



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: June 18, 2015

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

RE: Alexandria Manor II
313 South Walnut Street
Bath, Pennsylvania 18014
License: #205260

Dear Mr. Negrao:

As a result of the Department of Human Services' licensing inspection on April 24, 2015 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20526 - 04/24/2015 - Hummel, Jesse
 PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 4/13/15 staff of the facility noted a 1 and 1/2 inch diameter reddened area with yellow discharge on the upper buttocks area of resident #1. Administrator A observed the area. The facility contracted with a home health agency to treat the wound. The resident was ordered to have the wound treated daily. The wound was treated on 4/13/15. On 4/14/15 the facility noted that the resident's exterior dressing over the wound appeared to be the same dressing and therefore it was determined the home health agency was not at the facility to treat the wound. The home health agency did not treat the wound on 4/14/15 and 4/15/15. On 4/16/15 the home health agency arrived at the facility and evaluated the wound. The agency reported the wound was "not good." The facility discontinued services with the home health agency at this time after the resident's wound went untreated for two days. Another home health agency was contracted to care for the wound. The resident's wound was evaluated on 4/17/15. The wound measured approximately 4 cm in diameter and 4cm deep. The entire area was black with dead tissue. The home health agency determined the wound was untreatable at this point and required hospitalization to have the wound debrided. The facility failed to immediately secure medical care for the resident after it was determined the resident was not receiving wound care daily as prescribed.

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.

Staff member A spoke with daughter when it was discovered that resident wasn't being seen daily as had been written to me in a letter from nurse at home health agency. The daughter consented to fire that agency; another agency was contacted & came in immediately. Moving forward, all outside agencies are required to sign in, in a book designed for visiting nurses. Des will report to directly to myself if dressing is not changed or visiting nurse has not been seen. Visiting nurse will either give myself or med tech report that (A) visit was done (B) if there is anything that the staff of Alexandria Manor should be doing. Orders will be obtained immediately for VNA, wound care etc should a new wound appear. Dr. will be contacted & requested to come in & see wound which was done in this instance. ^{Debra} done in

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Clairissa DeGroot adm LPN* Date *5/20/15*

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

The above plan of correction is approved as of 6-10-15 (Date)

Plan of correction implementation status as of 6-10-15 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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