



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]
MAILING DATE: November 15, 2012

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 (Department) licensing inspection on September 26, 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.

Sincerely,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Violation Report

Violation Report: 20526 - 09/26/2012 - Hummel, Jesse
 PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 8/20/12 resident #1 began yelling at resident #2. Resident #2 shoved resident #1 into a wall. Staff intervened and neither resident was injured. On 8/25/12 resident #1 again began yelling at resident #2. Resident #2 pushed resident #1 while they were arguing in the dining room. Resident #1 fell straight back and landed on the dining room floor. Resident #1 suffered a laceration to the left elbow. The facility failed to report either of these resident to resident altercations to the local Area Agency on Aging as required in the Older Adult Protective Services Act.

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.

15a - Unfortunately was not done at time of incident. Staff's main objective was to move resident out of harms' way. All responsible parties were called about incident. Reportable incident was sent on 9/27/12 to DPW. Moving forward: DPW & AAA(Act13) will be made aware within allotted 24 hr. period by Admin [redacted] or Assist. Admin [redacted]

The administrator will monitor for ongoing compliance.

M
11/7/12

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

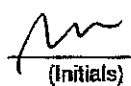
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Vanessa DeGroot, Admin Date 10/10/12

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

The above plan of correction is approved as of 11/7/12 (Date)

Plan of correction implementation status as of 11/7/12 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 20526 - 09/26/2012 - 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
 On 8/20/12 resident #1 began yelling at resident #2. Resident #2 shoved resident #1 into a wall. Staff intervened and neither resident was injured. On 8/25/12 resident #1 again began yelling at resident #2. Resident #2 pushed resident #1 while they were arguing in the dining room. Resident #1 fell straight back and landed on the dining room floor. Resident #1 suffered a laceration to the left elbow. The facility failed to notify the Department of these resident to resident altercations via reportable incident form 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.

16c - Unfortunately was not done at time of incident. Staff's main objective was to move resident out of harms' way. All responsible parties were called about incident. Reportable incident was sent on 9/27/12 to DPW. Moving forward: DPW & AAA(Act13) will be made aware within allotted 24 hr. period by Admin [redacted] or Assist. Admin [redacted]

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 10/10/12

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The above plan of correction is approved as of 11/7/12
 (Date)

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

Plan of correction implementation status as of 11/7/12
 (Date)

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

Violation Report: 20626 - 09/26/2012 - Hummel, Jesse
 PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Ativan .5 mg every four hours as needed for Anxiety. Department Representatives determined through an interview with staff person A that the resident does not come to the staff and request the medication. Staff person A stated that staff of the facility administer the medication to resident #1 when they feel the resident is exhibiting anxiety.

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.

202 - Moving forward: Dr will be asked to re-assess need for medication usage. Have prescribed as a straight order if Dr feels necessary. LPN and/or Med Tech will disburse meds as prescribed by Dr.

The administrator will monitor for ongoing Compliance - m abla

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

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 (Date)

Plan of correction implementation status as of 11/7/12
 (Date)

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

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Violation Report: 20526 - 09/26/2012 - Hummel, Jesse
 PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the facility on 2/9/12. Resident #1 was found on the floor on 3/5/12, 3/7/12, 3/8/12 and 3/11/12. On 5/9/12 resident #1 was walking back to the residents room and stated " I can't walk anymore, I'm going to fall." Staff of the facility assisted the resident to the floor. The resident did not suffer any injuries during these series of falls. Despite the residents history of falling the home failed to update resident #1's assessment dated 2/24/12 to include the residents history of falls or how the home plans to provide care to meet this particular need of resident #1.

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.

225c – Moving forward: all falls & incidents will be added to the residents' RASP by the Admin [redacted] or Med Rm Supervisor [redacted]

→ The administrator will monitor for ongoing compliance -
 11/7/12

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) *DANISSA P. BROFFENBENDER* Date *10/10/12*

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

The above plan of correction is approved as of <u>11/7/12</u> (Date)	Plan of correction implementation status as of <u>11/7/12</u> (Date)
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