



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 16 2015

Mr. Joseph Negrao, Owner/VP
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 Human Services' annual licensing inspections on June 10, 2015, June 11, 2015, August 12, 2015, August 21, 2015 and October 6, 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,


Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 21064 - 06/10/2015 - O'Haire, Anne
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.28(e) - In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P.S. §§ 10226.101 - 10226.107). The home shall keep documentation of the refund in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident # 18 passed away on [redacted] 14. The resident's belongings were picked up by the family on [redacted] 14. A refund check was not sent to the family until [redacted] 14 which is beyond the 30 day refund allowed under Older Adult Restitution Act regulations. Additionally, on the day of the home's annual inspection, 6/10/15, the home realized an oversight of an additional \$ 39.00 still due to the family.

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 correct the date the original refund check was issued.
A correction was made and an additional check in the amount of \$89.00
was issued to the estate of Resident #18. See attached copy.*

*Going forward residents refunds will be issued within 30 Days
from the date the room is cleared of the residents personal
property. The financial office will be made aware of
this regulation.*

*Admin will be responsible to provide finance office with the
correct information. Admin will monitor the date the refund
will be due in order to keep the facility in
compliance.*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah L. Oleniak* Date *7/24/15*

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

The above plan of correction is approved as of 7/29/15
(Date)

Plan of correction implementation status as of 8/12/15
(Date)

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

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

Violation Report: 21064 - 06/10/2015 - O'Haire, Anne
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 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

On the date of inspection the home had 87 residents, 27 residents with mobility needs, 6 residents' support plans required the assist of 2 to transfer from bed to chair or wheelchair. The home staffs the overnight shifts with 4 staff who must cover 3 floors and 8 identified fire safe evacuation zones. The home does not have sufficient staff to safely evacuate residents from the building in the event of an emergency.

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.

Could not be corrected at the time of inspection. As a result of this violation a review of all 27 residents' mobility needs was conducted. It has been determined that 13 of these 27 residents were classified as Moderate mobility and can be reassessed as Minimal. This will reduce our immobility from 27 to 14 residents. 6 of these 14 residents require assist of 2. One of the 6 residents past away.

Alexandria Manor is taking the steps to update all these residents paper work.

- Going forward we have hired extra staff for the 2nd + 3rd shifts.
- Admin / Designee will monitor the residents mobility needs. And the number of staff to meet these residents needs. to ~~ass~~ assure we are in compliance ~~as~~ per the resident needs.

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/10/2014

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah H. Oleniacz* Date *7/24/15*

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

The above plan of correction is approved as of 7/29/15 (Date)

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

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

- Fully Implemented
- Partially Implemented - Adequate Progress *AO/cy*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21064 - 06/10/2015 - O'Haire, Anne
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct care staff person "A" hired [redacted]-15 did not receive first day orientation on the following topics: Evacuation procedures; Staff duties in fire drills, emergency evacuation transportation and locations; Designated meeting places outside the building and within the building during a fire drill or fire; Smoking safety procedures, home's smoking policy and location of smoking areas; Location of fire extinguishers; Smoke detectors, fire alarms and telephone usage and emergency services numbers.

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.

Could not be corrected at the time of inspection. Admin reviewed the orientation requirements 1-7 with employee A. Employee was hired [redacted] 15. She has attended our annual fire safety and emergency preparedness training class on 5/22/15 in our Bath facility.

Going forward all new employees will go through an orientation prior to or on the 1st day they work.

Admin will be responsible to conduct the orientation training of all new hire. Admin will also assure all mandatory training is completed to compliance of the above regulation

Repeat Violation: No

Date(s) of Previous Violation(s):

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

7/24/15

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

The above plan of correction is approved as of 7/29/15
(Date)

Plan of correction implementation status as of 8/12/15
(Date)

Fully Implemented

Partially Implemented - Adequate Progress AD

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 21084 - 06/10/2015 - O'Haire, Anne
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600
2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
(1) Resident rights.
(2) Emergency medical plan.
(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
(4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
Direct care staff person "A" hired 04-23-15 did not receive the first 40 hours of training in Resident Rights; Emergency medical plan; Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act and reporting of reportable incidents and conditions.

