

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, 2012 until November 17, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 205260

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

DEC 13 2012

Mr. Joseph O. 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 (Department) licensing inspection on August 23, 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.

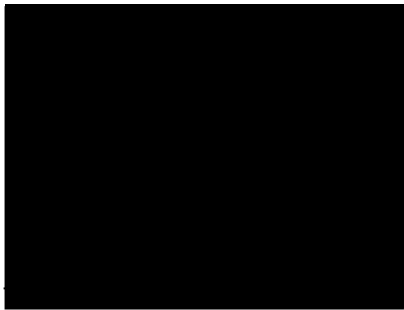

Sincerely,

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**

PCH Name: ALEXANDRIA MANOR II		License Number: 205260
Address: 313 S WALNUT ST, BATH, PA 18014		County: Northampton
Administrator: Clarissa DeGross		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 05/01/2002 Department of L&I	C-3 08/27/1998 Department of L&I	
Staffing Hours		
Resident Support:	Total Daily Staff: 109	Waking Staff: 82
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
08/23/2012: Hummel, Jesse; Harvey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 89 Number of Residents Served: 67 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable:	Number of Residents who: 	
		

Violation Report: 20526 - 08/23/2012 - Hummel, Jesse
 PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 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 Roxicodone 5mg. On 8/3/12 resident #1 did not receive this prescription medication because it was not available in the home. The home did not notify the Department of this prescription medication error.

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.

16c - No way to correct now for #1.
 Moving forward: Admins/Med Supervisor will report all medication errors to the DPW Scranton Office within the allotted 24 hour period for compliance. Every attempt to acquire prescribed meds/refills is made and Admin./Med Techs will continue to hound Doctor/Pharmacy to ensure that all residents prescribed medication is available before medications run out.

Adm or designee will audit the home's medication cart(s) to insure compliance w/all current orders. Adm or designee will review med orders and meds on hand @ least monthly to insure all meds will be on hand as ordered. *CS* 11-13-12

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/16/2011
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Charissa DeGroot		8/30/12

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

The above plan of correction is approved as of <u>11-13-12</u> (Date)	Plan of correction implementation status as of <u>11-13-12</u> (Date)
The above plan of correction was approved by <u><i>CS</i></u> (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: 20526 - 08/23/2012 - Hummel, Jesse
 PCH Name: ALEXANDRIA MANOR II

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
 The contract for resident #2 dated 7/8/12 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.

25b – Resident #2. signed the contract.
 Moving forward: Admin. will ensure that
 all required paperwork is signed by the
 appropriate parties at time of resident
 move in. * See attached 25b

The adm or designee will audit all current
 contracts to insure compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Charissa DeGroot* Date *8/30/12*

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The above plan of correction was approved by <i>[Handwritten Initials]</i> (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: 20526 - 08/23/2012 - Hummel, Jesse
 PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600
 2600.67(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION
 On 8/17/12 the home had 67 residents residing in the facility, 42 of which had mobility needs. Based upon the number of residents and the number of residents with mobility needs, the home was required to provide at a minimum of 109 direct care hours. On 8/17/12 the home provided only 95.5 direct care hours.

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.

57c - No way to correct now. Moving forward; 2 additional staff members have been hired & are in process of being trained properly to ensure that the care hours will be provided by our staff. 1 more staff member will be hired asap. A copy of their DPW Competency Test will be faxed.

Addendum: 8/29/2012 We actually hired 3 new employees. Attached you will find their Competency Test Certificates.

Adm or designee will audit all existing employee records to insure compliance w/ this regulation
CS 11-13-12

Repeat Violation: Yes Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Clarissa DeGroot* Date *8/30/12*

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The above plan of correction was approved by <u>[Signature]</u> (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: 20526 - 08/29/2012 - Hummel, Jesse
 PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

On 8/17/12, the home had 67 residents residing in the facility, 42 of which had mobility needs. Based upon the number of residents and the number of residents with mobility needs the home is required to provide 81.75 hours of direct care during the waking hours (as specified by the home) of 7am to 11pm. However on 8/17/12 the home provided only 73.0 hours of direct care during these above specified hours.

