

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
NAME OF FACILITY OR AGENCY

Located at 7 SOUTH NEW STREET, NAZARETH, PA 18064
(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 83
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 August 15, 2012 until August 15, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 210640

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

AUG 06 2012

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

Dear Mr. Negro:

As a result of the Department of Public Welfare's licensing inspection on June 8, 2012 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.

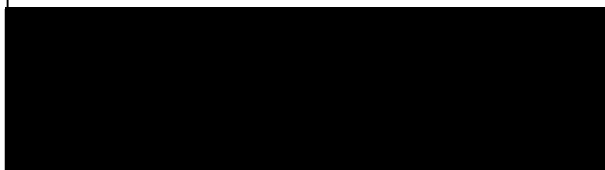
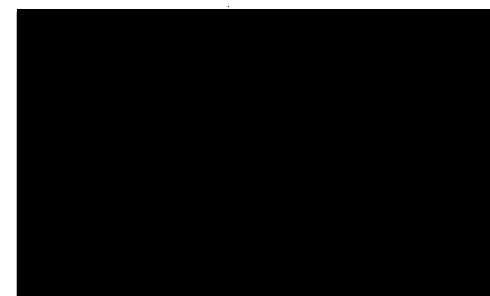
Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: ALEXANDRIA MANOR		License Number: 210640
Address: 7 SOUTH NEW STREET, NAZARETH, PA 18064		County: Northampton
Administrator: Debra Oleniacz		Region: NORTH
Legal Entity Name: ALEXANDRIA MANOR OF ALLENTOWN INC		
Legal Entity Address: 7 SOUTH NEW STREET, NAZARETH, PA 18064		
Certificate(s) of Occupancy		
C-2 LP 05/17/1994 L&I		
Staffing Hours		
Resident Support: 2	Total Daily Staff: 86	Waking Staff: 85
Type of Inspection: Full	BHA Docket Number: n/a	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint, Fine		
On-Site Inspections Dates and Department Representatives On-Site 06/08/2012: Babiarz, Florence; Hummel, Jesse		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: n/a		Random Indicators: n/a
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 83 Number of Residents Served: 81 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 21064 - 06/08/2012 - Babiarz, Florence
PCH Name: ALEXANDRIA MANOR

1. REGULATION 66 Pa. Code §2600

2600.16(c) - 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 section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident # 1 is prescribed Apresoline 10mg, one tablet by mouth at 9:00am, 1:00pm, 6:00pm and 10:00pm. From 6/4/12 through 6/7/12 this medication was not available at the home and was not administered to the resident. The home did not notify the Department of these medication errors as required.

Resident #2 is prescribed Tylenol with Codeine, one tablet at 12:00am, 6:00am, 12:00pm, 4:00pm and 8:00pm. This medication was not available at the home and was not administered to the resident on 6/7/12 at 12:00am and 8:00am. This home did not notify the Department of these medication errors as required.

Resident #3 is prescribed Metoprolol Tartrate 25mg, one tablet daily at 8:00pm. This medication was not available at the home and was not administered to the resident on 6/1/12. The home did not notify the Department of this medication error as required.

Resident #4 is prescribed Fluoxetine 10mg, one tablet daily. This medication was not available at the facility and was not administered to the resident from 6/5/12 through 6/7/12. The home did not notify the Department of these medication errors as required.

Resident #5 is prescribed Klor-Con 10 MEQ, one tablet daily. This medication was not available at the home and was not administered to the resident on 6/4/12. The home did not notify the Department of this medication error as required.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

6/18/12 - Ongoing

Can not be corrected at this time.

The home will report to the Department All medication errors.

Med. Techs. will be re-educated on Regulations and proper reporting of medication errors * Documentation of staff re-education shall be maintained by the Administrator.

The administrator will monitor for ongoing compliance June 7/17/12

Repeat Violation; No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Deborah L. Obeniacz

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Deborah L. Obeniacz Date 6/22/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/17/12 (Date) Plan of correction implementation status as of 7/17/12 (Date)
Fully Implemented
Partially Implemented - Adequate Progress
Partially Implemented - Inadequate Progress
Not Implemented

Violation Report: 21064 - 06/08/2012 - Babiarz, Florence
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #6's contract dated 3/10/12 is not signed by the resident.
Resident #7's contract dated 3/10/12 is not signed by the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Corrected 6/11/12 and 6/12/12
Both resident #6 and 7 signed their contracts. See attached copies
going forward Administrators will oversee the signing of all contracts and
enforce the signatures per regulation 2600.25b

* The administrator/Designee will audit all resident records to assure that all contracts are up to date and signed. Audit to be completed by 08.10.12. Documentation of the Audit shall be maintained by the administrator.

Mur
7/17/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Debrah L Oleniacz*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Debrah L Oleniacz Date 6/22/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/17/12 (Date) Plan of correction Implementation status as of 7/17/12 (Date)

The above plan of correction was approved by [Signature] (Initials)
* Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 21064 - 06/08/2012 - Babiarz, Florence
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

An enabler bar measuring 1 foot was attached to the right side of the bed in room #204 and was uncovered. The bar measured approximately 1 foot by 1 foot. The Administrator stated that the pillow case used to cover the bar was being laundered.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Corrected 6/11/12.

