



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 07 2014

Mr. Joseph C. Negrao, Owner  
Alexandria Manor of Allentown, Inc.  
7 South New Street  
Nazareth, Pennsylvania 18064

RE: Alexandria Manor  
License #: 210640


Dear Mr. Negrao:

As a result of the Department of Public Welfare's licensing inspection on June 10, 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.

Your regular license for the period August 15, 2014 to August 15, 2015 was issued on May 16, 2014. Your regular license remains in good standing.

Sincerely,

  
Matthew J. Jones  
Director

JH

Enclosure  
License Inspection Summary

**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: Debbie Oleniacz		Region: NORTHEAST
Legal Entity Name: ALEXANDRIA MANOR OF ALLENTOWN INC		
Legal Entity Address: 7 SOUTH NEW STREET, NAZARETH, PA 18064		
<b>Certificate(s) of Occupancy</b>		
C-2 LP	I-1	
06/17/1994	09/02/2009	
L&I	Keller Zoning	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 92	Waking Staff: 69
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
06/10/2014: Novak, Ryan		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 93 Number of Residents Served: 69 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: 9 Number of Hospice Residents in past year: 12		<b>Number of Residents who:</b> Recelve Supplemental Security Income: 0 Are 60 Years of Age or Older: 69 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 23 Have a Physical Disability: 2

Violation Report: 21064 - 06/10/2014 - Novak, Ryan  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600  
2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION  
On 6/1/14, there were 69 residents in the home. The home required a minimum of 92 total direct care staffing hours, however only 80 hours were provided. On 6/7/14, there were 69 residents in the home. The home required a minimum of 92 total direct care staffing hours, however only 88 hours were provided.

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.

- Can not be corrected at this time
- Going forward - in order to comply with state regulations, we hired additional direct care staff members. These additional staff will provide additional hours to assure we are in compliance.
- Administrator/Designee will be responsible to assure there is direct care staff on duty to keep the facility in compliance - based on resident needs. *CR*, 7-28-14

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Deborah L. Oleniacy*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Deborah L. Oleniacy, Admin*      Date *7/7/14*

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

The above plan of correction is approved as of <u>7-28-14</u> (Date)	Plan of correction implementation status as of <u>7-28-14</u> (Date)
The above plan of correction was approved by <i>[Signature]</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

Violation Report: 21064 - 06/10/2014 - Novak, Ryan  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600  
2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION  
On 6/1/14 and 6/7/14 69 residents were present in the home. The home is required to provide 75% of direct care staffing hours during waking hours. On 6/1/14 and 6/7/14 only 64 hours were provided during waking hours.

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.

Can not be corrected at this time  
Going forward - in order to comply with state regulation. We hired addition direct care staff. The additional direct care will provide additional care hours to assure we are in compliance.  
Administrator / Designee will be responsible to assure there is direct care staff on duty to keep the facility in compliance. to meet resident needs. Q. 7/28/14

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

Signature of Legal Entity Representative (Required on EVERY Page) Deborah L Oleniacz Admin

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Deborah L Oleniacz Date 7/7/14

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The above plan of correction is approved as of 7-28-14 (Date)

Plan of correction implementation status as of 7-28-14 (Date)

The above plan of correction was approved by (Initials)

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

Violation Report: 21064 - 06/10/2014 - Novak, Ryan  
 PCH Name: ALEXANDRIA MANOR

**1. REGULATION 65 Pa.Code §2600**  
 2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**  
 The home currently serves 69 residents. 23 of the residents living in the home require assistance to evacuate in the event of an emergency. 12 residents require physical assistance to get out of bed and transferred to a wheelchair or other ambulation device. 8 residents require physical assistance to ambulate in a wheelchair or other ambulation device. The home currently schedules 3 staff members from the 11:00pm-7:00am shift. The home has 3 floors and 8 designated fire safe areas within the building. According to the Resident assessment support plans the home does not have enough staffing hours to meet the needs of the residents.

**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.)

· Can not be corrected at this time.  
 · We have increased our direct care staff for the over night hours. By increasing our staff we will be able to accommodate the resident requiring physical assistance with transferring and/or ambulating.  
 going forward residents requiring physical assistance to transfer and/or ambulate will be monitor closely to assure to we are in compliance. Our number of residents with mobility needs will determine if additional staff will be needed.  
 Administrator and/or Designee will be responsible to assure we are in compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Deborah L Oleniacz*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Deborah L Oleniacz*

Date *7/7/14*

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Violation Report: 21084 - 06/10/2014 - Novak, Ryan  
PCH Name: ALEXANDRIA MANOR

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 6/1/14 the home's census was 69 residents. From 7pm-10:30pm only one staff member was certified in First Aid and 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.

Can not be corrected at this time  
 A CPR & 1st Aid Class has been scheduled for July 29th, 2014.  
 for all employee needing CPR for the 1st time or to be renewed.