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.

57d - No way to correct now. Moving forward: 2 additional staff members have been hired & are in process of being trained properly to ensure that the care hours will be provided by our staff. 1 more staff member will be hired asap. A copy of their DPW Competency Test will be faxed.

Adm or designee will audit all existing employee file to insure current compliance.
 Adm or designee will review schedules on a weekly basis to insure enough care to be provided by trained and qualified direct care staff. *JS* 11-14-12

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)		Date
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <u>11-14-12</u> (Date)		Plan of correction implementation status as of <u>11-14-12</u> (Date)
The above plan of correction was approved by <i>JS</i> (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: 20526 - 08/23/2012 - Hummel, Jesse
 PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa. Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 8/23/12, the water temperature measured 142.8 degrees Fahrenheit at the sink located in bathroom #5 adjacent to room # 209. The water temperature measured 142.8 degrees Fahrenheit at the sink located in bathroom #6 adjacent to room # 209.

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.


89b – Corrected at time of Inspection
 Moving forward: Water Temp will be checked & adjusted as needed to ensure water is between 106° & 120° F on a monthly basis by PCA's.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Carissa Drogoff</u>	Date <u>8/30/12</u>
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Violation Report: 20528 - 08/23/2012 - Hummel, Jesse
 PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must 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.

2a. DESCRIPTION OF VIOLATION
 The home's fire drill records for the drill held on 2/28/12 does not indicate the exit routes used during the evacuation.
 The home's fire drill records for the drills held from 9/14/11 through 7/24/12 do not give specific exit routes used. The home's fire drill records indicate, "New to Old" or "Old to New" and do not specify which exit doors or routes were utilized.

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

132c - Fire Drill Documentation. No way to correct now. Moving forward: Admin will assure that all sections of the documentation are properly filled out for compliance. All usable exit doors will be marked with #s used on Southside & letters used on Northside of building. As suggested by Jesse Hummel of DPW.

Adm or designee will review fire drill logs on a monthly basis in order to insure compliance. *EG* 11-13-12

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/16/2011
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Charissa DeGroot</i>	Date <i>8/30/12</i>
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Violation Report: 20526 - 08/23/2012 - Hummel, Jesse
 PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600
 2600.182(b) - 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.
 (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 as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 Staff member A last completed the medication annual practicum on 6/1/11. To continue to administer medications, staff member A should have completed an annual practicum which includes 4 Medication Administration Record Reviews as well as 2 Medication Administration Observations by 6/1/12. Staff member A had only 1 of the 4 required Medication Administration Record Reviews completed and only 1 of the 2 required Medication Administration Reviews completed. Staff member A regularly administers medications without having the proper training to do so.

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.

182b - No way to correct now. DPW Inspector J. Hummel explained to Med Trainer on how to properly fill out the forms. Moving forward: Med Trainer will ensure that all med tech training papers are filled out properly and in the time limitations set by the DPW. Admin will review for compliance.

Admin or designee will audit all med training forms for current direct care staff that adm. needs to insure current compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Charissa DeGroot</i>		Date <i>8/30/12</i>

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Violation Report: 20525 - 08/23/2012 - Hummel, Jesse PCH Name: ALEXANDRIA MANOR II	
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 Roxycodone 5mg. On 8/3/12 the home did not have this medication available to the resident and therefore did not administer this medication as specified by the physician.	
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.	
<p>187d – No way to correct violation now due to PCP not providing refill request in enough time to ensure meds availability. Moving forward; Admin/Med Techs will continue to contact PCP in a timely manner to ensure all requests for meds & refills are sent to pharmacy and that all meds are available to the prescribed resident at the time of need.</p> <p>Adm or designee will audit med carts on a minimum of a monthly basis in order to determine the home has a orderase meds on hand. <i>CG</i> 11-13-12</p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 11/16/2011
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Vanessa DeGroot</i>	Date: <i>8/30/12</i>
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The above plan of correction is approved as of <u>11-13-12</u> (Date)	Plan of correction implementation status as of <u>11-13-12</u> (Date)
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