

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

LEGAL ENTITY

To operate ALEXANDRIA MANOR II

NAME OF FACILITY OR AGENCY

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

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

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

(MAXIMUM CAPACITY)

Restrictions: _____

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

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 17, 2011 until November 17, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 205260

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

JAN 06 2012

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

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

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

Dear Mr. Negrao:

As a result of the Department of Public Welfare's licensing inspection on November 16, 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 '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 II, 313 S WALNUT ST BATH, PA 18014		CURRENT LICENSE NUMBER 205260	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
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>Christina DeStefano</i>	DATE 11/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalezyk</i>	DATE 12/14/11

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
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	The home did not complete an incident report for the medication error discovered on 11/11/11 by staff person C. The medication record for Resident #2 incorrectly read Symbicort to be held if the resident's blood pressure was under 110. Medication record should have read if resident's blood pressure was over 110.	11-29-11 * Ongoing	16c - No way to correct now for #2. Moving forward: Admins/Med Supervisor will report all medication errors to the DPW Scranton Office within the allotted 24 hour period. * See attached 16c * The administrator & med/supervisor will assure compliance with this regulation.	<i>[Signature]</i> Date Initials (DPW)

Steps have been taken to correct violation; full compliance is not verifiable

P.2

6108375195

ALEX MANOR BATH

Dec 01 11 09:08a

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

NAME AND ADDRESS OF PERSONAL CARE HOME ALEXANDRIA MANOR II, 313 S WALNUT ST BATH, PA 18014		CURRENT LICENSE NUMBER -205260	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
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>Christina Deloff Lovadon</i>	DATE 11/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalskyk</i>	DATE 12/14/11

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 2nd floor South Kitchenette was not equipt with a breathing shield.		96a - Corrected at Time of Inspection New breathing shields were purchased & put with First Aid Kits. Moving forward: Admins & Staff will check kits weekly for any missing or out dated items & replaced as needed.	MM 12/14/11

p.3

6108375195

ALEX MANOR BATH

Dec 01 11 09:08a

NAME AND ADDRESS OF PERSONAL CARE HOME ALEXANDRIA MANOR II, 313 S WALNUT ST BATH, PA 18014		CURRENT LICENSE NUMBER 205260	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Clairissa DeStefano, adm</i>	DATE 11/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalevich</i>	DATE 12/14/11

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
102i A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.	<ul style="list-style-type: none"> • 2 unlabeled bars of soap were on the bathroom sink in Room #20. Two residents reside in the room. • An unlabeled bar of soap was on the bathroom sink and in the shower in the common restroom on the 1st floor house side. 	11/29/11 ✓ *Ongoing	102i - Corrected at Time of Inspection Any opened bars of soap not in a marked covered container will be removed from rooms & discarded. Moving forward: a notice has been added to the "Contract Packet" specifying the need for covered soap containers. * See attached marked 102i that are clearly labeled with residents name. The administrator/Designee will monitor bathroom/shower areas weekly for ongoing compliance. MM	Steps have been taken to correct violation; full compliance is not verifiable Date _____ Initials (DPW) _____

P-4

01063/0/0010

ALEX MANUK BATH

DEC 11 09:06a

NAME AND ADDRESS OF PERSONAL CARE HOME ALEXANDRIA MANOR II, 313 S WALNUT ST BATH, PA 18014		CURRENT LICENSE NUMBER 205260	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
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>Patricia DeStefano</i>	DATE 11/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>m. Moskalczyk</i>	DATE 12/14/11

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
103e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	<p>The following food was found unlabeled in the white cabinet in the homes 2nd floor South kitchenette:</p> <ul style="list-style-type: none"> • 2 bags of cherrios <p>The following food was found unlabeled in the Kenmore Freezer in the kitchen:</p> <ul style="list-style-type: none"> • 1 bag of sausage • 1 bag of pancakes <p>The following food items were found unlabeled in the Tru Freezer in the kitchen:</p> <ul style="list-style-type: none"> • 8 bags of green beans 	11/29/11 + on going	<p>103e - 2nd Fl. S. Kitchenette & Kitchen Corrected at Time of Inspection Items in refrigerators had items removed from original packages that were dated but not as to what was in the bags. Moving forward: All kitchen & PCA staff have been made aware of the importance in having items stored & labeled properly with names & dates. Kitchen Staff will monitor for compliance *see attached 103e on a daily basis.</p> <p><i>m</i></p>	MM 12/14/11

p.c.

