



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]
MAILING DATE: November 18, 2014

Mr. Joseph 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 October 7, 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
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing 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: 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		
C2LP	I-1	
05/17/1994	09/02/2009	
L&I	Borough of Nazareth	
Staffing Hours		
Resident Support: NM	Total Daily Staff: 87	Waking Staff: 65
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
10/07/2014: Patton, Leslie; Harvey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
01/11/2014: Patton, Leslie		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 93 Number of Residents Served: 68 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: 8 Number of Hospice Residents in past year: 15		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 68 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 19 Have a Physical Disability: 0

Violation Report: 21064 - 01/11/2014 - Patton, Leslie

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

On the afternoon of 9/30/14, it was discovered that 80 tablets of Clonazepam .5mg prescribed to resident #1 were missing. It is the home's policy that all narcotics be counted by two staff persons at the beginning and end of each shift. On the following dates and times, the indicated staff member did not comply with the home's policy:

Staff person A worked from 6:30am- 7:00pm on 9/28/14. The staff person counted the narcotic medications at the beginning of the shift by themselves and not with another staff person. Staff person A stated she/he did not count any of the narcotic medications at the end of the shift at 7:00pm, yet falsely documented on the Narcotic Count Sheet having counted with another staff person at the beginning and end of the shift.

Staff person B worked from 6:30pm on 9/28/14 - 7:00am on 9/29/14. Staff person B stated she/he counted the narcotics assigned to them at approximately 10:00pm by herself/himself, but stated the narcotics assigned to them were not counted at the beginning of the shift on 9/28/14, or at the end of the shift at 7:00am on 9/29/14, yet the staff person falsely documented on the Narcotic Count Sheet having counted with another staff person at the beginning and end of the shift.

Staff person C worked on 9/29/14 from 6:30am- 7:00pm. When interviewed, the staff person stated she/he did not count the narcotics assigned to them at the beginning or end of the shift (either independently or with another staff person), yet falsely documented on the Narcotic Count Sheet having counted with another staff person at the beginning and end of the shift.

Staff person D worked from 6:30pm on 9/29/14- 7:00am on 9/30/14. When interviewed, the staff person stated she/he did not count the narcotics assigned to them at the beginning or end of the shift (either independently or with another staff person) yet falsely documented on the Narcotic Count Sheet having counted with another staff person at the beginning and end of the shift.

Staff person E worked on 9/30/14 from 6:30am- 3:00pm. When interviewed, the staff person stated she/he did not count the narcotics assigned to them at the beginning or end of the shift (either independently or with another staff person) yet falsely documented on the Narcotic Count Sheet having counted with another staff person at the beginning and end of the shift.

Staff person C worked 2:30pm - 11:00pm on 9/30/14. When interviewed, the staff person stated she/he did not count the narcotics assigned to them at the beginning of the shift (either independently or with another staff person) yet falsely documented on the Narcotic Count Sheet having counted with another staff person at the beginning of the shift.

In addition, all of the narcotics located in the medication cart stored in the second floor dining room were not double-locked per the home's policy. Narcotics that are "straight orders" were kept in the drawers of the medication cart and were not double-locked in another section of the medication cart or another location in 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.

Violation Report: 21064 - 01/11/2014 - Patton, Leslie
 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.

VIOLATION CANNOT BE CORRECTED AT THIS TIME. STAFF MEMBERS (C, D, E) WERE SUSPENDED FROM ADMINISTERING MEDICATION.

GOING FORWARD, ALL DESIGNATED STAFF (A, B, C, D, E) HAVE INDIVIDUALLY REVIEWED AND COMPLETED TESTING ON PROPER MEDICATION ADMINISTRATION AND DOCUMENTATION. INCLUDING ALEXANDRIA MANOR'S COUNTABLE NARCOTIC PROCEDURES.

MANAGEMENT IS IN THE PROCESS OF REVIEWING, UPDATING, AND FINALIZING ALL ALEXANDRIA MANOR'S POLICIES AND PROCEDURES. A ZERO TOLERANCE MEDICATION ADMINISTRATION AND DOCUMENTATION POLICY WILL BE IMPLEMENTED WITHIN ONE WEEK. ANY MED TECH NOT FOLLOWING THIS POLICY WILL HAVE THEIR POSITION TERMINATED IMMEDIATELY.

THE ADMINISTRATOR/DESIGNEE WILL BE RESPONSIBLE TO ENFORCE THAT PROPER PROCEDURES ARE FOLLOWED AND ANNUAL TRAINING COMPLETED BY ALL STAFF TO PREVENT FURTHER VIOLATIONS.

THE MED TECH SUPERVISOR WILL BE RESPONSIBLE FOR PERIODIC MONITORING OF NARCOTIC COUNT SHEETS TO ENSURE ONGOING COMPLIANCE.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/10/2014	
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Deborah L. Olenko, Admin	11/14/14

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The above plan of correction is approved as of <u>11/17/14</u> (Date)	Plan of correction implementation status as of <u>11/17/14</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