



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 19 2014

Mr. Joseph C. 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 July 23, 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 September 29, 2014 to September 29, 2015 was issued on June 23, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS		License Number: 214560
Address: 3534 LINDEN STREET, BETHLEHEM, PA 18017		County: Northampton
Administrator: Jaqueline Burns		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 04/04/2006 L&I	I-1 05/30/2014 City of Bethlehem	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 37	Waking Staff: 28
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
07/23/2014: Novak, Ryan; Patton, Leslie		
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: 58 Number of Residents Served: 35 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: 0 Number of Hospice Residents In past year: 12	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 35 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 0	

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Violation Report: 21456 - 07/23/2014 - Novak, Ryan
PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

1. REGULATION 55 Pa.Code §2600
2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
When asked to present the home's first aid kit for inspection, the Licensing Representative was presented with several first aid kits. The following findings were determined:
4 first aid kits were located in the medication room and were observed for their entire contents.
The first aid kit located in the medication room did not include tape and a thermometer.
The first aid kit located in the medication room did not include tape, thermometer, breathing shield and eye coverings.
The first aid kit located in the medication room did not include scissors, eye coverings, tape and a breathing shield.
The first aid kit located in the medication room did not include tape, breathing shield, eye coverings, scissors and a thermometer.
The first aid kit located in the beauty shop did not include a thermometer.
The first aid kit located on the 2nd floor did not include tape.
The first aid kit located on the 3rd floor did not include tape and scissors.

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.

Moving Forward:
A new procedure has been put in place in prevention of items missing from first aid kit. A check list that will require Med Tech initials for the main first aid kit has now become part of our change of shift procedure. Ultimately as Administrator it is my responsibility for proper on going compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jacqueline Burns Admin* Date *8/11/14*

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

The above plan of correction is approved as of 8-13-14 (Date)

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

Plan of correction implementation status as of 8-13-14 (Date)

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

4

Violation Report: 21456 - 07/23/2014 - Novak, Ryan
PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
Room #201 did not have a bedside lamp or other source of light accessible from the bed.

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.

Moving Forward:

The resident and POA have been re-educated on the importance of having a lamp at bedside. A smaller more streamline lamp has been provided. In the future, smaller more streamline lamps will be available. Ultimately as Administrator it is my responsibility for proper on going compliance.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jacqueline Burns Admin* Date *8/11/14*

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(Date)

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(Date)

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5

Violation Report: 21456 - 07/23/2014 - Novak, Ryan
 FCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 The dryer duct that exits the home that is located outside of the Dining Room Exit contained a handful of lint. The lint was trapped inside the pipe under the cover of the duct. The lint 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.

Moving Forward:
 The maintenance department will be now checking the internal vents on a more frequent basis. Maintenance or myself will be checking the external vent more frequently as well. Ultimately as Administrator it is my responsibility for proper on going compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Accipino Burns</i>	Date <i>8/13/14</i>
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The above plan of correction was approved by <u>[Signature]</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

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Violation Report: 21456 - 07/23/2014 - Novak, Ryan
PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

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
Only 40 of the 41 residents present in the building during the fire drill conducted on 3/3/14 at 8:08pm were evacuated.

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 in question was re-educated, along with POA in March 2014. Another drill was performed that month and all residents were in compliance.

Moving Forward:

All residents have been re-educated on fire drills, and the importance of compliance during drills for they're safety. We will re-educate residents every other month after our resident council meeting as a reminder, along with re-educating POA's as needed. Ultimately as Administrator it is my responsibility for proper on going compliance.

Adm/Designee will review monthly fire drill log to insure ongoing compliance. CP. 8-13-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jacqueline Burns Admin* Date *8/11/14*

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1

Violation Report: 21456 - 07/23/2014 - Novak, Ryan
PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

1. REGULATION 55 Pa.Code §2600
2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
Resident #1's CVS brand arthritis pain relief did not contain the residents name.
Resident #2's Calcium Citrate did not contain the residents name.

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.

Moving Forward:

All Med Techs have completed a Proper Medication Administration and Documentation refresher course with the Med Trainer with emphasize on properly labeling of OTC and CAM's. Med Supervisor and Assistant Med Supervisor are the only ones handling all incoming OTC and CAM's as of August 1, 2014. Ultimately as Administrator it is my responsibility for proper on going compliance.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jacqueline Burns Admin* Date *8/11/14*

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