01/03/15/10

ALEX MANOR BATH

Dec 01 11 09:08a

NAME AND ADDRESS OF PERSONAL CARE HOME ALEXANDRIA MANOR II, 313 S WALNUT ST BATH, PA 18014		CURRENT LICENSE NUMBER 205260	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
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SIGNATURE OF LEGAL ENTITY <i>Christina Pellegrino</i>	DATE 11/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mognalozzi</i>	DATE 12/14/11

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
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 record for the drill conducted on 9/14/11 did not include the exit route used.</p> <p>The fire drill conducted on 9/14/11 notes 65 residents in the home and only 37 residents evacuated. Administrator A reported that the other 28 residents were already in fire safe areas so the home did not include them as evacuated. The home is not properly documenting the number of residents evacuated at the time of the drill.</p> <p>The fire drill conducted on 7/28/11 notes 65 residents in the home and only 64 residents evacuated. Administrator A reported that one resident was in the hospital. The home is not properly documenting the number of residents in the home at the time of the drill.</p>	11/29/11 + ongoing	<p>132c – Fire Drill Documentation.</p> <p>No way to correct documentation now. All residents were evacuated to “safe area”</p> <p>Moving forward: Admins will insure that <u>all</u> residents are prepared to evacuate the building if need be, with residents from “fire” area moved to the “safe area” of building. Paperwork will include all residents in building.</p> <p>The administrator will assure ongoing compliance with this regulation. The administrator will monitor all fire drill records for proper documentation.</p> <p><i>mn</i></p>	<p>Steps have been taken to correct violation, full compliance is not verifiable</p> <p>Date: <i>12/14/11</i></p> <p>Initials (DPW): <i>DPW</i></p>

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61083/5196

ALEX MANOR BATH

Dec 01 11 09:08a

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

NAME AND ADDRESS OF PERSONAL CARE HOME ALEXANDRIA MANOR II, 313 S WALNUT ST BATH, PA 18014		CURRENT LICENSE NUMBER 205260	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Cherissa Drollhoff LPN/adm</i>	DATE <i>11/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Nogalski</i>	DATE <i>12/4/11</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																																																																	
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11/16/2011
 01/03/2012
 ALEXANDRIA MANOR DATA
 11/16/2011

NAME AND ADDRESS OF PERSONAL CARE HOME ALEXANDRIA MANOR II, 313 S WALNUT ST BATH, PA 18014		CURRENT LICENSE NUMBER 205260	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
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>Christina DeHoff LPN/ADM</i>	DATE 11/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mroczek</i>	DATE 12/14/11

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
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	Resident #1 was admitted to the home on 3/16/11. The medical evaluation was completed on 11/5/10. The home did not complete the medical evaluation within 60 days prior to admission or 30 days after. Repeated Violations: 09/30/2010	11 29 11	141a1 - Med Eval no way to correct now for Resident #1, past due date. Moving forward: All new paperwork will be filled out, including Med Evals from any "new" resident or from another Alexandria Manor within the allotted time period Admin will monitor for compliance.	<i>Correct have been taken to correct violation full compliance is not verifiable</i> Date _____ Initials (DPW) _____
		01-31-12 + *ONGOING	*An audit will be conducted on all current resident records by the administrator/Deputy to assure compliance with this regulation. Documentation of this audit will be maintained by the administrator.	

M
12/14/11

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61083/6796

ALEX MANOR BATH

Dec 01 11 09:08a

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

NAME AND ADDRESS OF PERSONAL CARE HOME ALEXANDRIA MANOR II, 313 S WALNUT ST BATH, PA 18014		CURRENT LICENSE NUMBER 205260	
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SIGNATURE OF LEGAL ENTITY <i>Christina DeLoeff LPN/adm</i>	DATE 11/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalevich</i>	DATE 12/4/11

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
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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61083/6196

ALEX MANOR BATH

Dec 01 11 09:08a

NAME AND ADDRESS OF PERSONAL CARE HOME ALEXANDRIA MANOR II, 313 S WALNUT ST BATH, PA 18014		CURRENT LICENSE NUMBER 205260	
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SIGNATURE OF LEGAL ENTITY <i>Christina Delleoff LPN/adm</i>	DATE 11/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalyuk</i>	DATE 12/14/11

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
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.	The medical evaluation for Resident #2 dated 10/27/11 had nothing noted for tx/therapies, diet, social activities or body positioning.	11-29-11	141a2 - Med Eval for resident #2 has been updated by his PCP to show dietary needs & activities/special services. Moving forward: Admins will review Med Evals upon return from PCPs & returned to PCPs for any missed items on the Eval form. * See attached 141a2	Steps have been taken to correct violation; full compliance is not verifiable Date 12/14/11 Initials (DPW)
		1-31-12 & ongoing	An audit will be conducted on all current resident records by the administrator / Designee to assure compliance with this regulation. Documentation of this audit will be maintained by the administrator.	