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.

Could not be corrected at the time of inspection. Admin reviewed the orientation requirements 1-4 with employee A. Employee was hired 4/23/15. She has attended our annual training class on Resident Rights and Older Adult protective Services Act. on 6/29/15.

Going forward all new employees will go through an orientation within the 1st 40 hours worked to cover the above mentioned regulation.

Admin will be responsible to conduct the orientation within the 1st 40 hours worked. Admin will also assure all mandatory training is completed to be in compliance

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Deborah R. Oreniacz*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Deborah R. Oreniacz* Date *7/24/15*

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

The above plan of correction is approved as of 7/29/15
(Date)

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

Plan of correction implementation status as of 8/12/15
(Date)

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

Violation Report: 21064 - 06/10/2015 - O'Haire, Anne
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Resident #18's glucometer was used on resident # 7 on 9/6/15 at 11 a.m., 6/6/15 at 4:00 p.m., 6/7/15 at 4:00 p.m., and 6/8/15 at 8:00 p.m. In addition resident # 8's glucometer was used on resident #14 on 6/5/15 at 7:00 a.m. Resident # 2's glucometer was used on resident #3 on 6/9/15 at 4:30 p.m. Resident #3's readings were found on resident #2's glucometer. Resident # 7's glucometer was used on resident # 14 on 6/10/15 and resident # 17 on 6/10/15.

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.

Could not be corrected at the time of inspection. Had the time of inspection #8 glucometer was replaced per the state inspector.

To Date All above glucometers have been replaced. We have taken disciplinary action for all med Techs. as well as recertification in our Medication Administration policy and procedures.

Periodic checks of All Glucose Monitors will be conducted to ensure proper use.

A management meeting has been scheduled for 7/28/2015 to discuss a provision of policy & procedure for Blood Glucose Monitoring.

Admin/Designee will be responsible for periodic checks of monitors to ensure compliance of regulation.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 7/24/15

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

The above plan of correction is approved as of 8/12/15
(Date)

Plan of correction implementation status as of 8/12/15
(Date)

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

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

Violation Report: 21064 - 08/10/2015 - OHaire, Anne
PCH Name: ALEXANDRIA MANOR

1. REGULATION 65 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Za. DESCRIPTION OF VIOLATION

The trash container in the shared bath near resident room #32 did not have a lid preventing penetration of insects and rodents.

2. 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.

The lid was replaced on the can at the time of inspection. Housekeeping and staff were reminded of the regulation and the importance of having the lid on the trash receptacles.

Going forward there will be periodic checks on the shared bathrooms to assure the trash receptacles are covered.

All staff will conduct the periodic checks of the shared bathrooms to assure all receptacles are covered so that we are in compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

7/24/15

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

The above plan of correction is approved as of

7/29/15
(Date)

Plan of correction implementation status as of

8/12/15
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *AO*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

m
(Initials)

Violation Report: 21084 - 08/10/2015 - O'Haire, Anne
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

The walkway, midway from the home's front door and near the intersection of the sidewalk which runs along South New Street, does not have adequate lighting. There is a small porch light that does not illuminate the sidewalk used to travel to the external fire safe area.

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.

could not be corrected at the time of inspection.

Maintenance was made aware of the need for lighting of the pathway. Maintenance has scheduled the job of adding lighting to be completed by August 1, 2015.

Administrator / Designer / Owner will ensure that the job is completed by August 1, 2015. So that we will be in compliance with the above regulation

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Deborah L. Deniacz

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

Deborah L. Deniacz

Date

7/24/15

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

The above plan of correction is approved as of

7/29/15
(Date)

Plan of correction implementation status as of

8/12/15
(Date)

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

The above plan of correction was approved by

m
(Initials)

Violation Report: 21064 - 06/10/2015 - O'Haire, Anne
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
The TruSt Test brand glucometer belonging to resident #16 was found to be inoperable.