Resident in room 204 bed A. Now have a doctor's order to sleep in recliner. Therefore the bed and the enabler have been removed from room 204. See attached.

Staff was made aware of regulations, and instructed to make sure any enabler is covered.

* The administrator/Designee will monitor weekly for ongoing compliance.

mm
7/17/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Deborah L. Oleniacz

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Deborah L. Oleniacz

Date

6/22/12

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The above plan of correction is approved as of

7/17/12
(Date)

Plan of correction implementation status as of

7/12/12
(Date)

Fully Implemented

* Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

mm
(Initials)

Violation Report: 21064 - 06/08/2012 - Babiarz, Florence
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

Call bell located in resident room #201, 204, and 208 were inoperable. Staff member "A" stated that maintenance had worked on the call bell in room 204 last week.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

To be corrected by 7/13/12

On going.

Repair company has been notified. They will be out to make the necessary repairs. Work to be completed by 7/13/12

Yearly inspection will be conducted. Any repairs required at time of inspection or at any other time will be referred to a repair company.

* The administrator/Designee will monitor all furniture and equipment and assure that all furniture and equipment is in good repair, clean and free of hazards. Monitoring to be completed weekly by the administrator/Designee.

Repeat Violation: Yes | Date(s) of Previous Violation(s): 07/21/2011

Signature of Legal Entity Representative (Required on EVERY Page) *Deborah L. Oleniacz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah L. Oleniacz* | Date *6/22/12*

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- Not Implemented

The above plan of correction was approved by *[Signature]* (Initials)

Violation Report: 21064 - 06/08/2012 - Babiarz, Florence
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's notice to the Fire Department dated 5/23/11 does not indicate the location of the bedrooms or a list of the three current residents residing at the facility that require assistance in evacuating.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A letter was written to the local fire dept. on 6/21/12.

The letter contained room outlines of our building. The outline is highlighted to show current residents residing at the facility that require assistance in evacuating in an emergency. See Attached

going forward the Administrator will notify the local fire department and DPW of any new residents that may require assistance to evacuate.

Notification will be reported on any new admits and any status changes of our current residents needs for assistance to evacuate.

A letter will be sent ~~annually~~ to the Fire Dept, to show updated resident list, and will identify mobility needs upon any resident changes. Documentation shall be maintained by the administrator -

7/17/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Deborah L. Oleniacz

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Deborah L. Oleniacz

Date

6/22/12

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The above plan of correction is approved as of


7/17/12
(Date)

Plan of correction implementation status as of

7/17/12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by


(Initials)

Violation Report: 21084 - 06/08/2012 - Babiarz, Florence
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Apresoline 10mg, one tablet by mouth at 9:00am, 1:00pm, 6:00pm and 10:00pm. From 6/4/12 through 6/7/12 this medication was not available at the home and was not administered to the resident as prescribed.
Resident #2 is prescribed Tylenol with Codeine, one tablet at 12:00am, 8:00am, 12:00pm, 4:00pm and 8:00pm. This medication was not available at the home and was not administered to the resident on 6/7/12 at 12:00am and 6:00am as prescribed.

Resident #3 is prescribed Metoprolol Tartrate 25mg, one tablet daily at 8:00pm. This medication was not available at the home and was not administered to the resident on 6/1/12 as prescribed.

Resident #4 is prescribed Fluoxetine 10mg, one tablet daily. This medication was not available at the facility and was not administered to the resident from 6/5/12 through 6/7/12 as prescribed.

Resident #5 is prescribed Klor-Con 10 MEQ, one tablet daily. This medication was not available at the home and was not administered to the resident on 6/4/12 as prescribed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

6/8/12 - On Going
Unable to correct at time of inspection

In the future the home will be more diligent in making sure that all meds are delivered on time.

Med Tech's and Med Tech Supervisor will monitor the situation. All will stay on top of communication between families, pharmacy, doctors and facility.

* The administrator will monitor for ongoing compliance.

Repeat Violation: No Date(s) of Previous Violation(s): 7/17/12

Signature of Legal Entity Representative (Required on EVERY Page) Deborah L Oleniacz

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Deborah L. Oleniacz Date 6/22/12

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Violation Report: 21064 - 06/08/2012 - Babiarz, Florence
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.225(a) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #8 was admitted to the facility on 4/20/12. The home has not completed an assessment of the residents care needs within 15 days of the resident's admission to the facility as required.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Corrected 6/11/12
unable to correct due to the assessment due date is past due.
An assessment was completed 6/11/12

In the future the home will be more diligent in making sure all assessment & support plans will be completed in their required times. This will be monitored by Home's Administrators

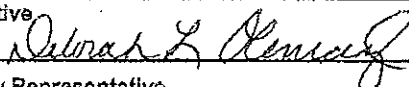
* The administrator / Designee will audit all resident records and assure all assessments are completed


7/17/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Deborah L. Oleniack

Date

6/22/12

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The above plan of correction is approved as of

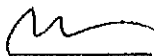
7/17/12
(Date)

Plan of correction implementation status as of

7/17/12
(Date)

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- Not Implemented

The above plan of correction was approved by


(Initials)