



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: October 26, 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 September 15, 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,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 20526 - 09/15/2015 - Foulkes, Kimberli  
 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**

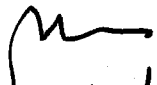
On 9/7/15 at 6pm, resident #1 and resident #2 were involved in an altercation. Resident #1 pushed resident #2 to the floor and resident #1 fell on top of resident #2. The home did not report the incident to the local area on aging or the State Department of Aging.

**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.

Unable to correct at this time but moving forward:  
 Area Agency on Aging will be contacted with any and all suspected abuse to comply with req 15a.

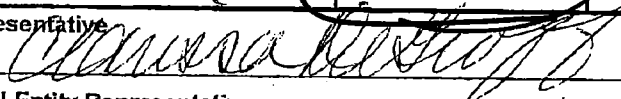
The administrator shall monitor and assure ongoing compliance.

  
 10/23/15

Repeat Violation: Yes

Date(s) of Previous Violation(s): 05/14/2015

Signature of Legal Entity Representative  
 (Required on EVERY Page)



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

Charissa DeGroot ERM/ADM

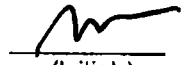
Date 10/23/15

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

The above plan of correction is approved as of 10/23/15  
 (Date)

Plan of correction implementation status as of 10/23/15  
 (Date)

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

The above plan of correction was approved by   
 (Initials)

Violation Report: 20526 - 09/15/2015 - Foulkes, Kimberli  
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

On 9/7/15 at 6pm, resident #1 and resident #2 were involved in an altercation. Resident #1 pushed resident #2 to the floor and resident #1 fell on top of resident #2. The home did not submit an incident report to the Department until 9/9/15 at 7:40am.

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.

Report was placed in fax machine, number put in - fax button pushed. Unfortunately for whatever reason it did not go through. Was noticed first thing in morning. Fax sheet was attached explaining this.

in future will ensure fax goes through to comply with reg 16c

Please see attached

The administrator shall monitor and assure ongoing compliance. M 10/23/15

Repeat Violation: Yes

Date(s) of Previous Violation(s):

05/14/2015

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Claudia K. Hoff*

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

Date

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The above plan of correction is approved as of

10/23/15  
(Date)

Plan of correction implementation status as of

10/23/15  
(Date)

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Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*M*  
(Initials)