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 COULD NOT BE CORRECTED AT TIME OF INSPECTION. TO DATE THIS BLOOD GLUCOSE MONITOR HAS BEEN REPLACED, WE HAVE TAKEN DISCIPLINARY ACTION FOR ALL MED TECHS AS WELL AS RECERTIFICATION IN OUR MEDICATION ADMINISTRATION POLICY & PROCEDURES. A PERIODIC CHECK OF ALL GLUCOSE MONITORS WILL BE PERFORMED BY ADMINISTRATION/DESIGNEE TO ENSURE PROPER USE. A MANAGEMENT MEETING HAS BEEN SCHEDULED FOR 1/28/2015 TO DISCUSS A PROVISION OF POLICY & PROCEDURE FOR BLOOD GLUCOSE MONITORING. ADMINISTRATION/DESIGNEE WILL BE RESPONSIBLE TO ENSURE COMPLIANCE OF DHS REGULATIONS.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Deborah L. Olemace* Date *7/24/15*

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

The above plan of correction is approved as of *7/29/15*
(Date)

Plan of correction implementation status as of *8/12/15*
(Date)

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

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

Violation Report: 21064 - 06/10/2015 - O'Haire, Anne
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600
2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

At approximately 9:15AM on 06-10-15, a unlabeled bar of soap was observed in the shared bathroom located near resident room # 32.

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.

The bar of soap was removed at the time of inspection. A soap dispenser with liquid soap was put in its place. All staff made aware of the violation.

Going forward there will be periodic checks on the shared bathrooms to assure there is no bars of soap in the bathrooms and that there are liquid soap dispensers present.

All staff will conduct the periodic checks of the shared bathrooms to assure we are in compliance.

The administrator shall monitor for ongoing compliance. M 8/14/15

Repeat Violation: No

Date(s) of Previous Violation(s):

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 7/24/15

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

The above plan of correction is approved as of

7/29/15
(Date)

Plan of correction implementation status as of

8/12/15
(Date)

Fully Implemented

Partially Implemented - Adequate Progress AO

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

M
(Initials)

Violation Report: 21064 - 06/10/2015 - O'Haire, Anne
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600
2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION
At approximately 9:15AM on 06-10-15, the shared bathroom located near resident room #32, had no paper towels or any other means for residents to dry his/her hands.

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.

Paper towels were placed on the paper towel holder and spares were placed in the shared bathroom. All staff made aware.

Going forward periodic inspections will be conducted on the shared bathrooms to assure there is a supply of paper towels available in the shared bathrooms.

All staff will conduct periodic checks of the bathrooms that are shared to assure all supplies of paper towels are present. To make sure we are in compliance.

The administrator shall monitor and assure ongoing compliance. M 8/14/15

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Deborah L. Steniacz Date 7/24/15

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

The above plan of correction is approved as of 7/29/15 (Date)

Plan of correction implementation status as of 8/12/15 (Date)

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

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

Violation Report: 21064 - 06/10/2015 - O'Haire, Anne
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
The medication Acetaminophen for resident # 9 expired 5/30/15.

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.

AT TIME OF INSPECTION EXPIRED ACETAMINOPHEN BUBBLE PACK WAS REMOVED FROM MED CART AND RETURNED TO NEWHARDS PHARMACY. A NEW BUBBLE PACK OF ACETAMINOPHEN WAS ALREADY AVAILABLE FOR USE PER MD'S ORDER IN MEDICATION CART. WE HAVE TAKEN DISCIPLINARY ACTION FOR ALL MED TECHS AS WELL AS RECERTIFICATION IN OUR MEDICATION ADMINISTRATION POLICY & PROCEDURES. ADMINISTRATION/DESIGNEE WILL BE RESPONSIBLE TO MONITOR MEDICATION CARTS PERIODICALLY TO ENSURE COMPLIANCE OF DHS REGULATIONS. And the replacement of expired medication.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah Oleniacz* Date *7/29/15*