Going forward all staff will be certified in first aid and CPR.  
 All staff will keep both current. By having all staff certified  
 and current this will assure that there will be multiple CPR/1st Aid  
 trained employees per shift.

Administrator / Designee will be responsible to schedule classes for  
 CPR and 1st Aid as needed to keep staff trained & current. This in turn  
 will keep us in compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Debrah L. Oleniacy*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Debrah L. Oleniacy* Date *7/7/14*

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The above plan of correction is approved as of 7/29/14  
(Date)

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

Plan of correction implementation status as of 7/29/14  
(Date)

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

Violation Report: 21064 - 06/10/2014 - Novak, Ryan  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Ancillary Staff member A hired 7/15/11 did not receive training in Falls and Accident prevention for training year May 2012-April 2013.

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.

Can not be corrected at this time

The Ancillary Staff member did attend the annual class on Falls and Accident prevention on 7/19/13.

going forward All staff will be required to attend an annual class or watch a video annually. New employees will be required to view a video. This will assure all staff are in compliance

Administrator/Designee will be responsible to see that all employees are trained annually. And that new employees are trained within there first 40 hours of employment.

Adm or designee will review training records to insure they are legible. *OP* 7/28/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Deborah L. Oleniacz Admin*

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

Deborah L. Oleniacz

Date 7/7/14

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The above plan of correction is approved as of 7-28-14  
(Date)

Plan of correction implementation status as of 7-28-14  
(Date)

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

The above plan of correction was approved by

*OP*  
(Initials)

Violation Report: 21064 - 06/10/2014 - Novak, Ryan  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600  
2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION  
The overnight sleeping hours drills conducted on 12/6/13 at 6:25am and 7/30/13 at 11:07pm 8 staff members participated. The home is conducting fire drills when more staff is present in the building to participate. On average 3 staff members work the 11:00pm-7:00am shift.

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.

Can not be corrected at this time.  
Going forward all over night fire drills will be conducted at random times between the hours of 11pm - 7am. Only the staff on duty at those times will participate. No extra staff will be used.  
We have increased our over night shift to 4 members.  
  
Administrator / Designee will be responsible to conduct the fire drills over night using random times and staff on duty for the over night shift.  
Adm) Designee will review monthly fire drills in order to maintain compliance. *OP*  
7/28/14

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Deborah Oleniacz*      *Adm*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Deborah Oleniacz*      Date *7/7/14*

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

The above plan of correction is approved as of 7-25-14  
(Date)

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

Plan of correction implementation status as of 7/28/14  
(Date)

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

Violation Report: 21084 - 06/10/2014 - Novak, Ryan  
PCF Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600  
2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.


2a. DESCRIPTION OF VIOLATION  
The following insulin pens were not dated when the pens were opened. The manufacturer's instructions read: pens expire 28 days after opening.  
Resident #1's Novolog Flex pen  
Resident #2's Novolog Flex pen and Lantus Solostar pen

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.

• Can not be corrected at this time  
• Going forward Insulin pens will be labeled with residents name, date open, and expiration date in relations to the date opened.  
Insulin pens for resident #1 was placed in a baggie with the residents name, date opened and date expires.  
Insulin Pens for resident #2 were de and replaced with vials.  
A policy was written on Insulin Procedure. This policy was reviewed with our med Techs. placed in our policy manual under medication procedure and posted in our Med Rooms.  
Our Med Tee Supervisor will be responsible to enforce the Insulin procedure. Periodic monitoring will be conducted to insure ongoing compliance.  
A.A. 7/28/14

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Deborah L. Oleniacz Admin</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 7/7/14
Deborah L. Oleniacz		

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

The above plan of correction is approved as of <u>7-28-14</u> (Date)	Plan of correction implementation status as of <u>7/28/14</u> (Date)
The above plan of correction was approved by  (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: 21064 - 06/10/2014 - Novak, Ryan  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 & #2's Novolog Flex pen did not have a pharmacy label attached.  
Resident #2 & #3's Lantus SoloStar pen did not have a pharmacy label attached.

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.

Can not be corrected at this time.

going forward Insulin pens will be labeled with residents name, date opened, and expiration date in relations to the date opened.

A policy was written on Insulin procedure. It was reviewed with the med techs, placed in our policy manual and posted in the Med rooms.

Resident #1 - pen was placed in a baggie with a pharmacy label and opened date and expiration date. Resident #2 - the pens were dc and changed to vials. Resident #3 - the pen was placed in a baggie with a pharmacy label, Residents name, opened date and expiration.

