



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 30 2013

Mr. Joseph 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 licensing inspection on September 17, 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.

Your regular license for the period November 17, 2013 to November 17, 2014 was issued on August 9, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matt Jones".

Matthew Jones
Acting Director ^{JH}

Enclosure
License Inspection Summary

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

PCH Name: ALEXANDRIA MANOR II		License Number: 205260
Address: 313 S WALNUT ST, BATH, PA 18014		County: Northampton
Administrator: Clarissa DeGroff		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 08/23/2012 L&I	C-3 SP 08/27/1998 L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 97	Waking Staff: 73
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
09/17/2013: Novak, Ryan; Yellenic, Cindy		
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: 89 Number of Residents Served: 65 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: 27	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 60 Have Mental Illness: 7 Have an Intellectual Disability: 3 Have a Mobility Need: 32 Have a Physical Disability: 4	

Violation Report: 20526 - 09/17/2013 - Novak, Ryan
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600
2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION
Direct Care staff member A hired 1/30/13 has lived in New Jersey for the past 25 months. The home did not complete a FBI background check within the 90 day provisional hiring period.

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.

DCS A has since gone for her fingerprinting/FBI clearance.

Moving Forward: In the future all staff that is hired outside of PA will have this done immediately with proof in hand prior to first day of employment. In the future administrators will oversee all employees hired and ensure that FBI clearance's are done in accordance with reg 52. Administrators shall be responsible for ongoing compliance. Please see attached.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Clarissa DeGroot LPN/adm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Clarissa DeGroot LPN/adm* Date: *10/03/13*

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

The above plan of correction is approved as of 10/18/13
(Date)

Plan of correction implementation status as of 10/18/13
(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: 20526 - 09/17/2013 - Novak, Ryan
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
On Sept. 17, 2013, at approx. 3:00pm, a Department Licensing Representative, along with Staff Member B, who is the Administrator, and Direct Care Staff C & D observed Resident #1's glucometer was being shared with other residents. The history in the glucometer had readings for 9/11/2013 of: 76 at 4:18am, 149 at 4:19am, 116 at 4:20am, 156 at 4:41am, 199 at 4:49am and 88 at 4:51am.

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 now, the staff member that was on duty 9/11/13 that was responsible for checking blood sugars has faced disciplinary action.

Moving Forward: All med techs were re-educated on proper glucometer handling. We have also changed and implemented new policy/procedures on glucometer handling. In the new policy/procedure administrators and med supervisor will be periodically checking glucometers to make sure "sharing" is not taking place and will not be tolerated. Administrators will be responsible for ongoing compliance in accordance with reg 85(a).

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Clarissa DeGroot LPN/adm*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Clarissa DeGroot LPN/adm* Date *10/3/13*

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

The above plan of correction is approved as of 10/18/13
(Date)

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

Plan of correction implementation status as of 10/18/13
(Date)

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

Violation Report: 20526 - 09/17/2013 - Novak, Ryan
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
The GE refrigerator located in the laundry room in the old side did not contain a thermometer.
The GE chest freezer located in the dry storage area off the kitchen did not contain a thermometer.

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.

Thermometers were placed in old side refrigerator and dry storage freezer.

Moving Forward: All Dietary staff was re-educated in the importance of thermometers in the refrigerators and freezers. Dietary staff will check all fridges and freezers weekly, DCS will also check to ensure thermometers are in kitchenette fridges/freezers. Administrators shall be responsible for on going compliance accordance of reg 103(f).

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Carissa DeGross LPN/adm*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Carissa DeGross LPN/adm Date: 10/3/13

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The above plan of correction is approved as of 10/18/13
(Date)

Plan of correction implementation status as of 10/18/13
(Date)

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

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

Violation Report: 20526 - 09/17/2013 - Novak, Ryan
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
A towel was located behind the GE dryer in the laundry room on the second floor old side. This poses a possible fire hazard.

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.

DCS removed towel from behind dryer in laundry room on 2nd floor old side on day of inspections.

Moving Forward: DCS/Maintenance will check behind washers and dryers daily/shift change to ensure nothing fell behind. All DCS was re-educated and will be more careful when loading and unloading appliances to ensure this does not occur again. Administrators shall be responsible for ongoing compliance in accordance of reg 125(a).

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Charissa DeGroot APN/adm*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Charissa DeGroot LPN/adm* Date *10/3/13*

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(Date)

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

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- Not Implemented

Violation Report: 20526 - 09/17/2013 - Novak, Ryan
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600
2600.130(e) - If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

2a. DESCRIPTION OF VIOLATION
Resident #2 is unable to hear the fire alarm system. The home does not have a signaling device, approved by a fire safety expert and tested to ensure that the resident is alerted in the event of a fire.

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.

Eastern Standard was called immediately, strobe light was put in place on 9/24/13. Fire drill was performed to ensure strobe light was operational.