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

The above plan of correction is approved as of *7/29/15* (Date)

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

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

- Fully Implemented
- Partially Implemented - Adequate Progress *CY/AD*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21064 - 06/10/2015 - O'Haire, Anne

PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Violation Report: 21084 - 06/10/2015 - O'Haire, Anne
 PCH Name: ALEXANDRIA MANOR

1. REGULATION 88 Pa.Code §2800

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

Administration Record (MAR) for the following residents was not properly maintained due to staff incorrectly transcribing the accucheck readings from the individual glucometer machines:

RESIDENT	DATE	TIME	GLUCOMETER READING	MAR DOCUMENTED
1	6/4/15	7:00 P.M.	211	132
1	6/5/15	4:00 P.M.	239	231
1	6/7/15	10:00 P.M.	179	172
2	6/6/15	10:00 P.M.	114	117
3	6/4/15	4:30 P.M.	157	135
3	6/7/15	7:30 A.M.	102	107
3	6/7/15	11:30 A.M.	204	248
3	6/7/15	4:30 P.M.	245	227
3	6/8/15	4:30 A.M.	75	89
3	6/9/15	7:30 A.M.	81	97
3	6/10/15	7:30 A.M.	87	131
4	6/6/15	4:00 P.M.	HI(>600)	448
4	6/6/15	9:00 P.M.	421	361
4	6/7/15	4:00 P.M.	317	389
4	6/10/15	7:00 A.M.	482	382
5	6/4/15	4:00 P.M.	172	132
5	6/10/15	7:00 A.M.	81	82
6	6/6/15	7:00 A.M.	150	168
6	6/7/15	7:00 A.M.	174	167
6	6/8/15	7:00 A.M.	160	110
7	6/9/15	4:00 P.M.	228	282
7	6/9/15	9:00 P.M.	253	658
8	6/4/15	4:00 P.M.	153	231
8	6/4/15	8:00 P.M.	158	197
8	6/5/15	11:00 A.M.	304	138
8	6/5/15	4:00 P.M.	178	181
8	6/6/15	4:00 P.M.	174	196
8	6/5/15	8:00 P.M.	169	183

Artificial tears for resident # 10 was not initiated as being given on 6/4/15 at 2:00p.m. In addition, Tylenol for resident # 10 did not have a diagnosis.

The medication Synthroid 25 mg for resident # 11 did not have a diagnosis.

Artificial Tears for resident for # 11 was not initiated for 12 p.m., 4:00 p.m. and for 5:00 p.m. on 6/11/15;

Systane Ultra 0.4 % for resident # 12 was not initiated as given at 2:00 p.m. on 6/11/15,

Vitamin D for resident # 13 1200 units was not initiated as given for on 6/11/15 at 8:00 a.m.

Resident # 20's Alivan 0.5 mg. tab. to be administered every 12 hours was not initiated as being given on 06-03-15 at 9:00pm.

Resident # 20's Tylenol Arthritis ER 650 mg. tab. take 1 tab by mouth 3 times a day was not initiated as being given on 06-08-15 at 9:00pm

Violation Report: 21064 - 06/10/2015 - O'Haire, Anne
 PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

On 06-08-15 Resident #21's Senokot-S tablet to be taken one by mouth at 8:00am daily was not initialed as being given.
 On 06-08-15 Resident #21's Klonopin 0.5mg tablet, one tablet 2 times a day, 8:00am and 2:00pm was not initialed as being given.
 On 06-08-15 Resident #21's Haldol 1mg. tablet to be taken by mouth 2 times a day at 8:00am and 2:00pm was not initialed as being given at 8:00am and 2:00pm.
 On 06-08-15 Resident #21's Tramadol HCL 50mg. tablet 1/2 to be taken by mouth 2 times a day was not initialed as being given at 8:00pm.