P. 11

DATE/TIME

DATE/TIME

DATE/TIME

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

NAME AND ADDRESS OF PERSONAL CARE HOME ALEXANDRIA MANOR II, 313 S WALNUT ST BATH, PA 18014		CURRENT LICENSE NUMBER 205260	
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SIGNATURE OF LEGAL ENTITY <i>Christina DeGoff/entadm</i>	DATE 11/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Muscaloglu</i>	DATE 12/14/11

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
161d A resident's special dietary needs, as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian, shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.	Resident #3's medical evaluation dated 7/5/11 notes a diabetic and mechanical soft diet. Resident #3's assessment dated 7/18/11 has nothing noted for dietary needs. Staff person B reported that Resident #3 only receives a diabetic diet. The home is not meeting the special dietary needs for Resident #3 as prescribed by the physician.	112911 + ongoing	161d - PCP orders were obtained for resident #3's Speech Eval. Eval completed, diet changed to Regular diet as per Speech Therapist & PCP new orders D/Cing mechanical soft diet. Moving forward: Admins will review all paperwork against PCP orders for correctness, and appropriate departments will be notified for compliance. * See attached 161d	Steps have been taken to correct violation; full compliance is not verifiable Date: 12/14/11 Initials (DPW): <i>DPW</i>

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DATE/CONT

DATE/INITIALS

DATE/TIME

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

NAME AND ADDRESS OF PERSONAL CARE HOME ALEXANDRIA MANOR II, 313 S WALNUT ST BATH, PA 18014		CURRENT LICENSE NUMBER 205260	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Quinn D. Kelly, LPN/Adm</i>	DATE 11/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 12/14/11

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
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.	Resident #4 Advair 500/50 diskus was not dated as to when diskus was opened. The manufacturer's instructions read: the use by date is 1 month from date of opening the pouch.	11/29/11 a ongoing	183c - No way to correct now. Moving forward: all Med-techs have been made aware of the importance of dating meds as to when they were opened & when they expire according to manufacturer's instructions. LPN/Admin & Med-techs will monitor for compliance. — on a weekly basis. M.M	Steps have been taken to correct violation; full compliance is not verifiable Date <i>M.M</i> Initials (DPW)

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DATE/CORR ID

ALEX MANOR BATH

DEC 07 11 09:09a

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

P. 10
 01/01/2011
 ALEX MANOR BA II
 06/01/11 10:00

NAME AND ADDRESS OF PERSONAL CARE HOME ALEXANDRIA MANOR II, 313 S WALNUT ST BATTL PA 18014		CURRENT LICENSE NUMBER 205260	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Marina Pollock LPW/ADM</i>	<i>11/29/11</i>	<i>M. Moskalyk</i>	<i>12/14/11</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
190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	Annual Practicum for staff person D was initially trained 4/07. Med tech D did not complete all of the 4 required M.A.R. Reviews on 6/1/11. Further, Med tech was to have completed the MAR Review by the anniversary date of 4/11.	<i>11 29 11</i>	190a – Staff Person D. had her annual practicum reviewed & updates performed by Medication Trainer J. Pina. Moving forward: Medication Trainer will be notified prior to quarterly review due dates to insure compliance. * See attached 190a <i>The administrator/ Designee will track and monitor for ongoing compliance.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> Date <i>[Signature]</i> Initials (DPW)

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

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SIGNATURE OF LEGAL ENTITY <i>Christina D. Hoff, LPA/ADM</i>	DATE 11/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskuleczyk</i>	DATE 12/14/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	Lidoderm prescribed for Resident #5 apply 1 patch topically to lower back at 8:00 a.m. and remove at 8:00 p.m. was not initiated for the removal at 8:00 p.m. on 11/1/11. Could not be determined if patch was removed as ordered. Repeated Violations: 09/30/2010	11 29 11 + * ongoing	187a - No way to correct now, resident #5 (hospice resident) passed away morning of inspection 11/16/11. Moving forward: All Med Techs have been made aware of the importance of signing off in the MAR book for all medications immediately after giving meds & to check over MARs again before leaving shift to help insure compliance. * See attached 187a * The administrator/designee will monitor MAR's weekly for ongoing compliance. <i>mm</i>	<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> Steps have been taken to correct violation; full compliance is not verifiable Date: _____ Initials (DPW): _____ </div>

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

NAME AND ADDRESS OF PERSONAL CARE HOME ALEXANDRIA MANOR II, 313 S WALNUT ST BATH, PA 18014		CURRENT LICENSE NUMBER 205260	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
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>Clara DeWitt</i>	DATE 11/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalyuk</i>	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			<i>Continue from previous page.</i>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME ALEXANDRIA MANOR II, 313 S WAJ NUT ST BATH, PA 18014		CURRENT LICENSE NUMBER 205260	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
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>Christina Delluff LPN/adm</i>	DATE 11/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. No Skalczyk</i>	DATE 12/4/11

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
187d The home shall follow the directions of the prescriber.	The medication administration record for Resident #2 prescribed Symbicort take 2 puffs by mouth every 12 hours (COPD/CHF) was written initially in the record: Symbicort to be held if the resident blood pressure went below 110 . Flow sheet indicated from, 11/2 to 11/8 b. p. was below 110. On 11/11/11, staff person C verified the order and discovered medication was to be held if blood pressure was over 110.	112911	187d – No way to correct at this time for resident #2. Moving forward: All PCP orders will be followed & monitored by LPN & Med Techs prior to placing on MARs.	<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 _____ Initials (DPW) <i>DPW</i></p>

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