

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 OF ALLENTOWN - BETHLEHEM CAMPUS

NAME OF FACILITY OR AGENCY

Located at 3534 LINDEN STREET, BETHLEHEM, PA 18017

(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 58  
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 September 28, 2011 until September 28, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 214560

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

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.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

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

OCT 31 2011

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

RE: Alexandria Manor 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 September 22, 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 be 'R Melusky'.

Ronald Melusky  
Director

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, PA 18017		CURRENT LICENSE NUMBER 214560	
INSPECTION DATES (Include all dates of the inspection) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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 D. Pina Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Deborah D. Pina</i>		DATE <i>10/12/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE <i>10-18-11</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
51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).  Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15	The home did not have copies of the PA criminal history background checks for staff persons from Lehigh Valley Home Health and Hospice Services who has been providing unsupervised hospice services to resident # 1 commencing on 9/12/11.  <b>RECEIVED</b>  OCT 17 2011  SCRANTON FIELD OFFICE Adult Residential Licensing	<i>9/22/11</i>	51 – criminal chk for [redacted] hospice. Corrected at time of inspection. Moving forward: admin will secure copies of license & criminal checks from business' providing services to our residents prior to the start of service.	<i>[Signature]</i> 10-18-11

p.1

610-759 4848

Alexandria Manor

Oct 05 11 12:23p

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Deborah D. Kiva</i>	DATE 10/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Grozed</i>	DATE 10-18-11

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
(relating to protective services for older adults) and other applicable regulations.		9/22/11		

p.2

610-759 4848

Alexandria Manor

Oct 05 11 12:23p

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Deborah D. Pina</i>	DATE <i>10/12/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE <i>10-18-11</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
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 8/2/11 and direct care staff person B hired 8/10/11 each have a diploma from a non US educational institution. The home did not obtain the required waivers.		54a – high school diploma waiver. Waiver forms with copies of education training were sent to Harrisburg for confirmation and compliance. Moving forward: admin will request waivers whenever needed for any non-US educated DCS. <i>was sent on 9/30/11</i> During the interim, staff members A & B will not provide any unsupervised direct care. <i>A. Graziano</i> 10-18-11	10-18-11 Steps have been taken to correct violation; full compliance is not verifiable Date <i>10-18-11</i> Initials (DPW) <i>AG</i>

p.3

610-759 4848

Alexandria Manor

05 11 12:23p

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Deborah D. Reina</i>	DATE <i>10/18/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Grazia</i>	DATE <i>10-18-11</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
services with reasonable skill and safety.				Steps have been taken to correct violation; full compliance is not verifiable Date <i>10-18-11</i> Initials (DPW) <i>DPW</i>

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Deborah H. Kiva</i>	DATE 10/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Graziano</i>	DATE 10-18-11

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
57d At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.	On 9/10/11, a minimum of 33 hours of direct care was required for 41 mobile residents in the home that day. However, only 31 of the direct care hours were provided during waking hours.	10/20/11	57d – two (2) PT PCA’s will be hired for day shift to add an extra 8hrs per day/7 days a week to ensure that all residents needs are met according to the DPW regulations	Steps have been taken to correct violation; full compliance is not verified 10-18-11 initials (DPW)

p.5

610-759 4848

Alexandria Manor

Oct 05 11 12:23p

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Deborah W. Kera</i>	DATE <i>10/19/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE <i>10-18-11</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
65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	Direct care staff person C completed only 10.5 of the minimum 12 hours of annual training in training year 2010.	<i>9/30/11</i>	<p>65e – Since 2010 has passed there is no way to correct now. Moving forward: Admin will ensure that all staff receives the proper required by DPW training &amp; documented proof of training will be found in each employees file.</p> <p><i>Direct care employee C will receive 13.5 hours annual training for Training Year 2011. Copies of completed training will be faxed to the NE Regional office 570-963-3018 upon completion.</i></p> <p style="text-align: right;"><i>A. Graziano</i> <i>10-18-11</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>10-18-11</i></p> <p>Date: _____ Initials (DPW): _____</p>

P.9  
610-769 4848

Alexandria Manor  
05/11 12:24p

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Deborah D. Riva</i>	DATE 10/18/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dee Grazers</i>	DATE 10-18-11

