

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

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

To operate ALEXANDRIA MANOR

Located at 7 SOUTH NEW STREET, NAZARETH, PA 18064

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

The total number of persons which may be cared for at one time may not exceed 83  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

and shall remain in effect from August 14, 2011 until August 14, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 210640

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DIRECTOR

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.



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

ADULT RESIDENTIAL LICENSING

SEP 01 2011

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

Mr. Joseph Negrao, Owner/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 21, 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.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Ronald Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

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

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) 07/21/2011		REGIONAL REPRESENTATIVE Betty Bloch, Leslie Patton	
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>8/12/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE <i>8.22.11</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
18 A home shall comply with applicable Federal, State and local laws, ordinances and regulations.	The PA Labor and Industry "Certificate of Boiler or Pressure Vessel Operation" certificates were expired for the home's Trane 1984 compressor and the Weil McLain 1995 hot water heater. They expired 9/6/10 and 9/23/10, respectively.	<del>Unable to correct at this time</del> <i>8.12.11 + Ongoing</i>	<i>Can not be corrected at this time Both equipments were inspected April 4, 2011. Deficiencies and/or repairs were required. This was addressed and completed. Reinspection was conducted 7/19/11 to date L+I has not forward our new Certificate. A call was placed to inspector Nate Smith at 717-982-3481. He advised the dept is running behind and to refer any questions to him.  In the future Administrator will keep file on the dates inspection will expire to avoid this situation.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> Date <i>8.22.11</i> Initials (D/P/W) <i>AAW</i>

**RECEIVED**

AUG 15 2011

SCRANTON FIELD OFFICE  
Adult Residential Licensing

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

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SIGNATURE OF LEGAL ENTITY  <i>Deborah Oleniacz</i>	DATE  <i>8/12/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  <i>M. Moskalczyk</i>	DATE  <i>8.22.11</i>

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26a The home shall establish and implement a quality management plan.	Staff person A, who is the administrator, stated the annual Quality Management Plan review was not completed for 2011. The previous one was completed on 3/5/10.	<i>Unable to correct at this time 8.12.11 + On going</i>	<i>The Quality Control Annual reports for Nazareth was completed on 8/6/11.  Management conducts a yearly meeting and each location handles their own reports. Management meeting was held 6/22/11.  On going the Administrator will be more diligent in completing this reports.</i>	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">Date <u>8.22.11</u> Initials (DPW) <u>AWK</u></p>

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65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Staff person B (hired 3/31/11) did not receive training regarding fire safety and emergency preparedness.  Staff person C (hired 12/10/10) received training regarding fire safety and emergency preparedness. However, the training was not dated and therefore it could not be determined if the staff person received the training on or before the first day of work.	<del>Unable to correct at this time</del> 8-12-11 - ongoing	Employees B+C attended the 2-hour training for Fire Safety & Preparedness on 5/18/11 - given by [REDACTED]  Both employees were reoriented as described on our Orientation Check list.  Please see attached.  In the future Administration will assure proper training is presented at orientation and throughout the year.	<p style="text-align: center; font-size: small;">Signs have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center; font-size: x-small;">Date: 8/22/11 Initials (DPW): [REDACTED]</p>

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location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				<i>Cont. from Previous Page</i>

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<p>65b</p> <p>Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:</p> <p>(1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents</p>	<p>Staff person B (hired 3/31/11) did not receive training regarding resident rights or the home's emergency medical plan.</p> <p>Staff person C (hired 12/10/10) received training regarding resident rights, the home's emergency medical plan, the Older Adult Protective Services Act and reporting of reportable incidents. However, the training was not dated and therefore it could not be determined if the staff person received the training within the staff person's first 40 hours of scheduled work.</p>	<p><del>Can't correct at this time</del> 8-12-11 - ongoing</p>	<p><del>Can not correct at this time</del> Employees B+C attended the current years training on Residents Rights and Older Adults Protection on 6/17/11 on 8/10/11 Both employees were reorientated. Both viewed last years tape on the subject.</p> <p>In the future Administrator will assure the proper orientation and yearly trainings are carried out.</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date: 8-22-11 Initials (DPW): <i>DPW</i></p>

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65c Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.	Staff person B (hired 3/31/11) did not receive training regarding a general orientation to specific job functions as it relates to the staff person's position.	<i>Can not be corrected at this time 8.12.11 &amp; ongoing</i>	<i>Employee B was reoriented on 8/10/11 regarding her specific job functions as a Ancillary Staff person  In the future Administrators will assure the proper training will be presented at orientation for all direct and Ancillary Staff.</i>	<i>MM 8.22.11</i>

