



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 10 2015

Mr. Joseph C. 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' annual licensing inspection on September 9, 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: 20526 - 09/09/2015 - Novak, Ryan
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A hired [redacted] 15 has not lived in Pennsylvania for the last 2 years. Staff person A is providing unsupervised direct care in the home. The home did not complete a FBI criminal background check.

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 person A was given paperwork for finger prints the day she was hired - unfortunately she did not get them done then. She has now gotten them done.

Moving forward, anyone hired, who lived outside of PA, will be given form immediately and will not be allowed to work unsupervised until fingerprint report is returned

Adm & Adm assistant will follow up to ensure this is completed in a timely manner to comply with state req 52

Please see attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Clarissa DeGross LPN/adm

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

Clarissa DeGross LPN/adm

Date

10/8/15

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The above plan of correction is approved as of 11-30-15
(Date)

Plan of correction implementation status as of 11-30-15
(Date)

The above plan of correction was approved by

Op
(Initials)

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

Violation Report: 20526 - 09/09/2015 - Novak, Ryan
 PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone which has an outside line, located in the 2nd floor new dining room does not have the current Personal Care Home complaint hotline number posted.

The telephone which has an outside line, located in resident room 9 does not have the current Personal Care Home complaint hotline number posted.

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.

Personal Care Home Complaint hot line number has been updated and hung in all areas and rooms

Moving forward adm & adm assistant will monitor sites to keep up with current phone numbers & change immediately to comply with state reqs

Please see attached

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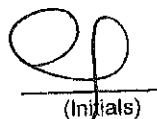
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Violation Report: 20526 - 09/09/2015 - Novak, Ryan
 PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 The sliding glass doors on the 2nd floor old side appear as an exit, however the doors lead to an enclosed patio. The doors do not have a sign indicating these doors should not be used as an exit 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.

"No exit" signs were printed and hung by sliding glass door.
 In future adm & adm assistant will monitor weekly to ensure sign remains posted by the door to comply with state reg 121a

Please see attached

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Clarissa DeGroot* LPN/adm

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Clarissa DeGroot LPN/adm* Date *10/8/15*

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Violation Report: 20526 - 09/09/2015 - Novak, Ryan
 PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The fire drill conducted on 9/1/15 at 8:17am took 13 minutes and 6 seconds to evacuate the residents. The letter from the fire safety expert dated 5/22/15 designates 13 minutes as a safe evacuation time based on the physical construction of 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.

No way to correct at this time - moving forward, monthly fire drills will be conducted, practice evacuating in a timely manner to comply with the 13 min evacuation time set by the fire safety expert.

Another fire drill was conducted with an evacuation time of 10 mins 28 secs.

In future adm & adm assistant will monitor more closely to ensure proper evacuation time to comply with state req. Bad Adm or Designee will review the Please see attached fire drill logs at the conclusion of every month's fire drill.

Repeat Violation: No Date(s) of Previous Violation(s): 11-30-15

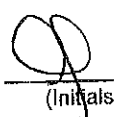
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Violation Report: 20526 - 09/09/2015 - Novak, Ryan
 PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

A white round pill labeled 54/137 and a beige round pill labeled Z were found loose in the medication cart.

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, med carts will be checked by medroom supervisor and adm to ensure carts are clean and no loose pills are lying in carts. Blister packs will be checked for missing meds and will be reordered from pharmacy.

Adm and med ^{error} room supervisor will check carts weekly and clean them as needed to comply with state req 183 e

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Clarissa DeGross LPN/adm

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 PCH Name: ALEXANDRIA MANOR II

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

The homes medication policy notes that each shift will sign the narcotic count sheet. On the following dates the narcotic count sheet was not signed:

- 9/1/15 outgoing 11p-7a staff
- 9/4/15 incoming 2p-11pm staff
- 9/5/15 off going 1030p-7am staff

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.

Med techs will be inserviced again on the importance of signing and counting of the narcotic sheets and narcotics.
 Medroom supervisor and adm will check weekly to ensure narcotic sign in/out sheets are completed correctly to comply with state reg 1850a

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Violation Report: 20526 - 09/09/2015 - Novak, Ryan
 PCH Name: ALEXANDRIA MANOR II

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

2a. DESCRIPTION OF VIOLATION

Resident #1 has an order for accu-checks 4 times daily according to a sliding scale. On 9/3/15 at 4pm the glucometer had a reading of 224. 6 units of insulin were administered but according to the sliding scale 200-249 4 units should have been administered. On 9/5/15 at 9am the glucometer had a reading of 270. 4 units of insulin were administered but according to the sliding scale 250-299 6 units should have been administered.

Resident #2 is prescribed Novolog Flex pen based upon routine blood glucose readings. On 9/3/15 at 8:57pm the resident's blood glucose level was 303, which required 8 units of insulin. The facility incorrectly administered 10 units of insulin. The facility is not following prescriber's orders.

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, however moving forward - med room supervisor will check accu v machines against accu v logs to ensure readings are correct. Med tech meeting was held - stressing the importance of reading the machine, correctly transcribing and reading the sliding scale to give the correct amount of insulin per MD's orders to comply with state reg 187d

Adm or Designee will develop an audit tool to conduct audits of glucometer readings @ MAR entries @ insulin adm'd to ensure ongoing compliance. CP. 11-30-15

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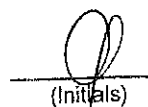
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1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident # 3 most recently had an assessment of personal care needs and a support plan completed on [redacted] 14. Residents are required to have an assessment and a support plan completed annually.

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.

Resident # 3 was admitted to hospital on [redacted] 15 - returned [redacted] 15 - [redacted] was not in facility on 8/5/15 when med eval was due, nor did [redacted] return within the allowed 15 day grace period.

Med eval & resp were completed on 9/10/15 - [redacted] days from when [redacted] returned from hospital.

Please see attached
In the future, the home will track due date for annual regulatory requirements to insure resident records are updated timely, O&S 11-30-15

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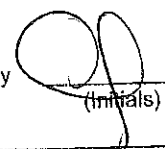
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