

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  
NAME OF FACILITY OR AGENCY

Located at 7 SOUTH NEW STREET, NAZARETH, PA 18064  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 93  
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 18, 2013 until August 15, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 210640

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.



SEP 20 2013

Mr. Joseph C. Negrao, Owner  
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 June 28, 2013 and August 29, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary 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.

As a result of your facility's recent adjustment of the use of physical space, we are revising your licensed capacity.

A regular license is being issued based on the enclosed Licensing Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Ronald Melusky" followed by a stylized flourish or initials.

Ronald Melusky  
Director

Enclosures  
License  
Licensing Inspection Summary

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

<b>PCH Name:</b> ALEXANDRIA MANOR		<b>License Number:</b> 21064
<b>Address:</b> 7 SOUTH NEW STREET, NAZARETH, PA 18064		<b>County:</b> Northampton
<b>Administrator:</b> DEBBIE OLENIACZ		<b>Region:</b> NORTHEAST
<b>Legal Entity Name:</b> ALEXANDRIA MANOR OF ALLENTOWN INC		
<b>Legal Entity Address:</b> 7 SOUTH NEW STREET, NAZARETH, PA 18064		
<b>Certificate(s) of Occupancy</b> C-2 LP 05/17/1994 PA L&I		
<b>Staffing Hours</b> Resident Support: 0                      Total Daily Staff: 86                      Waking Staff: 65		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 06/28/2013: O'Halre, Anne; Rushin, Jullenne		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b> Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 83 <b>Number of Residents Served:</b> 79 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents:</b> 4 <b>Number of Hospice Residents in past year:</b> 12	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 0 <b>Are 60 Years of Age or Older:</b> 0 <b>Have Mental Illness:</b> 0 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 7 <b>Have a Physical Disability:</b> 0	

Violation Report: 21064 - 06/28/2013 - OHaire, Anne  
 PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.16(d) - The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

2a. DESCRIPTION OF VIOLATION  
 On the date of the Department's annual inspection, an incident that occurred on 05-02-13, regarding resident #1's fall injury was reviewed. The home failed to submit a final report regarding resident #1's status. Resident #1 was residing in a skilled nursing care setting and their return to the facility is unknown.

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.

*No Way to correct at the time of inspection.*

*The resident will not be returning to Alexandria Manor, her needs can not be met by AM. This is based on an evaluation performed by our staff. A final report was faxed to DPW on 8/1/13*

*Moving forward - final reports will be filed in a more timely manner. Based on information provide to Alexandria Manor*

*Administrator or designee will monitor the resident who go out to the hospital and reports will be reported as needed.*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Deborah Oleniacz Admin</i>	Date <i>8/2/13</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>8-21-13</u> (Date)	Plan of correction implementation status as of <u>8-21-13</u> (Date)
The above plan of correction was approved by <u><i>DO</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: 21064 - 06/28/2013 - O'Haire, Anne

PCH Name: ALEXANDRIA MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**

Records indicate that direct care staff persons "A" and "B" did not successfully complete or pass the Department-approved direct care training course and competency test.

**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.*

*Direct Care Staff A + B. Have completed the testing. Please see Attached copies of their certificates.  
going forward the testing will be completed within the first 40 hours of employment. It will be part of the initial training.  
Administrators or designee will over see to make sure AM is in compliance*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Debrah L Oleniacz*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Debrah L-Oleniacz Admin*

Date

*8/2/13*

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The above plan of correction is approved as of

8-21-13  
(Date)

Plan of correction implementation status as of

8-21-13  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

Violation Report: 21064 - 06/28/2013 - O'Haire, Anne  
 PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION  
 The home's exterior dryer vents located in the rear of the building, had a thick accumulation of wet soggy when checked by the Department's Representative.

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.

All 3 outside dryer vents have been cleaned out by our maintenance men.  
 Copies of photos are attached.

Going forward we will have maintenance clean the outside vents monthly (or PRN if needed more) A maintenance log will be used by our maintenance. Considering an outside contractor to perform annual cleaning.

Administrator or designer will Audit the maintenance log to assure the vents are cleaned. They will also conduct a visual inspection monthly.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Deborah Oleniacz Atm.	Date 8/2/13
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The above plan of correction was approved by <u><i>DO</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: 21064 - 06/28/2013 - OHaire, Anne

PCH Name: ALEXANDRIA MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The home does not have an updated letter to the local fire department indicating the number and location of their immobile residents. The most recent letter is dated 4/1/13 and per the home's administrator C, the location and number of immobile residents currently living in the home has since changed.

**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.

Can not corrected at the time of inspection.

On 7/19/13 a letter with the updated changes as been forwarded to the local fire department. See attached letter.

going forward as we have residents with mobile needs, either new incoming residents or out going, and/or changes to residents' mobile needs. An updated letter will be forwarded to the local fire department.

Administrator or designee will be responsible to monitor new residents, discharged residents and mobile need changes of residents.

On-site verification 9-12-13. New 124 letter sent to local emergency fire company. 9-13-13.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/07/2012
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Signature of Legal Entity Representative (Required on EVERY Page) *Deborah Bleniacz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah Bleniacz Adm* Date *8/2/13*

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

The above plan of correction is approved as of 9-13-13 (Date)

Plan of correction implementation status as of 9-13-13 (Date)

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

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

Violation Report: 21064 - 06/28/2013 - O'Haire, Anne  
 PCH Name: ALEXANDRIA MANOR

**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 record for 6/7/13, does not indicate the exits used for evacuation.