Med tech Supervisor will be responsible to assure the Insulin Procedure is followed. Periodic monitoring will be conducted to insure ongoing compliance. 7-28-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Deborah L. Oleniacz Admin*

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

Deborah L. Oleniacz

Date 7/17/14

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The above plan of correction is approved as of

7/28/14  
(Date)

Plan of correction implementation status as of

7/28/14  
(Date)

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

The above plan of correction was approved by

*DO*  
(Initials)

Violation Report: 21064 - 06/10/2014 - Novak, Ryan  
PCH Name: ALEXANDRIA MANOR

**1. REGULATION 55 Pa.Code §2600**  
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**  
The homes medication policy notes count narcotics at the end and beginning of each shift with med personnel, sign your name and initial after counting to ensure accuracy. The outgoing staff member did not initial or sign the count sheet on 5/31/14 6:30pm - 7:00am.

**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.

Can not be corrected at this time.  
going forward - All Med Techs will have a review on Proper Medication Administration and Documentation. This will include the Narcotic Procedure. AM holds annually training on this subject.

A refresher course and remedial test were completed by the Med Tech creating the error.

Administrator / Designee will be responsible for scheduling the annual classes  
Med Tech supervisor will be responsible to monitor the procedure is performed correctly. Periodic monitoring of the Narcotic count sheets will be conducted to insure ongoing compliance. QP. 7/28/14

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Deborah L Oleniacy*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Deborah L Oleniacy*      Date *7/7/14*

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

The above plan of correction is approved as of 7/28/14  
(Date)

Plan of correction implementation status as of 7/28/14  
(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: 21064 - 06/10/2014 - Novak, Ryan  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
Resident #1's Mucinex ER 600mg was administered twice daily at 8am and 8pm from 6/1/14-6/10/14. The order reads 1 tablet by mouth twice daily as needed.

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.

Can not be corrected at this time.

PCP was notified of medication error, Med Techs were required to review a refresher class on proper medication administration and documentation. (See attached forms from page 16). MAR's were corrected. Medication error was reported as a reportable incident to DPW. Staff will have Annual Training on Proper Documentation and Medication Administration.

Going forward - Administrator/Designee will be responsible for scheduling classes annually.

Med Tech Supervisor will be responsible to monitor the procedure of Proper Documentation and Medication Administration, to insure that we stay in compliance.

Adm/Designee will perform periodic audits of MARs & Treatment Books to insure ongoing compliance. EP. 8-5-14.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Deborah L Olemiacz*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Deborah L Olemiacz*      Date *7/7/14*

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The above plan of correction is approved as of 8-5-14  
(Date)

Plan of correction implementation status as of 8-5-14  
(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: 21064 - 06/10/2014 - Novak, Ryan  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

Three residents receiving hospice services; #1, #4 & #5 were prescribed Broda Chairs by their physicians. The resident's RASPs failed to specifically outline how staff assure that residents were able to safely utilize their Broda chairs. Their RASPs did not indicate that the residents depend on staff to reposition the residents or that currently, the residents are unable to communicate their needs for staff assistance while in the Broda chairs.

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.

Can not be corrected at this time.

Going forward - In order to communicate efficiently with residents and to meet their needs we will implement 15 minute checks on residents that are using Broda chairs prescribed by their PCPs. The residents RASP will be updated to reflect the changes that have been implemented. RASP preparation Team will be made aware.

Administrator/Designee/RASP team to be responsible to review and over see this procedure. RASPs will also be reviewed periodically by Adm/Designee to insure ongoing compliance & make sure needs services

Repeat Violation: No	Date(s) of Previous Violation(s):	Case noted.
Signature of Legal Entity Representative (Required on EVERY Page)		7/28/14
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Deborah L. Oleniacz		7/2/14

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(Date)

Plan of correction implementation status as of 7/28/14  
(Date)

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(Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 21064 - 06/10/2014 - Novak, Ryan  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The RASP for resident #6 (Date of Admssion 3/7/2012) failed to indicate that resident #6 is receiving home health services. The RASPs for residents on hospice care #1, #4 & #5 did not include parameters to assure that residents are safely able to occupy the Broda chairs; specifically, how often staff currently check on the resident's positioning in the chair and how residents call for staff's assistance. At the time of inspection, Resident's #1, #4 & #5 were unable to verbally communicate the need for assistance while occupying the chairs.

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.

Can not be corrected at this time  
Going forward all residents receiving home health services will need an assessment & Support Plan Update + Change.  
All residents prescribed a Broda Chair will need an assessment & Support Plan Update & Change. Residents having a Broda Chair must be evaluated for their ability to communicate their needs and any safety issues must be noted. A 15 min check list will be put in place as needed.

Administrator / Designee / Med Tech will be responsible to assure the procedure and the updates are completed. Periodic observation of residents w/ Broda chairs & record reviews will be conducted to insure

Repeat Violation: No      Date(s) of Previous Violation(s): on going compliance.      CP. 7/28/14

Signature of Legal Entity Representative (Required on EVERY Page) *Deborah Oleniacy*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah Oleniacy*      Date *7/7/14*

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Plan of correction implementation status as of 7/28/14 (Date)

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- Partially Implemented - Inadequate Progress
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