov				No	Dec				No			<p style="font-size: 2em;"><i>OK</i></p> <p>8-24-11</p>
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SIGNATURE OF LEGAL ENTITY <i>Deborah Bleniacz</i>	DATE 7/7/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dave Gregorio</i>	DATE 8-24-11

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
182c Medication administration includes the following activities, based on the needs of the resident: (1) Identify the correct resident. (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly. (3) Remove the medication from the original container. (4) Crush or split the medication as ordered by the prescriber. (5) Place the medication in a	On 6/8/11 at approximately 2:30 pm medication technician C was observed preparing resident #1's 3 pm medication of Ritalin 5 mg tablet. Medication technician C knocked on resident #1's door, walked in, put the medication down and walked out of the room without observing the resident taking the medication. Resident #1 is unable to self-medicate.	7/6/11	Can not be corrected at this time. Med Tech C was given a refresher course on the correct procedures of passing meds. The point of "watching" each resident take their meds was emphasized. All other Med Techs were advised of this error and instructed to follow the proper procedures when passing meds. Refresher course conducted by our Trainer. In the future the trainer of the Med class will emphasize that <u>All</u> residents that can not self administer meds are to be observed taking their meds.	<i>AG</i> 8-24-11

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

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SIGNATURE OF LEGAL ENTITY <i>Deborah L. Oleniacz</i>	DATE <i>7/7/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Grayson</i>	DATE <i>8-24-11</i>

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medication cup or other appropriate container, or in the resident's hand (for immediate administration). (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. (7) Complete documentation in accordance with 187.	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 2em; margin: 0;">RECEIVED</p> <p style="margin: 0;">JUL 08 2011</p> <p style="margin: 0;">SCRANTON FIELD OFFICE Adult Residential Licensing</p> </div>			<div style="font-size: 2em; margin: 0;"><i>AG</i></div> <div style="margin: 5px 0;"><i>8-24-11</i></div>