



MAILING DATE: October 1, 2013

Sent via email to: [REDACTED]

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 September 12, 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 (relating to Personal Care Homes) 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". The signature is written in a cursive style with a small flourish at the end.

Michele Moskalczyk
Regional Licensing Administrator

Enclosure

**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: Deborah Oleniacz		Region: NORTHEAST
Legal Entity Name: ALEXANDRIA MANOR OF ALLENTOWN INC		
Legal Entity Address: 7 SOUTH NEW STREET, NAZARETH, PA 18064		
Certificate(s) of Occupancy		
I-1 09/02/2009 Borough of Nazareth	C-2 LP 05/17/1994 Department of L&I	
Staffing Hours		
Resident Support: .	Total Daily Staff: 100	Waking Staff: 75
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Interim		
On-Site Inspections Dates and Department Representatives On-Site		
09/12/2013: Hummel, Jesse		
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: 82 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: 7 Number of Hospice Residents in past year: 17	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 82 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 18 Have a Physical Disability: 6	

Violation Report: 21064 - 09/12/2013 - Hummel, Jesse

PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

On 7/30/13 the facility held a fire drill. Resident #1 and resident #2 were not evacuated to the designated fire safe areas 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.

Unable to correct at this time.

Going forward all residents will be evacuated to a designated fire safe area as required by the facility's fire drill. All staff to assist with evacuation.

Our home rules do state that residents must participate in the monthly fire drills. (see attached copy)

Our contract states that residents must participate in mandatory fire drills. (See attached copy of page 7 of our contract.)

Residents will be reminded of this house rule: All staff will carry out this rule

Administrators and/or designee will conduct fire drills and monitor the evacuation of residents.

The Administrator shall be responsible for monitoring and ongoing compliance.

M
10/1/13

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 9/25/13

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

The above plan of correction is approved as of

10.1.13
(Date)

Plan of correction implementation status as of

10.1.13
(Date)

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

The above plan of correction was approved by

M
(Initials)