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 can not be corrected at this time. We have taken disciplinary action for all med techs, as well as recertification of our medication administration policy and procedures. An annual training class on Proper Documentation is scheduled in September. All med techs and PCA's will be required to attend this class. It is mandatory.

Administrator / Designee will be responsible to monitor, glucose monitors, medication carts and MARs periodically. Train the Trainer will observe med techs on a med pass monthly to assure we are in compliance.

Violation Report: 21064 - 06/10/2015 - O'Haire, Anne	
PCH Name: ALEXANDRIA MANOR	
1. REGULATION 65 Pa.Code §2600 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	
Repeat Violation: Yes	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Deborah L. Oleniacz</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Deborah L. Oleniacz</i>	Date <i>7/24/15</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>7/29/15</u> (Date)	Plan of correction implementation status as of <u>10/6/15</u> (Date)
The above plan of correction was approved by <u><i>m</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>CY/AD</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21064 - 06/10/2015 - O'Haire, Anne

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

There were no glucometer readings in Resident #14's glucometers for the month of June 2015. Resident #14 has a physician's order to complete blood sugar testing every Mon.Wed and Fri at 6:00am.

Resident #5's blood glucose testing was not completed on the following dates and times: 06-02-15 at 4:00pm, 06-03-15 at 4:00pm., 06-05-15 at 4:00p.m., 06-08-15 at 4:00pm and 06-09-15 at 4:00p.m. Numbers were written in on Resident # 5's MAR's attempting to reflect that blood glucose testing was completed.

Resident #6's glucometer did not have test readings for 06-05-15, 06-08-15 and 06-09-15 at 4:00pm. Resident #6's MAR's had numbers recorded for 06-05-15, 172 at 4:00pm, 06-08-15,136 at 4:00pm., and 06-09-15,160 at 4:00pm.

Resident #7 received an incorrect dosage of insulin on 06-09-15 at 8:00pm. Resident # 7 had a blood glucose reading of 226 on their glucometer and it was transcribed on Resident t#7's MAR's as 262. Resident #7 was administered 6 units of Insulin and should have received 8 units of insulin.

Resident #8 has a physician order to have their blood glucose tested at 11:00a.m, 4:00p.m. and 8:00p.m. daily. Resident #8's glucometer did not have reading completed for 06-06-15 at 8:00pm, 06-09-15 at 8:00pm and 06-10-15 at 11:00am.

Resident #19 did not have the following medication available on 06-10-15: Klor-Con 20 mg. tabs. taken daily and Carbidopa-Levodopa 25/100 Tabs. to be taken daily.

Resident #1 is to have their blood glucose tested at 6:00a.m. & 9:00p.m. Resident #1's glucometer did not have test readings on 06-08-15 at 6:00a.m. and 9:00p.m. No readings were recorded on 06-09-15 at 9:00p.m.

Resident #3 is to have glucometer readings 4 times a day, on the following dates and times Resident#3's glucometer had no readings: 06-05-15 at 11:00 a.m., 06-5-14 at 4:30 p.m., 06-08-15 at 11:30 a.m. and 06-09-15 at 4:30p.m.

Resident #4's has physician's orders to have their blood glucose levels tested daily at 7:00 am., 4:00pm and 9:00pm. On the following dates and times Resident #4's glucometer did not record that testing had been completed. On 06-05-15 at 4:00pm., 06-05-15 at 9:00pm., 06-07-15 at 9:00pm., 06-08-15 at 4:00pm., 06-08-15 at 9:00pm., 06-09-15 at 4:00pm and 06-09-15 at 9:00pm.

Resident #4's physician should have been notified of blood glucose reading over 401 (sliding scale) on the following dates: 06-04-15 at 7:00am and 9:00pm., on 06-06-15 at 7:00a.m. and 4:00pm.,and 9:00p.m. , 06-10-15 at 7:00am and 4:00p.m., 06-11-15 at 7:00a.m.

