



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via e-mail: [REDACTED]

MAILING DATE: May 1, 2014

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
License #214560

Dear Mr. Negrao:

As a result of the Department of Public Welfare's licensing inspection on March 26, 2014 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.

Sincerely,

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21456 - 03/26/2014 - O'Haire, Anne

PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

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

Resident # 1's Namenda XR 7mg Cap. To be taken by mouth, 1 cap at 8:00am for 7 days and then 2 caps to be taken daily at 8:00am was not documented as being given correctly. The home's Med. Tech used an X and not an initial to indicate that this medication had been administered.

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.

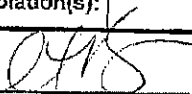
In the future Administrator or Med Tech Supervisor will audit books on a weekly basis for proper documentation. The two med techs that worked during that time frame will complete a medication administration/proper documentation refresher class, along with the med tech that was doing cycle change over. As of April 1st 2014, Administrator and Med Tech Sup are handling monthly cycle change over.

- Ultimately as Administrator it is my responsible for proper ongoing compliance. Please see attached Sign in Sheet for refresher class.

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)

Jacqueline Tiscorn Admin

Date

4/23/14

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


The above plan of correction is approved as of

4/29/14
(Date)

Plan of correction implementation status as of

4/29/14
(Date)

The above plan of correction was approved by


(Initials)

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