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
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	Direct care staff member C did not complete training on resident rights and the older adult protective services act for training year 2010.	9/30/11	65g - Since 2010 has passed there is no way to correct now. Moving forward: Admin will ensure that all staff receives the proper required by DPW training & documented proof of training will be found in each employees file.  Admin will complete Employee C's training for res. rights and OAPSA for 2011 and fax to NE Regional office @ 570-963-3018 upon completion. Admin will use a tracking sheet to track training compliance and completion. <i>A Grazers</i>	Steps have been taken to correct violation; full compliance is not verifiable Date: 10-18-11 Initials (DPW): <i>EG</i>

P.1  
6710-709 4848

Alexandria Manor  
05 11 12:24p

10-18-11

p.8

610-759 4848

Alexandria Manor

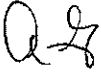
Oct 05 11 12:24p

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Deborah D. Pina</i>	DATE <i>10/18/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jane Frazier</i>	DATE <i>10-18-11</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
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.				Steps have been taken to correct violation; full compliance is not verifiable Date <i>10-18-11</i> Initials (DPW) <i>DP</i>

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Barbara M. Pina</i>	DATE 10/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Aime Graziano</i>	DATE 10-18-11

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
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit located in the second floor kitchenette did not contain a pair of tweezers.	9/22/11	96a – corrected at time of inspection. Tweezers were put into the first aid kit on the 2 <sup>nd</sup> floor. Moving forward: Periodic checks of all the first aid kits will be done by Admin and/or PCA staff.	 10-18-11

20071111000

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Deborah D. Pina</i>	DATE 10/10/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dore Grazia</i>	DATE 10-18-11

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
101o Bedrooms shall have walls, floors and ceilings, which are finished, clean and in good repair.	On the floor to the left of the bed in room #202 there was green, rectangular bathroom rug with the non-slip surface partially worn off the bottom. The rug slipped when the inspector stepped upon it, which posed a possible slipping hazard to the resident. This room is occupied by one resident.	9/22/11	101o -- <del>actually 88a</del> -- throw rug was removed from bedside due to worn out rubber backing at time of inspection. Moving forward: Any residents providing throw/area rugs for their rooms will have them periodically checked by PCA or Housekeeping staff to ensure non-skid backing is in good condition.  <i>ag 10-18-11</i>	<i>ag</i> 10-18-11

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Mubarak D. Pina</i>	DATE 10/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherie Graziano</i>	DATE 10-18-11

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
103g Food shall be stored in closed or sealed containers.	<p>The following frozen food items were found opened and unsealed in the walk-in freezer located on the right, when facing the two walk-in freezers, in the home's main kitchen:</p> <ul style="list-style-type: none"> <li>• 30 sausage links in an unsealed clear plastic bag</li> <li>• 12 pieces of "Sea Pak" Shrimp Scampi in an unsealed plastic bag inside an opened box</li> <li>• 2 pieces of "Bell Evans" Chicken Burgers in an unsealed plastic bag inside an opened box</li> </ul> <p>An 18-ounce box of "Wegman's" Corn Flakes Cereal was opened and unsealed in the home's kitchen pantry.</p>	<p>9/22/11</p>	<p>103g – Any opened/undated foods were discarded at time of inspection Moving forward: Kitchen staff will store opened items in the proper containers/bags with labels containing name of item &amp; date</p> <p><i>Adm will check food supplies weekly to insure compliance.</i> <i>Adm. 10-18-11</i></p>	<p>Steps have been taken to correct violation; full compliance to not re-occur</p> <p><i>10-18-11</i> Date <i>CPM</i> Initials (CPM)</p>

ORIGINAL RETURNED TO: 4077111000

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Dulores H. Pina</i>	DATE 10/18/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann G. Grazian</i>	DATE 10-18-11