Resident #4's MAR'S indicated that the resident used almost 2 vials of insulin (100 units per bottle) from 06-04-15 to 06-10-15 however; on 06-11-15 licensing representatives noted that vial was opened on 06-04-15 and was still half full. According to Resident #4's MAR's Resident #4 should have received 182 units of Insulin by 06-10-15.

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.

Continue

m
7/29/15



Violation Report: 21084 - 06/10/2015 - O'Haire, Anne
POH Name: ALEXANDRIA MANOR

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

Violation Can not be corrected at this time we have taken disciplinary action for all Med Techs as well as recertification of our Medication Administration Policy & Procedures.

A management meeting has been scheduled for 7/28/2015 to discuss a provision of policy & procedures for Blood Glucose monitoring.

An annual training class has been scheduled on Proper Documentation in September for all Med Techs and PCA's.

Administrator / Designee will be responsible to monitor MARS and Glucometers periodically to ensure proper use, following of prescribed MD orders, proper documentation and compliance of DHS regulations.

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

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 *7/24/15*

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

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

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

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

- Fully Implemented
- Partially Implemented - Adequate Progress *CY/AD*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

PCH Name: ALEXANDRIA MANOR		License Number: 21064
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		
I-1 09/02/2009 Borough of Nazareth	C-2 LP 05/17/1994 PA L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 119	Waking Staff: 89
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim, Monitoring		
On-Site Inspections Dates and Department Representatives On-Site 08/12/2015: O'Haire, Anne; Yellenic, Cindy 08/21/2015: O'Haire, Anne; Yellenic, Cindy		
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: 93 Number of Residents Served: 86 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: 15 Number of Hospice Residents in past year: 32		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 86 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 33 Have a Physical Disability: 2

Violation Report: 21084 - 08/12/2015 - O'Haire, Anne
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 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

Based on the information provided by the home's administrator, Staff person "A", Wellnees Director, Staff person "B", residents' records and staffing schedules the home routinely staff the home with 5 staff on site to meet the needs of numerous resident with significantly high care needs.

The following observations were found:

Residents residing in the section described as "the old section "on the main level had the following residents with significant care needs, rooms 11 thru 36.

8 - Residents requiring 1 person assist for transferring

6-Residents requiring 2 person assist for transferring

9-Residents on Hospice care

First Floor - New wing

7-Residents requiring 1 person assist for transferring

1- Resident requiring 2 person assist for transferring

1-Resident on Hospice care

Second Floor - New wing

7- Residents requiring 1 person assist for transferring

1- Resident requiring 2 person assist for transferring

4 - Resident on Hospice care

Third floor - New wing

3 - Residents requiring 1 person assist for transferring

0-Residents requiring 2 person assist with transferring

1 - Resident on Hospice Care

Totals:

25 Residents requiring 1 person assist with transferring

8 Residents requiring 2 person assists with transferring

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.

Could not be corrected at the time of inspection. Going forward the plan of correction is to hire more staff for both waking hours and overnight hours. Also to relocate residents with mobile needs to the second floor to make all immobile resident in the same area. Staffing will be plentiful in this area.

Staff has been increased by 1 or 2 employees per shift, per waking and over night hours.

Admin / Manager will monitor the staffing hours to assure we are in compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Deborah Oleniacz

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

Deborah Oleniacz - Admin

Date

9/25/15

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

The above plan of correction is approved as of

9/29/15
(Date)

Plan of correction implementation status as of

10/6/15
(Date)

The above plan of correction was approved by

m
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

CY/AD



Violation Report: 21064 - 08/12/2015 - O'Haire, Anna
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
On 8-12-15, a bottle of Ammonium Lactate 12% Lotion for Resident # 1 was in the medication cart and available for use. The medication expired 7-31-15.

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.

