



AUG 30 2013

Mr. Joseph 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 licensing inspection on July 29, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period September 29, 2013 to September 29, 2014 was issued on June 21, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", with a stylized flourish at the end.

Ronald Melusky  
Director

Enclosure  
License Inspection Summary



Violation Report: 21456 - 07/29/2013 - Hummel, Jesse

PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On Sunday 7/21/2013 the facility had 36 residents residing at the facility. Based on the number of residents present, the facility is required to have at least one staff person present at all times that has current training in First Aid and CPR. On Sunday 7/21/13 from 6:30pm to 7:00am the following day the facility did not have any staff working that had current training in CPR as required. Staff person A's First Aid and CPR expired in April of 2013. Staff person B has current training in First Aid, however it could not be determined that staff person B has current training in CPR.

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.

In The Future Administrator will make sure All cards have correct information. I have contacted Trainers For All cards that were wrong to have New cards ISSUED.

\* The administrator shall be responsible for monitoring and ongoing compliance.

M  
8/21/13

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 8/21/13

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

The above plan of correction is approved as of 8/21/13 (Date)

Plan of correction implementation status as of 8/21/13 (Date)

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

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

Violation Report: 21456 - 07/29/2013 - Hummel, Jesse  
PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

1. REGULATION 55 Pa.Code §2600  
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION  
Department Representatives determined that the home's training year is measured from November to October. It was determined that direct care staff person C had only 10 of the required 12 Hours of training related to the direct care staff person's staff duties as required for the November 2011 through October 2012 training year.

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 Training year will be changed From November to October To Jan to Dec. This will be easier For Dpw an Administrators to Follow This will be an easier way to make sure Staff has The right amount of Training hours

The administrator shall Audit all staff records and assure that all staff (DCS) have at least 12 hours of annual training related to their job duties for Nov 11 thru Oct 2012 and current. The Audit shall be completed by 9/20/13. Documentation of the Audit shall be available for review by

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Deborah D. Pina Administrator Date 8/15/13

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Plan of correction implementation status as of 8/21/13 (Date)

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Violation Report: 21458 - 07/29/2013 - Hummel, Jesse  
PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

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 fire drill record for the drill conducted on 5/24/13 does not designate the exit routes that were utilized during the evacuation 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.

IN The future myself or [redacted] will make sure all Fire drill papers are filled out completely

The Administrator shall be responsible for ongoing compliance.

M  
8/21/13

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 *8/15/13*

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

Plan of correction implementation status as of 8/21/13 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

1. REGULATION 55 Pa.Code §2600

2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined that the facility is not alternating exit routes utilized during evacuations as required. It was determined that 11 of the previous 12 months the facility has either utilized "All Exits" or the "NW Stair tower" during all evacuations.

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.

We will be alternating our exits during Fire drills  
As you can see For our Aug. drill  
Every month will be a different exit

The administrator shall be responsible  
for ongoing monitoring and compliance.

Mr  
8/21/13

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 8/15/13

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(Date)

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(Date)

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The above plan of correction was approved by

[Signature]  
(Initials)

Violation Report: 21456 - 07/29/2013 - Hummel, Jesse

PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 7/29/13 Department Representatives observed Novolog insulin prescribed for resident #1. The insulin had an expiration date of 7/25/13.

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.

Staff will be more observant of dates when insulin is opened and will check insulin for expiration dates

The Novolog insulin was ordered for Resident 1 before inspector left med room

The administrator shall Audit all resident medications and assure that only current prescriptions OTC, sample and CAM for individuals living in the home may be kept in the home.

The Audit shall be completed by 9/20/13. Documentation of the Audit shall be available for review by the Department upon request. 8/21/13

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 8/15/13

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