



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 of Allentown- Bethlehem Campus
3534 Linden Street
Bethlehem, Pennsylvania 18017

Dear Mr. Negrao:

As a result of the Department of Public Welfare's (Department) licensing inspection on July 10, 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: 21456 - 07/10/2013 - Novak, Ryan
PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

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 home on 11/21/12. Resident #1's assessment portion of the RASP dated 12/1/12 indicates Resident #1 needs prompting or cuing for ambulating. Resident #1's supervision needs indicate minimal to no supervision while in the home. Resident #1 fell on 11/23/12 which resulted in a fracture of the left side of the face. On 4/11/13 the resident fell again which resulted in 3 staples in the back of the head. On 6/4/13 a fall resulted in scrapes and abrasions, on 6/18/13 a fall resulted in scrapes and a nasal fracture and on 7/9/13 the Resident fell again which resulted in scrapes and abrasions. The home did not complete a new assessment of Resident #1's needs based on the above noted falls.

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.

RASP was updated on day of inspection
July 10th, 2013

* The Administrator shall be responsible for maintaining and ongoing compliance.

M
8/6/13

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Deborah D. Pina*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Deborah D. Pina Administrator* Date *8/1/13*

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

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

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

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

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

Violation Report: 21456 - 07/10/2013 - Novak, Ryan
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

1. REGULATION 55 Pa.Code §2600
 2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on 11/21/12. Resident #1's assessment portion of the RASP dated 12/1/12 indicates Resident #1 needs prompting or cuing for ambulating. Resident #1 fell on 11/23/12 which resulted in a fracture of the left side of the face. On 4/11/13 the resident fell again which resulted in 3 staples in the back of the head. On 6/4/13 a fall resulted in scrapes and abrasions, on 6/18/13 a fall resulted in scrapes and a nasal fracture and on 7/9/13 the Resident fell again which resulted in scrapes and abrasions. The home did not properly assess Resident #1's mobility needs which resulted in multiple falls and injuries.

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.

Will be much more diligent in assessing for mobility needs.

* The Administrator shall Audit all resident records and assure that all residents mobility needs are addressed correctly on their resident assessment(s). This Audit shall be completed by 8/23/13. Proof of this Audit shall be made available to the Department upon request. *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) *Deborah D. Pina*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Deborah D. Pina Administrator</i>	Date <i>8/6/13</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>8/6/13</u> (Date)	Plan of correction implementation status as of <u>8/6/13</u> (Date)
The above plan of correction was approved by <i>M</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