**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.*

Can not correct at the time of inspection.

This was a supervised fire drill conducted by a fire safety service. They were contacted for the information. Their response was all residents were located to new side of building.

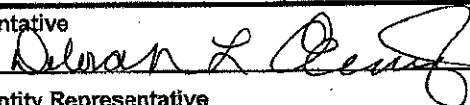
Going forward - exits will be listed on the fire log. Admin will assure that all sections of documentation are properly filled out for compliance.

Administrator or designee will review fire drill log on a monthly basis in order to insure compliance.

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)

Deborah Olenicz Admin

Date 8/2/13

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The above plan of correction is approved as of

8-2-13  
 (Date)

Plan of correction implementation status as of

8/21/13  
 (Date)

The above plan of correction was approved by

  
 (Initials)

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



Violation Report: 21064 - 06/28/2013 - O'Haire, Anne  
 PCH Name: ALEXANDRIA MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

**2a. DESCRIPTION OF VIOLATION**  
 The home's fire drill records indicate that the last "sleeping hour" drill was conducted on 10/22/12 at 11:15 pm. The next "sleeping hour drill" was due in 4/2013, however the home has yet to complete one.

**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.

No way to correct at this time. A Sleeping hour fire drill was conducted July 30, 2013. (See attached log)  
 Going forward Sleeping hour fire drills will be conducted every six months to insure compliance. The drills will be logged on the fire drill log to insure compliance.

Admin or designee will review fire drill log and monitor the dates for the Sleeping hour drills. Reviews will be conducted monthly.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Deborah & Family*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Deborah Oleniacz*      Date *8/2/13*

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The above plan of correction is approved as of <u>9-13-13</u> (Date)	Plan of correction implementation status as of <u>8/2/13</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>9-13-13</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 21064 - 06/28/2013 - O'Haire, Anne  
 PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa. Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION


Resident # 2's Medical Evaluation dated 05-29-13 was incomplete. The physician did not print their full name and include their physician license number on the document.

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

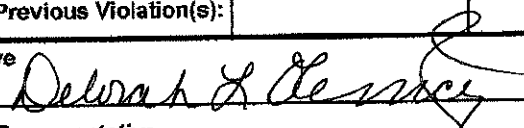
include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A request was faxed to the residents PCP asking to complete the med eval for resident #2. so that we would be in compliance. The PCP did complete the med eval and return it to Alexandria Manor. Please see attached copy.

Moving forward all Medical Evaluations will be reviewed to assure that all required information is filled in.

Admin or designee will conduct periodically reviews on all resident charts to insure that the medical eval. is completed to keep Alexandria Manor in compliance. Reviews will be annually and/or <sup>(1/2)</sup> in a 6 month period.  8/23/13

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) Deborah Oleniacz      Date 8/2/13

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The above plan of correction is approved as of 8/23/13 (Date)

Plan of correction implementation status as of 8/23/13 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 21064 - 06/28/2013 - O'Haire, Anne  
PCH Name: ALEXANDRIA MANOR

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

The Department Representative conducted a medication audit. Resident #3's Lorazepam 0.5mg tabs to be taken daily at 2:00pm, indicated that the home had 7 pills on hand. However, it was documented that the resident had only 6 pills on hand.

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.

*Unable to correct at this time.*

*Going forward - Med techs will count meds at the change of shifts and sign on and off with out going and in coming Med Techs. Any errors will be addressed immediately. Admin will be notified and medication policy will be followed.*

*Admin and/or Med Tech supervisor will conduct a count twice a week to assure proper dispensing of medication and that the documenting is correct.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Deborah L Oleniacz*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Deborah L Oleniacz*

Date

*8/2/13*

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The above plan of correction is approved as of 9-17-13  
(Date)

Plan of correction implementation status as of 9-17-13  
(Date)

The above plan of correction was approved by *DO*  
(Initials)

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

Violation Report: 21064 - 06/28/2013 - O'Haire, Anne  
 PCH Name: ALEXANDRIA MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**

Resident #4 was admitted to the facility on 05-07-13, there was no a pre-admission screening, completed for this 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.

Not Able to correct at this time

going forward pre-admissions screening will be prepare in a timely manner for all new admissions, to insure we are in compliance.

Pre-Admission screening will be prepared by the staff member doing the original evaluation.

Admin or designee will over see the admission of new residents to insure all required forms are completed.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/07/2012
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Deborah Oleniacz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Deborah Oleniacz</i>	Date <i>8/2/13</i>
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Violation Report: 21064 - 06/28/2013 - OHaire, Anne  
 PCH Name: ALEXANDRIA MANOR

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 #5's most recent Resident Assessment was completed 05-31-11. The home did not complete an annual assessment for years 2012 and 2013.

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.

Can not correct at this time. We understand the importance of having annual assessments. This resident is in the hospital since 6/17/13, therefore we can not complete her current RASP without her signature. we did have it in the works, (May need changes)

Going forward RASP will be prepare annually for all resident. RASP will also be updated with changes and New ones prepared if there is a significant change.

We have initiate a team to prepare RASP in a timely manner to insure we are in compliance.

Admin, designee and/or Med tech Supervisor will over see the RASP. Monthly checks will be made on the resident charts by the same responsible parties.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Deborah Pleniacy</i>	Date <i>8/2/2013</i>
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