Moving Forward: Anytime anyone is moving into facility with a sensory needs, proper equipment will be in place prior to admission. Administrators shall be responsible for ongoing compliance in accordance of reg 130(e). Please see attached

The administrator shall assure that all residents/staff with a hearing impairment who are not able to hear the smoke detector/fire alarm shall have an acceptable signaling device approved by a fire safety expert. The device must alert the hearing impaired person of the fire alarm at all times while awake or sleeping. The administrator shall assure ongoing compliance. M 10/18/13.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Charissa DeGioff RPN/ADM*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charissa DeGioff RPN/ADM* Date *10/3/13*

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The above plan of correction is approved as of <u>10/18/13</u> (Date)	Plan of correction implementation status as of <u>10/18/13</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

Violation Report: 20526 - 09/17/2013 - Novak, Ryan PCH Name: ALEXANDRIA MANOR II	
1. REGULATION 55 Pa.Code §2600 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.	
2a. DESCRIPTION OF VIOLATION On Sept. 17, 2013, the fire extinguisher, located by Room 19, was last inspected on July 2012.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>Fire extinguisher was serviced by SimplexGrinnell, all fire extinguishers were inspected except for that one.</p> <p>Moving Forward: In future all extinguishers will be checked monthly (as in our policy) it will be reported immediately to administrators if not within compliance. Administrators will be responsible for on going compliance in accordance with reg 131(f). Please see attached</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Clarissa DeGroot RPN/adm</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Clarissa DeGroot RPN/adm</i>	Date <i>10/3/13</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>10/18/13</u> (Date)	Plan of correction implementation status as of <u>10/18/13</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

Violation Report: 20526 - 09/17/2013 - Novak, Ryan
PCH Name: ALEXANDRIA MANOR II

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
Staff Person B, who is the administrator, pulls the fire alarm and observes the fire drills. After the fire drill, a list is compiled of all the staff that participated in the drill. Staff Person B is included on the list and consequently is counted as a staff participant in the fire drill.

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 the past fire drills.

Moving Forward: In the future all fire drill logs will not include administration staff's names as participants. Administrators will be responsible for ongoing compliance in accordance with reg 132(c)

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Charissa DeGroot LPN/adm*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Charissa DeGroot LPN/adm* Date: *10/3/13*

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The above plan of correction is approved as of 10/18/13
(Date)

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

Plan of correction implementation status as of 10/18/13
(Date)

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

Violation Report: 20526 - 09/17/2013 - Novak, Ryan
 PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 On 9/17/2013, Resident #3 date of admission 6/29/2012, most recent medical evaluation was dated 7/3/2012.
 On 9/17/2013, Resident #4, date of admission 8/27/2012, medical evaluation last year was on 6/28/2012. The resident's most recent medical evaluation was completed on 8/26/2013, which is 1yr and 59 days.

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.

Resident #3 had a MA 51 done on 4/16/13, along with the annual RASP. We were unaware that a DME also needs to accompany a MA 51.

Moving Forward: When a MA 51 is needed, a DME will also be included for completion.*Administrators will be responsible for ongoing compliance in accordance with reg 141(b)(1).

Resident #4 No way to correct now.

Moving Forward: All DME's will be done in a timely manner (following the evaluation date) annually or if a significant change takes place.

Administrators will be responsible for ongoing compliance in accordance with reg 141(b)(1)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Charissa DeGioffi RN/ADM*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Charissa DeGioffi RN/ADM</i>	Date <i>10/13/13</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>10/18/13</u> (Date)	Plan of correction implementation status as of <u>10/18/13</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

Violation Report: 20526 - 09/17/2013 - Novak, Ryan
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

40-50 extinguished cigarette butts were located on the ground next to the outside door facing the fence next to the air conditioning units on the side of the building. The homes designated smoking area are the 2 rear decks of the home.

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 staff and residents were re-educated as to where proper designated smoking areas are located. All cigarette butts were cleaned up.

Moving Forward: Administrators police the area daily to ensure it stays cleaned and designated smoking areas are adhered to. Administrators will be responsible for ongoing compliance in accordance with reg 144(c)(1)

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Marissa DeGroot* adm

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Marissa DeGroot* ELPN/adm Date: *10/13/13*

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The above plan of correction is approved as of 10/18/13
(Date)

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

Plan of correction implementation status as of 10/18/13
(Date)

- Fully Implemented
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- Not Implemented

Violation Report: 20526 - 09/17/2013 - Novak, Ryan
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600

2800.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #5 is self administering Bengay vanishing cream. The DME dated 5/17/13 notes Resident #5 is unable to self administer medications.

Resident #6 is self administering Vicks Vapor Rub. The DME dated 8/16/13 notes Resident #6 is unable to self administer medications.

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.

Resident #5 and #6, It is in our contract that residents are not allowed to have medications, OTC's or creams at bedside. Family members and residents are aware and have signed also.

Moving Forward: In the future room checks will be conducted weekly by staff and overseen by administrative staff. Reminders will be given to all families and residents, that no medication, OTC's or creams are allowed in resident rooms at any given time. Administrators will be responsible for ongoing compliance in accordance with reg 181(c)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christina DeGroot LPN/adm

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

Christina DeGroot LPN/adm

Date: *10/3/13*

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

The above plan of correction is approved as of

10/8/13
(Date)

Plan of correction implementation status as of

10/8/13
(Date)

The above plan of correction was approved by

m
(Initials)

- Fully Implemented
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- Not Implemented