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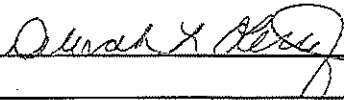
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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Staff person D (hired 6/24/03) and staff person E (hired 12/13/03) did not receive training regarding resident rights and the Older Adult Protective Services Act during the 5/1/10- 4/30/11 training year.	<i>Unable to correct at this time. 8-12-11 + ongoing</i>	<i>Staff D<sup>+</sup>E attended our yearly training on Residents Rights &amp; Older Adult Protection Sys. on 6/17/11. See Attached  Staff D+E viewed the video tape of last years Resident Rights &amp; Old Adult Protection Sys. The video was recorded 6/3/11. It was viewed by both 8/10/11  From this time forward Admin. will monitor required employee training</i>	<i>MM 8-22-11</i>

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regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				<i>Cont. from Previous page</i>

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85a Sanitary conditions shall be maintained.	In bedroom #18, occupied by one resident, the bed clothing had a strong odor of urine on them.  In bedroom #20, occupied by two residents, the bed clothing and comforter on the bed closest to the exit door had a strong odor of urine on them.	<i>Corrected at the time of inspection 8.12.11 + Ongoing</i>	<i>Corrected at the time of inspection.  In both rooms the beds were stripped, cleaned, replaced with clean bedding. The home now had both room rugs professionally cleaned and sanitized. Daily check ups are being performed. Staff was instructed on the importance of clean bedding and potting the residents.  Daily checklist system is being put in place and will be monitored by both staff and administrator</i>	<i>MM 8.22.11</i>

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89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The water temperature in the sink located in the bathroom adjacent to room #102 had a temperature reading of 132.4 degrees Fahrenheit.	<i>Corrected at the time of inspection 8.12.11 + Ongoing</i>	<i>Maintenance Staff corrected the issue immediately.  Monthly water temp checks will be put into place. Adjustments will be made as needed. Administrator will monitor to avoid this happening in the future.</i>	<i>MM 8.22.11</i>

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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The required phone numbers were not posted on or near the phones in the stated locations: <ul style="list-style-type: none"> <li>• 1st floor kitchenette located in the "new side"</li> <li>• 2nd floor kitchenette located in the "new side"</li> <li>• Double occupancy room #106</li> <li>• Single occupancy room #211</li> </ul>	Corrected at the time of inspection 8-12-11 & Ongoing	All 4 phones had the numbers attached at inspection.  In the future we will perform weekly checks in the rooms to check the phones for phone numbers. We will also check all wireless phones. Staff and Administrator will perform this check.	MM 8-22-11

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95 Furniture and equipment shall be in good repair, clean and free of hazards.	The vent in the bathroom adjoining bedroom #16 was inoperable. Staff person A, who is the administrator, stated it was not working.	<i>8/19/11</i>	<p><i>Maintenance Staff will repair or replace the vent fan in room 16.</i></p> <p><i>Maintenance supervisor will over see the repair.</i></p> <p><i>In the future at the monthly room checks if there are repairs needed Administrator will contact Maintenance staff to do the repair work.</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date <i>8/19/11</i> Initials (DPW) <i>MM</i></p>

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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	<p>The refrigerator compartment in the "GE" brand refrigerator located in the 1st, 2nd, and 3rd floor kitchenette on the "new side" of the home did not contain a thermometer.</p> <p>The freezer compartment in the "GE" brand refrigerator located in the 3rd floor kitchenette on the "new side" of the home did not contain a thermometer.</p>	8/19/11	<p><i>Thermometers will be installed in both the refrigerator and freezer compartments of each refrigerator in each kitchenette on all 3 floor.</i></p> <p><i>In the future periodically checks on the refrigerator <del>and</del> and freezer compartments will be conducted by staff and Administrator.</i></p>	MM 8-22-11

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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 Olemacz</i></p>			
SIGNATURE OF LEGAL ENTITY  <i>Deborah Olemacz</i>	DATE  8/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  <i>M. Moskalczyk</i>	DATE  8.22.11