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
103i Outdated or spoiled food or dented cans may not be used.	The following frozen food items were found undated and unlabeled in the walk-in freezer located on the right, when facing the two walk-in freezers, in the home's main kitchen:  <ul style="list-style-type: none"> <li>• 5 individual portions of lasagna in a "Ziploc" bag</li> <li>• Parsley in a clear plastic bag</li> </ul>	<i>9/22/11</i>	103i – Out of date/unlabeled items were thrown out at time of inspection. Moving forward: Kitchen staff will store opened items in the proper containers/bags with labels containing name of item & date. Out of date items will be thrown out.  <i>Adm will check food items weekly to insure compliance.</i>	Steps have been taken to correct violation; full compliance is not verifiable Date <u>10-18-11</u> Initials (DPW) <u>OS</u>

p.12  
610-759 4848

Alexandria Manor  
ot 05 11 12:26p

p.13

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Deborah W. Pina</i>	DATE 10/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dore Graziano</i>	DATE 10-18-11

610-759 4848

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
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	<p>The following required information was not addressed in the following residents' medical evaluation forms:</p> <p><u>Resident #2 (form dated 8/4/11)</u>                      • "Diet" - left unanswered                      • "Medications" - indicated to "see attached"; the attachment, dated 7/29/11, was not signed or dated by the physician who completed the medical evaluation form</p> <p><u>Resident #3 (form dated 5/20/11)</u>                      • "Immunization" - left unanswered</p> <p><u>Resident #4 (form dated 9/21/10)</u>                      • "Body positioning" - left unanswered</p> <p><u>Resident #5 (form dated 3/14/11)</u>                      • "Diet" - left unanswered                      • "Body Positioning" - left unanswered</p>	9/30/11	<p>Residents DR. made #2 corrections on medical Evaluation signed + dated 9/30/11</p> <p>Residents DR made #3 correction on medical Evaluation signed + Dated 10/3/11</p> <p>Residents DR made #4 correction on medical Evaluation signed + dated 9/30/11</p> <p>Residents medical Evaluation was filled out correctly will send copy #5 must have been missed at time of inspection</p>	

Alexandria Manor

Oct 05 11 12:26p

Continued violation in documents submitted as verifications on 10/11

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

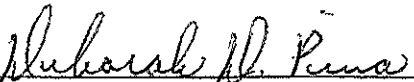

NAME AND ADDRESS OF PERSONAL CARE HOME ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS, 3534 LINDEN STREET BETHLEHEM, PA 18017		CURRENT LICENSE NUMBER 214560	
INSPECTION DATES (Include all dates of the inspection) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Deborah D. Pina</i>	DATE <i>10/12/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Aune Grayson</i>	DATE <i>10-18-11</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
141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	The home did not have an updated medical evaluation completed due to a significant change for resident #1, who began receiving hospice services on 9/12/11 through Lehigh Valley Home Health and Hospice Services.  <i>Repeated Violation 7-22-11</i>	<i>9/22/11</i>	141b2 – Updated Med Eval was sent to us by Dr the day resident passed. Moving forward: The Dr. for any resident put on hospice care will be informed to provide us with an updated med eval on the day the resident is put on hospice as required by the DPW. * see attached med eval  <i>Adm will review med evals for correctness and completeness. Oct. 10-18-11</i>	<i>Oct 10-18-11</i>

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Deborah D. Pina</i>	DATE <i>10/18/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Deane H. Ragiano</i>	DATE <i>10-18-11</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
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.	A 4-ounce plastic container of OTC "Universal" Vaporizing Chest Rub was found on the night table belonging to resident #6. The most current medical evaluation, dated 8/17/11, indicated the resident could not self-administer medications.  Two tubes of Neosporin and Pain Relief, a 0.65-ounce tube and a 1-ounce tube, were found on an open shelf in the bathroom adjoining the bedroom shared by resident #7 and #8.. Neither tube had a resident's name or prescription label on it. Resident #7's most current medical evaluation, dated 2/16/11, stated the resident could self-administer with assistance. Resident #8's most current medical evaluation, dated 1/27/11, stated the resident could self-administer with assistance in remembering the schedule. Staff person D, who is the administrator, stated both these residents require medications to be administered by staff, as noted in their most current support plans dated 2/28/11 and 2/24/11, respectively.	<i>9/22/11</i>	182b – Corrected at time of inspection. OTC Meds were removed from those residents rooms and families were AGAIN notified, as it appears in our contract packet, that residents are not permitted to keep meds in their rooms unless specified by a Physician. Moving forward: PCA Staff will monitor all resident's rooms for meds & removed as necessary.	<i>D.P.</i> 10-18-11

