

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 29, 2012 until September 29, 2013,  
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



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

SEP 06 2012

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

RE: Alexandria Manor of 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 July 5, 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 Human Services Licensing so that compliance can be verified.

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

Sincerely,

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 21456 - 07/05/2012 - Bablarz, Florence  
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

1. REGULATION 55 Pa.Code §2600  
 2600.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

2a. DESCRIPTION OF VIOLATION

The manufacturer's label on a 1 Gallon of Proforce Carpet Cleaner bottle indicated contents "harmful if swallowed - call poison control center immediately" the second item, a 1 Gallon bottle of Clorox Bleach indicated - "Poison - seek immediate medical attention." Both items were stored in the home's basement where the Laundry Room was unlocked.

Additionally, 2 gallons of Latex Paint were stored in an unlocked closet located in the basement near the stairwell.

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.

*We have implaciated these steps to correct this violation & to keep it from re-occurring. The entire staff was informed that the laundry room & maintenance room were to be kept locked at all times. The signs enclosed will be posted on each door. These doors will be checked daily by administrative staff and pcha staff. Signs were posted July 6th, 2012. See attached signs*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Deborah D. Rine*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah D. Rine, Administrator*      Date *7/27/12*

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

The above plan of correction is approved as of 8/28/12 (Date)

Plan of correction Implementation status as of 8/28/12 (Date)

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

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

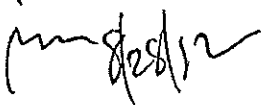
Violation Report: 21456 - 07/05/2012 - Babiarz, Florence  
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

1. REGULATION 55 Pa.Code §2600 .  
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
 A trash can was uncovered in the 2nd floor kitchenette near room 212.

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 covered trash can was purchased on July 6<sup>th</sup>, 2012 to correct this violation. When the trash can needs to be replaced, we will do so.*

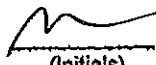
*\* The administrator will monitor for ongoing compliance.*  


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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Heborah D. Pina*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Heborah D. Pina Administrator*      Date *7/27/12*

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

The above plan of correction is approved as of <u>8/28/12</u> (Date)	Plan of correction implementation status as of <u>8/28/12</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21456 - 07/05/2012 - Babiarz, Florence  
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

**1. REGULATION 55 Pa.Code §2600**  
 2600.96(a) - 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.

**2a. DESCRIPTION OF VIOLATION**  
 The First Aid Kits located on the first, second, and third floors did not contain a thermometer in each of the kits.

**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.

The first aid kits on the 1st, 2nd & 3rd floor, digital thermometers & covers were ordered on July 5th, 2012 during our inspection & delivered on July 6th, 2012. See attached receipt.  
 PCA staff will be checking first aid kits on a monthly basis, & will fill out an itemized list will be signed & dated so we can purchase items needed.  
 See attached sheet

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/22/2011
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Signature of Legal Entity Representative (Required on EVERY Page) *Dulorah H. Pina*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dulorah H. Pina Administrator* Date *7/27/12*

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Violation Report: 21456 - 07/05/2012 - Babiarz, Florence  
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

1. REGULATION 65 Pa.Code §2600  
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION  
 The egress route located across from room 110 was blocked by a heavy patio chair and prevented evacuation from the building in the event of an emergency.

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.

*Signs were posted outside on patio doors & emergency exit door.  
 See attached sign  
 Patio will be checked daily by all staff. These were posted July 6th, 2012*


*\* The administrator will monitor for ongoing compliance.  8/28/12*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Deborah W. Pina*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah W. Pina, Administrator*      Date *7/27/12*

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Violation Report: 21456 - 07/05/2012 - Babiarz, Florence  
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - 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 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.

**2a. DESCRIPTION OF VIOLATION**

Direct Care Staff did not sign or initial the Medication Administration Record of resident #1 on 7.3.2012 at 8pm to indicate that Xalatan .005% eye drops had been administered.

Direct Care Staff did not sign or initial the Medication Administration Record of resident #1 on 7.4.2012 at 5pm to indicate that Lasix 20mg had been administered.

Direct Care Staff did not sign or initial the Medication Administration Record of resident #2 on 7.4.2012 at 5pm to indicate that Sinemet 25/100 tablet had been administered.

Direct Care Staff persons "A" and "B" did not sign or initial the Master Key for the Medication Administration Record and the Narcotic Record.

The medication administration record for resident # 3 is incomplete as it could not be determined if resident # 3 blood pressure was checked at 4 p.m. on 6/11/12 at 4:00 p.m. , 6/19/2012 at 4:00 p.m. and on 6/25 at 4:00 p.m. and 6/26/2012 at 4:00 p.m..

The medication administration record for resident # 3 is incomplete as the Vitamin Supplement, Calcium, was not initialed as administered at 8:00 p.m. On 6/12/12 and 6/29/12 (take 1 tablet by mouth twice daily at 8 a.m. and 8 p.m.)

**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.*

*See Attached →*

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *Diborah D. Pina*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Diborah D. Pina Administrator* Date *7/27/12*

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187a All PCA's attended a refresh class on documentation + MAR signatures. The class was given by [REDACTED] certified trainer on July 13th, 2012.

See attached training certificate and sign in sheet of those attending along with MAR/ADL signature sheet.

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\* The administrator / Designee will audit all MAR's on a weekly basis. The administrator will assure ongoing compliance.

Pin  
8/28/12