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
121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	The left side of the egress route closest to room #33 was blocked by two winged-chairs and a coffee table. The one chair blocked the left-hand side of the double-doors leading to the outside of the home. This posed a possible safety hazard in the event of an emergency evacuation.	<i>Corrected at the time of inspection 8.12.11 ← ongoing</i>	<i>In the future all exits will be cleared of any obstacles.  Periodic inspections will be conducted by Administrators and other staff.</i>	<i>mm 8.22.11</i>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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
<p>141a</p> <p>The 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 initial medical evaluations were incomplete for resident #s 1, 2, and 3 as they did not address the following areas on the form:</p> <p>Resident #1 (form dated 5/5/11): Communicable Disease and Treatment/Therapies</p> <p>Resident #2 (form dated 4/11/11): Treatment/therapies and Body Positioning</p> <p>Resident #3 (form dated 12/15/10): Medications, the form indicated "see attached signed MARS"; staff person F, who is the co-administrator, was unable to provide this attachment at the time of inspection</p> <p>Repeated Violations: 07/01/2010</p>	<p><i>8/11/10</i></p>	<p><i>All will be corrected, signed and dated by physician, of residents #1, 2, and 3.</i></p> <p><i>See Attached</i></p> <p><i>Prevention:</i></p> <p><i>On the future if Med Eval is not filled out properly by physician, Med Evals will be returned to physician for corrections before being placed in residents chart. Administrator will be responsible.</i></p>	<p><i>MM</i></p> <p><i>8.22.11</i></p>

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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
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>Cont. from Previous page</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) <p align="center"><i>Deborah Olenicz</i></p>			
SIGNATURE OF LEGAL ENTITY <i>Deborah Olenicz</i>	DATE 8/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 8.22.11

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
141b1 A resident shall have a medical evaluation: (1) At least annually.	A 2011 annual medical evaluation was not completed for resident #4. The most current one in the resident's record was dated 6/9/10.	8/11/11	<p>An updated corrected med eval. for #4 is attached <i>See Attached</i></p> <p>prevention: a form was created to help insure that Med Eval support plans &amp; assessments are up to date for compliance by DPW.</p> <p>The administrator or Designer will be responsible for compliance of this regulation <i>Mm</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable <i>Mm</i></p> <p>Date: 8.22.11 Initials (DPW):</p>

8.22.11

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

NAME AND ADDRESS OF PERSONAL CARE HOME ALEXANDRIA MANOR, 7 SOUTH NEW STREET NAZARETH, PA 18064		CURRENT LICENSE NUMBER 210640	
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SIGNATURE OF LEGAL ENTITY  <i>Deborah Oleniacz</i>	DATE  <i>8/12/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  <i>M. Moskalczyk</i>	DATE  <i>8-12-11</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
181c A resident who desires to self-administer his medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.	A 4-ounce bottle of "Blue Ease" Pain Relief Gel and a 1-ounce bottle of "Equate" Triple Antibiotic Ointment Plus belonging to resident #5 were found on the sink's counter located in bedroom #21, which is shared by two residents. The most current medical evaluation (dated 6/1/11) indicated this resident could not self-administer medications. Also, the "Blue Ease" gel had an expiration date of "3/08" on it.	<i>Corrected at time of inspection 8-12-11, + ongoing</i>	<i>Both medications were removed from resident #5 room.  Resident can not self administer own meds per [redacted] me.  Administrator + Staff will be sure to check expiration dates of all OTC meds and any other meds the families may bring in.  Inspection of rooms will be conducted weekly or more often if needed.  Inspections by staff &amp; Admin.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>8-12-11</i> Date Initials (DPW) <i>MW</i>

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SIGNATURE OF LEGAL ENTITY <i>Deborah H. Gleniacz</i>	DATE 8/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskala/czk</i>	DATE 8.12.11

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181f The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.	<p>The home did not have a current list of medications for resident #6, who self-administers medications without assistance. The July 2011 medication administration record for this resident, and the medication list provided by the home, did not include Ecotrin 81mg tablets, Tramadol 50mg, and "Care One" MSM and Glucosamine Complex medications stored in the locked medication box in this resident's bedroom.</p> <p>In addition, the resident stated s/he does not currently take Triflex which was listed on this resident's July 2011 medication administration record.</p>	8/12/11	<p>A list of Current medications will be kept on an MAR and will be kept current with any new or DC -- meds as needed per Doctor's orders, to help insure recurrence in violation</p> <p>Triflex medication are removed from residents locked box until a PCP's orders them, PCP will be contacted by fax to DLE Triflex</p> <p>Note: The resident was sent to hospital 7/27/11 and has not return to date Med Tech supervisor + Admin. to insure to follow them with all self-medication</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: <i>8/12/11</i> Initials (CPM): <i>MM</i></p>

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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.	Staff person G completed the Initial Annual Practicum 6/20/10. The Annual Practicum dated 6/10/11 was not completed in its entirety due to only 1 of 4 required Medication Administration Record reviews being completed and only 1 of 2 required medication administration observations being completed. Staff person G routinely administers medication but is not properly trained to do so.	<i>7/22/11</i>	<p><i>Staff person to be trained in Medication Administration Program. Following this action with Annual Practicum, Review according to DPW Regulations</i></p> <p><i>See attached for correct to Staff person G's corrections</i></p> <p><i>Medication trainer will be responsible for compliance</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);"> <i>Steps have been taken to correct violation; full compliance is not verifiable</i> </p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);"> <i>Date</i>  <i>Initials (DPW)</i> </p>