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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 10/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10-18-11

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
(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.				 10-18-11

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Heborah W. Pina</i>	DATE <i>10/18/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dene Grazia</i>	DATE <i>10-18-11</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
183c Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	<p>The home is not following the manufacturer's instructions for the following medications:</p> <ul style="list-style-type: none"> <li>• Resident #9's Novolog mix 70/30</li> <li>• Resident #10's Lantus 100 u/ml vial</li> <li>• Resident #11's Lantus 100 u/ml vial</li> </ul> <p>The manufacturer's instructions state "once opened it can be used for 28 days." The home did not have the date the vials were first punctured written on the bottle.</p>	<i>9/23/11</i>	<p>183d - Insulin bottles have been dated. Moving forward: PCS have all been told about the importance of labeling insulin bottles with date opened to ensure the insulin is not used after 28 days from opening.</p> <p><i>Adm will check weekly to insure medications are stored according to manufacturers directions.</i></p>	<p style="text-align: center;">Steps have been taken to correct violation, full compliance is not verifiable</p> <p style="text-align: center;"><i>DS</i></p> <p style="text-align: center;">Date: <i>10-18-11</i> 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, PA 18017		CURRENT LICENSE NUMBER 214560	
INSPECTION DATES (Include all dates of the inspection) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Nicholas D. Pincer</i>	DATE 10/10/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE 10-24-11

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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	The home did not have the following PRN medications on hand for Resident #12: <ul style="list-style-type: none"> <li>Ibuprofen 200 mg</li> <li>Equate Pain Reliever</li> <li>Immodium 2 mg</li> <li>Hydrocortisone Cream 1%</li> </ul>	9/23/11	Since family supplies these meds they will be called 1 week in advance if it is not brought in. They were told we will order from the pharmacy. The administrator will check medications weekly to insure medications are on hand as ordered. A. Graziano 10-24-11	<i>AG</i> 10-24-11

000000/20000

10/23/2011 04:11:11

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Abraham W. Riva</i>	DATE 10/19/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Graziano</i>	DATE 10-18-11

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
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.	The preadmission screening forms for the following residents did not address the following required information on them:  <u>Resident #5 (form dated 4/8/11)</u> • "Other Special Care Needs" • "Behavioral Needs"  <u>Resident #13 (form dated 6/16/11)</u> • "Diagnosis"	9/30/11	Preadmission screening form was corrected by Administrator 9/30/11 #5 + #13  Office staff will be more careful in filling out Preadmission screenings to ensure they are completed	AG 10-18-11

p.19

610-759 4848

Alexandria Manor

Oct 05 11 12:29p

p.20  
 610-759 4848

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Deborah D. Pinc</i>	DATE 10/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Debra Graziano</i>	DATE 10-18-11

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
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The home did not complete the required date of completion on the initial assessment form completed for resident #14, who was admitted to the home on 8/23/11. The area addressing the date was left unanswered.  Staff person D, who is the administrator, stated the initial assessment for resident #2 was not completed including the need for hospice services.	9/30/11	<del>Staff person D</del> updated assessment for #14 9/30/11  Office staff will see these forms are completed  Admin will review initial assessments upon completion to insure correctness and compliance.	Steps have been taken to correct violation. Full compliance is now verified. Date 10/18/11 Initials (D) [Signature]

Oct 05 11 12:29p  
 Alexandria Manor

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Deborah D. Perna</i>	DATE <i>10/18/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jane Grayson</i>	DATE <i>10-18-11</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
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	The most current medical evaluation dated 6/16/11 for resident #15 stated this is a resident with mobility needs; the most current assessment dated 7/13/11 stated this resident walks without assistance and is not a resident with mobility needs. Until the discrepancy is resolved, the more stringent assessment applies.	<i>10/18/11</i>	<i>1215 DR will redo medical Evaluation on Wed 10-19-11</i>  <i>Will check all med. Evaluations upon completion by office staff</i>  <i>Assessments will be completed in conjunction w/ medical evaluation review.</i>  <i>Assessments submitted for plan of correction does not include p. 4 which contains mobility info.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>10-18-11</i> Date Initials (DPW)

p.22

610-759 4848

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Deborah D. Pina</i>	DATE 10/18/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gene Graziano</i>	DATE 10-8-11