ON THE DAY OF INSPECTION, MEDICATION PULLED FROM CART AND RETURNED TO NEWHARD'S PHARMACY. A NEW BOTTLE WAS ORDERED AND DELIVERED WITH AN EXPIRATION DATE OF 1/21/2016. MED TECH [REDACTED] AND ADMINISTRATOR/DESIGNEE RESPONSIBLE TO MONITOR 2ND FLOOR NEW SIDE CART WEEKLY AND PERIODICALLY TO MAINTAIN COMPLIANCE.

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/10/2015

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah L Oleniak* Date *9/25/15*

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

The above plan of correction is approved as of 9/29/15 (Date)

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

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

- Fully Implemented
- Partially Implemented - Adequate Progress *CY/AO*
- Partially Implemented - Inadequate Progress
- Not Implemented



Violation Report: 21084 - 08/12/2015 - O'Haire, Anne
PCH Name: ALEXANDRIA MANOR

1. REGULATION 85 Pa.Code §2800

2800.185(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 narcotic policy for the home states at the beginning and end of each shift the narcotics are counted and both staff members are to sign the sheet the narcotic count was correct. On the following dates and times the sheet was not signed by a staff person:

- 7-14-15 at 7:00am, Staff Person C did not sign or initial the narcotic count was correct.
- 7-23-15 at 7:00am, Staff Person D did not sign or initial the narcotic count was correct.
- 7-29-15 at 2:30pm, Staff Person E did not sign or initial the narcotic count was correct.
- 8-5-15 at 6:30am, Staff Person D (Brittany Camaerei) did not sign or initial the narcotic count was correct.

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.

Could not be correct at the time of the inspection.

going forward staff members involved were written up for not following the narcotic policy. all Med Techs involved were Recertified by Trainers to Trainer. Recertification covered Medication Administration Policy and Procedures. Staff members could be suspended for not following procedures.

Administrator / Designee will Monitor Narc Courts as needed; Weekly and Periodically to maintain 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. Oleniacz*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Debrah L. Oleniacz* Date *9/25/15*

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

The above plan of correction is approved as of 9/29/15
(Date)

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

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

- Fully Implemented
- Partially Implemented - Adequate Progress *CY/AD*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21064 - 08/12/2015 - OHaire, Anne
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The following staff person(s), Staff person "D" and "E", did not sign and initial the Master Signature Sheet required to pass medications in the home.

Resident # 2 blood glucose (BG) on 8-7-15 at 4:59pm was 145, and was recorded in the MAR as 283.

The MAR for Resident # 3 was not signed after their Hydrocortisone 1% cream was applied on 8-12-15 at 7:00am.

Resident # 4 BG# was 56 on 8-10-15 at 4:54am, and it was recorded in the MAR as 85.

Resident # 5 has a physician's order for Lasix 20mg. to be given 2x/day. On 8-12-15 the MAR was not initialed after the medication was given.

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 Med Techs will be recertified in the Medication Administration Policy + Procedures. Staff could be suspended as a Med Tech for not following these procedures.
Administrator / Designer will monitor MARS and Blood Glucose forms Weekly to maintain compliance*

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/10/2015

Signature of Legal Entity Representative (Required on EVERY Page) *Deborah K. Oleniack*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Deborah K. Oleniack Date 9/25/15

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

The above plan of correction is approved as of 9/29/15 (Date)

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

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

- Fully Implemented
- Partially Implemented - Adequate Progress *CY AD*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21064 - 08/12/2015 - O'Haire, Anne
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 # 2 is on a sliding scale for insulin coverage. On 8-7-15, the resident's BG# was 145, which required no Insulin coverage. The resident received 9 units of Insulin because the BG # was recorded incorrectly.

Staff person(s) are to call the PCP when Resident # 2's BG# is over 400. On 8-1-15 at 6:50am the resident's BG# was 408 and on 8-4-15 the resident's BG# was 426. The physician was not called.

Resident # 4 has an order for a BG test to be administered 4 x a day. On 8-5-15 at 11:00am the BG test was not administered. Resident # 4 is on a sliding scale for insulin coverage. On 8-7-15 at 8:00am, the resident's BG# was 174, which required 2 units of Insulin. The resident did not receive any. On 8-11-15 at 8:00am, the resident's BG# was 174, which required 2 units of Insulin. The resident did not receive any.