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		<i>M. Moskalczyk</i>	8-22-11

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(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.				<i>Cont. from Previous page</i>

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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	<p>The following medications located in the "old side" medication cart prescribed to the stated resident were expired:</p> <ul style="list-style-type: none"> <li>• Resident #5- Tylenol Extra Strength 500mg; expired 6/2011</li> <li>• Resident #7 - Mometasone Furoate cream .1%; expired 5/2011</li> </ul> <p>The following medications located in the 1st floor "new side" medication cart prescribed to the stated resident were expired:</p> <ul style="list-style-type: none"> <li>• Resident #8 - Advil Liquid gel 200mg; expired 1/2010</li> <li>• Resident #9 - Miralax; expired 9/2010</li> </ul>	<p><i>Corrected at the time of inspection</i></p> <p><i>Ongoing</i></p>	<p><i>In the future all OTC and any other meds provided by anyone other than our Pharmacy will have expiration dates checked for non expired dates.</i></p> <p><i>Pharmacy rep will check med room carts on a monthly bases.</i></p> <p><i>Med Supervisor and Med techs will also check expiration dates each time the meds are past.</i></p>	<p><i>MM</i></p> <p><i>8.22.11</i></p>

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184c Sample prescription medications shall have written instructions from the prescriber that include the components specified in 184a.	<p>The following sample medication prescribed to the stated resident did not have written directions from the physician indicating the resident's name, the name of the medication, the date the prescription was issues, the prescribed dosage and instructions for administration, and the title of the prescriber.</p> <ul style="list-style-type: none"> <li>• Resident #10 - Lumigan .01% eye drops</li> <li>• Resident #11 - Xalatan eye drops</li> </ul>	<p><del>8/11/11</del> 7/22/11</p>	<p>The listed medications were not samples.</p> <p>-Lumigan, 0.1% eye drops were outside of their proper medical bag. The medical bag does contain all the proper information</p> <p>-Xalatan eye drops 0.005% were not properly placed in their prescription solution bag provided through mail order.</p> <p>Med Supervisor will assure medications has proper labels info. and are in the proper packaging. - See Attached</p>	<p>MM 8-22-11</p>

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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.	<p>The preadmission screening form (dated 4/7/11) ✓ for resident #2 did not indicate if the needs of this individual can be met by the services provided by this personal care home; this area on the form was left unanswered.</p> <p>The preadmission screening form (dated 12/13/10) ✓ for resident #3 did not address the "Behavioral Needs" section of the form; this area on the form was left unanswered.</p>	<i>8/11/11</i>	<p><i>See Attached</i></p> <p><i>Resident #2 + 3 preadmission has been corrected.</i></p> <p><i>Prevention: Staff preparing prescreening will check off all required information if behavioral needs don't apply a slash will be put through or NA will be used. If this section is needed the doctor or geriatric team will fill out this section as stated on DPH form.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>8.22.11</i></p> <p>Date <i>8.22.11</i> Initials (DPW) <i>MM</i></p>

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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.	A 2011 annual assessment was not completed for resident #4; the most current one in the resident's record was dated 6/21/10.  Repeated Violations: 07/01/2010	8/14/11	An updated corrected Med Eval. for resident #4 is attached.  Prevention <del>is</del> a form been created to help insure that Med Eval, support plans & assessments are up to date for compliance by DPW  The administrator or designee will be responsible for compliance with this regulation.	MM 8-22-11

*8-22-11*

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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.	<p>The most current support plan (dated 1/31/11) for resident #6 did not address this resident's ability to self-administer medications without assistance, as indicated on this resident's most current medical evaluation (dated 1/14/11) and most current assessment (dated 1/26/11).</p> <p>The most current support plan (dated 8/31/10) for resident #12 did not address this resident's need for home health services which began on 7/18/11 and are provided by Heartland Home Health.</p> <p>Repeated Violations: 07/01/2010</p>	7/22/11	<p>Resident #6's corrections were noted on [redacted] support plan. Noted as self administration with no assistance from others. Addition has been added. See Attached.</p> <p>Resident #12's correction was made to [redacted] support plan - Under care services section for Home Health Services, updates added. See Attached.</p> <p>Presentations: support plans will be filled out with the aid of the med eval. If changes occur we will use the addendum update forms. See Attached.</p>	MM 8.22.11

**RECEIVED**

AUG 15 2011

SCRANTON FIELD OFFICE  
Adult Residential Licensing

\* The administrator will monitor all support plans for compliance. MM 8/22/11.