Alexandria Manor

Oct 05 11 12:29p

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
227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Staff person D, who is the administrator, stated the initial support plan for resident #2 was not completed including the need for hospice services. The resident was admitted to the home on 8/4/11.	9/23/11	Administrator Filled out support plan 9/23/11 including need for Hospice  Office staff and PCA's will make sure all support plans are kept up to date Adm will review support plans for correctness and completeness.	Steps have been taken to correct violation; full compliance to not verifiable Date 10-18-11 Initials (DPW) <i>DP</i>

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Rebecca D. Pina</i>	DATE <i>10/18/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE <i>10-18-11</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
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 home did not complete a significant change support plan for resident #1 who began receiving hospice services provided by Lehigh Valley Home Health and Hospice Services on 9/12/11, as indicated on the resident's most current assessment dated 9/13/11.</p> <p>The home did not complete a support plan due to a significant change for resident #13 (date of admission 7/1/11) who began receiving physical and occupational therapies provided by Manor Care commencing on 7/11/11, as stated in the resident's most current (initial) assessment dated 7/13/11. In addition, this support plan was not updated to include speech therapy provided by Manor Care which began on 9/11/11. The only support plan in the resident's record was the initial one dated 7/26/11.</p> <p>Staff person D, who is the administrator, stated both these residents continue to receive these services.</p>	<i>9/13/11</i>	<p><i>Resident #1 Expired Was unable to do support Plan. In The Future Support Plan will be completed within 24 hr of signing on to hospice office staff will see to this</i></p> <p><del><i>Spoke with Bob Bisognan on violation of dates on support plan and assessment does not ask for dates only referrals</i></del></p> <p><i>In order to determine compliance with the 30 day time frame, dates must</i></p>	<p>Steps have been taken to correct violation, full compliance is not verifiable</p> <p><i>10-18-11</i></p> <p>Date Initials (DPW)</p>

*be on the S.p. documents.  
 Graziano 10-18-11*

p.24

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Deborah D. Pina</i>	DATE 10/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gene Hays</i>	DATE 10-18-11

610-759 4848

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
252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	The records of resident #s 14, #13, #5, and #4 did not address if the residents had any identifying marks. The residents were admitted to the home on 8/23/11, 7/1/11, 4/9/11, and 10/6/10, respectively.	10/2/11	The PC's will do a complete body assessment when resident is admitted. All Residents Transfer sheets will have identifying marks documented.  The administrator will conduct reviews of new resident records to assure completeness, correctness and compliance. A. Gaziano 10-18-11	Steps have been taken to correct violation; full compliance to not verifiable Date 10-18-11 Initials (DPW) <i>DPW</i>

Alexandria Manor

Oct 05 11 12:30p

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Deborah D. Pina</i>	DATE <i>10/18/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dene Grosz</i>	DATE <i>10-18-11</i>

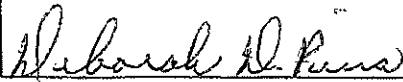
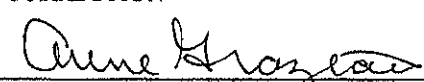
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary				

p.25

610-759 4848

Alexandria Manor

Oct 05 11 12:30p

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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 10/18/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10-18-11

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
restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.				

p.26

610-759 4848

Alexandria Manor

Oct 05 11 12:31p

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Deborah D. Pina</i>	DATE 10/10/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chene Grayson</i>	DATE 10-18-11

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
(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents				

p.27

610-759 4848

Alexandria Manor

Oct 05 11 12:31p

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Mubarak D. Kina</i>	DATE 10/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Aimee G. ...</i>	DATE 10-18-11

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
receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified				

p.28

610-759 4848

Alexandria Manor

Oct 05 11 12:32p

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) 09/22/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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>Deborah D. Pina</i>	DATE <i>10/18/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>June Graziano</i>	DATE <i>10-18-11</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
in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				

RECEIVED

OCT 17 2011

SCRANTON FIELD OFFICE  
Adult Residential Licensing

p.29

610-759 4848

Alexandria Manor

Oct 05 11 12:32p