



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
MAILING DATE: August 14, 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 May 14, 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 - 05/14/2015 - Hummel, Jesse
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined through an interview with staff person A who is the facility's Administrator that resident #1 has been making allegations that the resident was sexually abused since the date the resident was admitted to the facility on 12/22/14. These allegations were not reported to the local Area Agency on Aging as required under the Older Adult Protective Services Act.

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.

No way to correct now, but moving forward any and all allegations/statements of this nature will be reported to Area Agency of Aging.

Act 13 was filed & sent to A.A.A. Representative of A.A.A. did come in and talk to resident.

Moving forward administrator will report any and all allegations/complaints of this nature to area agency of aging to comply with state regulation §600.15

Adm will also ensure additional training to review w/all staff what constitutes abuse and the need to report it, and additional steps to take if staff are involved (15.b,c,d). CP. 8-13-15


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) *Charissa DeGoff* Date *7/30/15*

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

The above plan of correction is approved as of 8-13-15 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 8-13-15 (Date)

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

Violation Report: 20526 - 05/14/2015 - Hummel, Jesse
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Department Representatives determined through an interview with staff person A who is the facility's Administrator that resident #1 has been making allegations that the resident was sexually abused since the date the resident was admitted to the facility on 12/22/14. These allegations were not reported to the Department as required.

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 allegations/complaints of this nature will be reported within 24 hrs to A.A.A & DHS to comply with 2600.16c.

Act 15 was filled out and sent to A.A.A. Representative came out and talked to resident.

Moving forward administrator will report any and all allegations/complaints of this nature to all appropriate agencies within 24 hours, file proper paper work to keep in compliance with state regulation 2600.16c)

Adm will conduct additional training for all staff regarding all 19 elements that are reportable, as well as the reporting process that will ensure info arrives w/in 24 hrs. to the R.O.

Repeat Violation: No Date(s) of Previous Violation(s): *8-13-15*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charissa DeGroot* Date *7/30/15*

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Violation Report: 20526 - 05/14/2015 - Hummel, Jesse
PCH Name: ALEXANDRIA MANOR II

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

Department Representatives determined through an interview with staff person A who is the facility's Administrator that resident #1 has been making allegations that the resident was sexually abused since the date the resident was admitted to the facility on 12/22/14. The facility failed to update the resident's assessment and support plan finalized on 1/2/15 regarding the resident's history of alleging sexual abuse allegations or the facility's plan to meet the resident's needs.

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.

no way to correct at this time but moving forward all allegations/complaints of this nature will be addressed on RASP. All avenues for help will be explored after talking to PCP.

Moving forward all allegations, behaviors will be addressed / documented on RASP by administrator on RASP. RASP will be followed by DAS to comply with state req 2600.227(d)

Adm/Designee/Resident Care Coordinator will work w/ direct care staff regarding behaviors exhibited, as well as other aspects or events that may lead to addendums to the RASP such as falls, cognitive status, hospital etc w/new orders, etc. CQ. 8-13-15

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) *CHARISSA DEGROFF* Date *7/30/15*

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