



MAILING DATE: August 6, 2013

Sent Via email to: [REDACTED]

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 June 26, 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,

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

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Violation Report

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

PGH Name: ALEXANDRIA MANOR II		License Number: 205260
Address: 313 S WALNUT ST, BATH, PA 18014		County: Northampton
Administrator: Chris DeGross		Region: NORTHEAST
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 L&I	Other 08/27/1998 L&I	
Staffing Hours		
Resident Support: NM	Total Daily Staff: 103	Waking Staff: 77
Type of inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) incident		
On-Site Inspections Dates and Department Representatives On-Site 06/26/2013: Patton, Leslie; Dumas, Gerald		
Off-Site Inspection Dates and Inspectors, if Applicable 07/08/2013: Patton, Leslie		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 89 Number of Residents Served: 68 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 25	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 62 Have Mental Illness: 2 Have an Intellectual Disability: 2 Have a Mobility Need: 35 Have a Physical Disability: 1	

Violation Report: 20526 - 06/26/2013 - Patton, Leslie
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 the evening on 6/1/13 staff person A did not treat resident #1 with dignity and respect and threatened to harm the resident. Staff person B recorded the incident and informed supervisor staff person C of the event on 6/1/13. On 6/2/13 staff person C informed staff person D, who is the administrator, that staff person B had a recording of staff person A speaking inappropriately to resident #1. The incident was reported to the Department on 6/3/13, more than 24 hours after the home was aware of the event and the reportable incident had occurred.

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 mandatory in-service was conducted with all staff, they were instructed that if anything happens of this nature again they must inform administrator immediately so admin can report incident in a timely fashion. In the future any incidents will be reported in a timely manner (with in 24hrs) from time of incident by administrative staff.

* The administrator shall be responsible for ongoing compliance.

M
8/6/13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/26/2012	08/23/2012
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Signature of Legal Entity Representative (Required on EVERY Page) *Marissa DeGroot adm/CPN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marissa DeGroot* Date *7/29/13*

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

The above plan of correction is approved as of 8/6/13 (Date)

The above plan of correction was approved by M (Initials)

Plan of correction implementation status as of 8/6/13 (Date)

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

Violation Report: 20526 - 06/26/2013 - Patton, Leslie
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

Former staff person A did not treat resident #1 with dignity and respect during the following incident which took during the evening of 8/1/13:

At approximately 8:30pm, resident #1 was incontinent of bowel which required the assistance of two staff persons due to the resident soiling both himself/herself and the bed. Staff person E changed and cleaned the resident's bed and staff person A assisted the resident in the bathroom. Staff person E stated a slapping noise was heard as a result of resident #1 hitting staff person A. Staff person A began speaking to the resident in an inappropriate and disrespectful manner which resulted in staff person E speaking with staff person B regarding the matter who then stood outside the resident's room and recorded the incident with a cellphone. At one point, staff person A came out of the room and informed staff person B that the resident hit her/him and stated, "He's lucky I can't do anything to him." While speaking to the resident, staff person A called the resident a "dirty old prick," and stated, "I wish I could push him down the stairs." The staff person also stated to the resident, "I swear to God. If you hit me again...." Staff person E then suggested to staff person A that she/he leave the room due to the manner in which the resident was being spoken to, and staff person E finished providing the remainder of the care without further incident.

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 mandatory in-service was conducted with all staff in regards to how they speak to residents, they will all treat residents with respect and dignity. We also had our yearly in-service on Resident Rights and Older Adult Protection on June 14th 2013. In the future again all staff is instructed to report all incidents immediately to administrative staff for prompt reporting and prompt action.

* The administrators shall be responsible for ensuring compliance.
m 8/6/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Marissa DeBoroff Admin LPN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marissa DeBoroff* Date *7/29/13*

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Plan of correction implementation status as of 8/6/13 (Date)

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Violation Report: 20526 - 06/26/2013 - Patton, Leslie
 PCH Name: ALEXANDRIA MANOR II

1. REGULATION §5 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 has related bowel and bladder issues that revolves around his/her lack of awareness as to where he/she toilets himself. This bladder/bowel issue is not reflected in the resident's assessment or support plan. Staff interviews indicated this issue has been occurring for some time.

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 incontinent issues were addressed on RASP however his warning signs were not. A mandatory in-service was conducted and all staff was instructed to report changes in residents when they first observe them so RASP can be updated immediately.

* The administrator shall be responsible for monitoring and ongoing compliance -

M
 8/6/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Christina DeVroff Admin/CPN*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *CHRISTINA DEVROFF* Date *7/29/13*

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

The above plan of correction is approved as of <u>8/6/13</u> (Date)	Plan of correction implementation status as of <u>8/6/13</u> (Date)
The above plan of correction was approved by <u>M</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