



Mailing Date: February 15, 2013

Sent via email to: [REDACTED]


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

Dear Mr. Negrao:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 15, 2013 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.

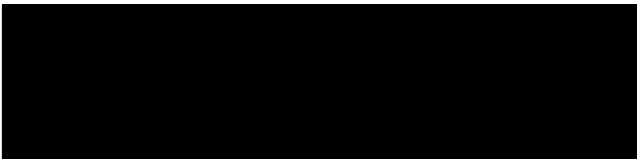
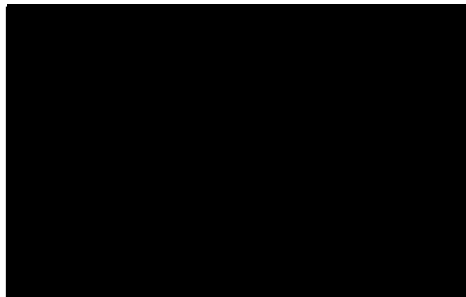
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,


Michele Moskalczyk
Regional Licensing Administrator

Enclosure
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: DEBBIE 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 PA Dept. of L&I		
Staffing Hours		
Resident Support: 85	Total Daily Staff: 170	Waking Staff: 128
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 01/15/2013: Yellenic, Cindy		
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: 83 Number of Residents Served: 80 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who:  <i>Alvina D. King</i> 2/6/13	

Violation Report: 21064 - 01/15/2013 - Yellenic, Cindy
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1 eloped from the facility on 12/05/12 and again on 01/08/13. Resident #1's assessment was completed on 12/4/12, the support plan was completed on 12/18/12. The support plan did not indicate the resident had ever eloped or that any positive interventions were put into place to protect the resident from eloping again.

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.

Per regulation 2600.227c - it is important to provide a safe environment for the resident.

- Our support did not indicate that the resident (#) had ever eloped or that any interventions were put into place to protect the resident from another elopement.

- Our plan of correction: The support plan was updated on 2/5/13 with an addendum to indicate both elopements. (See attached)

- The intervention that was put into place was to relocate the resident to our higher level of care unit in our Bath facility. Bath facility can be reached at 610-837-3500.

- Resident #1 was relocated to Bath on 1/9/13.

- In order to correct this violation, going forward on updates to the Assessment/Support Plan we have created a team of Administrators and staff to continue proper documentation of assessment and support plan in a timely manner. The Administrators will be responsible to oversee.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Deborah L. Oleniacz, Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Deborah L. Oleniacz, Administrator* Date *2/6/13*

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

The above plan of correction is approved as of <u>2/12/13</u> (Date)	Plan of correction implementation status as of <u>2/12/13</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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