Resident #5 is on a sliding scale for insulin coverage. On 8-7-15 at 11:07am, the resident's BG# was 277, which required 7 units of insulin. The resident received 6 units. On 8-7-15 at 3:56pm, the resident's BG# was 255 which required 7 units of insulin. The resident received 6 units. On 8-12-15 at 7:47am the resident's BG# was 66 which required 5 units of insulin. The resident received 8 units.

Resident # 6 has an order for a BG test to be administered 4 x a day. On 8-5-15 at 4:00pm and at 8:00pm the BG tests were not administered. Staff person(s) are to call the PCP when Resident # 6's BG# is over 300. On 8-10-15 at 12:16am the resident's BG# was 370. The physician was not notified.

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 correct at this time. Going forward the all

MED TECHS RECERTIFIED IN MEDICATION ADMINISTRATION POLICY AND PROCEDURES. MD, DR. [REDACTED], PCP FOR ALL ABOVE RESIDENTS NOTIFIED OF ABOVE CITATION. ADMINISTRATION/DESIGNEE WILL MONITOR MARS AND BLOOD GLUCOSE FORMS WEEKLY TO MAINTAIN COMPLIANCE.

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/10/2015

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah Oleniec* Date *9/25/15*

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

The above plan of correction is approved as of 9/29/15 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *Cy/AO*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 21064 - 08/12/2015 - O'Haire, Anne
PCH Name: ALEXANDRIA MANOR

1. REGULATION 85 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

Resident #7's RASP dated 06-02-15 states the resident is able to transfer independently from bed and chair but requires the assist on 1 person to ambulate. Resident's DME dated 05-20-15 states the resident has moderate mobility and is immobile.
Resident #3's RASP dated 01-06-15 states the resident is independent with transferring from bed and chair but their RASP indicates they are totally immobile.
Resident #8's RASP dated 04-09-15 lists Resident #3 as having moderate mobility needs, immobile requiring assistance and resident's DME dated 06-15-15 as being minimal needs and is mobile in their mobility needs.
Resident #9's RASP dated 04-09-15 and their DME dated 03-10-15 indicates that Resident #4 has minimal mobility needs but was identified as requiring 1 person assist with their mobility needs.
Resident #11's RASP dated 8-25-15 and DME dated 07-20-15 as being independently mobile, but the resident was identified as needing the assist of 1 person for ambulation.
Resident #10's DME dated 05-27-15 and RASP dated 06-01-15 stated that Resident #10 has minimal mobility needs and is mobile but the home's staff indicates that resident #6 requires the assist of 2 persons to address her mobility needs.
Resident #11's DME lists Resident's mobility needs as minimal mobile as their mobility needs and the Resident's RASP states they are totally immobile. Resident #11 requires the assist of 2 persons for their mobility needs.
Resident #12's DME dated 08-19-15 states that the resident has minimal mobility and is mobile and their RASP has moderate mobility needs and is immobile requiring the assist of 1 person for their mobility 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. *Can not be corrected at this time*

ADMINISTRATION / DESIGNEE IN PROCESS OF CORRECTING ALL DME & RASPS FOR ABOVE NAMED RESIDENTS IN CONNECTION WITH THEIR PCP'S AND WILL BE DOCUMENTED ON ADDENDUMS AND/OR NEW DOCUMENTATION COMPLETED.
ADMINISTRATION / DESIGNEE WILL ENSURE ALL DOCUMENTATION IS CONSISTENT AND INDICATING RESIDENTS MOBILITY NEEDS TO MAINTAIN COMPLIANCE.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

9/25/15

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

The above plan of correction is approved as of

9/29/15
(Date)

Plan of correction implementation status as of

10/6/15
(Date)

The above plan of correction was approved by

m
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *CY/AO*
- Partially Implemented - Inadequate Progress
- Not Implemented