



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 27 2015

Mr. Joseph Negrao, Owner/VP
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 Human Services' licensing inspection on July 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.

Your regular license for the period September 29, 2015 to September 29, 2016 was issued on June 19, 2015. Your regular license remains in good standing.

Sincerely,

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: 21456
Address: 3534 LINDEN STREET, BETHLEHEM, PA 18017		County: Northampton
Administrator: Jacqueline 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	1-1	
04/04/2006	05/30/2004	
Dept. of Labor & Industry	City of Bethlehem	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 48	Waking Staff: 36
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
07/14/2015: Rushin, Julieanne; Novak, Ryan		
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 who:	
Number of Residents Served: 46	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 46	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if Applicable:	Have a Mobility Need: 2	
Number of Current Hospice Residents: 4	Have a Physical Disability: 0	
Number of Hospice Residents In past year: 4		

CAS 7/21/15

Violation Report: 21456 - 07/14/2015 - Rushin, Julienne
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 The home's most recent licensing inspection summary dated 7/23/14 was not posted in a conspicuous and public place 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.

Moving Forward:

A new full sheet protector has been placed on the bulletin board instead of the half sheet, along with 2 other location on the second and third floors. I, the administrator have placed 2 copies in each sheet protector on the bulletin boards and will check on a weekly basis to make sure my building is in compliance. 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)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jacqueline Burns	7/21/15

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The above plan of correction is approved as of 7/22/15
 (Date)

Plan of correction implementation status as of 7/22/15
 (Date)

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

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

Violation Report: 21456 - 07/14/2015 - Rushin, Julienne
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

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

2a. DESCRIPTION OF VIOLATION

The MAR for resident #1 indicates an order to have their blood sugar level tested 4 times daily (6am, 11am, 4pm, and 8pm). Review of resident #1's glucometer indicates only 3 readings were taken 7/13/15.
 The MAR for resident #2 indicates an order for Novolog to be administered with a sliding scale. On 7/9/15 at 11:00am resident #2's blood sugar level measured 312; 8 units were needed; 10 units were administered.

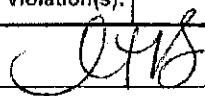
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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 med tech that made the error has been written up and has completed Medication Administration and Documentation refresher training with our Med Trainer with emphasizing on following prescribers directions and properly documenting. I, the administrator will be going thru all the glucometer's every 2 weeks and spot checking randomly to make sure we are in compliance. 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) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jacqueline Burns	Date 7/22/15
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/22/15</u> (Date)	Plan of correction implementation status as of <u>7/22/15</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