



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]  
MAILING DATE: November 2, 2015

Mr. Joseph Negrao, 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' licensing inspection on 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,

*Michele Moskalczyk*  
Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

Page 1 of 3

<b>PCH Name:</b> ALEXANDRIA MANOR		<b>License Number:</b> 21064
<b>Address:</b> 7 SOUTH NEW STREET, NAZARETH, PA 18064		<b>County:</b> Northampton
<b>Administrator:</b> DEBORAH OLENICZ		<b>Region:</b> NORTHEAST
<b>Legal Entity Name:</b> ALEXANDRIA MANOR OF ALLENTOWN INC		
<b>Legal Entity Address:</b> 7 SOUTH NEW STREET, NAZARETH, PA 18064		
<b>Certificate(s) of Occupancy</b>		
I-1 09/02/2009 Borough of Nazareth	C-2 LP 05/17/1994 PA Dept. of L&I	
<b>Staffing Hours</b>		
<b>Resident Support:</b> 18	<b>Total Dally Staff:</b> 118	<b>Waking Staff:</b> 89
<b>Type of Inspection:</b> Partial	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b> Interim		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 10/06/2015: Yellenic, Cindy; O'Haire, Anne		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 93	<b>Number of Residents who:</b>	
<b>Number of Residents Served:</b> 82	<b>Receive Supplemental Security Income:</b> 0	
<b>Secured Dementia Care Unit In Home:</b> No	<b>Are 60 Years of Age or Older:</b> 82	
<b>Area:</b>	<b>Have Mental Illness:</b> 0	
<b>Secured Dementia Unit Capacity, If Applicable:</b>	<b>Have an Intellectual Disability:</b> 0	
<b>Number of Residents Served In Secured Dementia Care Unit, If applicable:</b>	<b>Have a Mobility Need:</b> 18	
<b>Number of Current Hospice Residents:</b> 16	<b>Have a Physical Disability:</b> 2	
<b>Number of Hospice Residents In past year:</b> 18		

Violation Report: 21064 - 10/06/2015 - Yellenic, Cindy  
PCH Name: ALEXANDRIA MANOR

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 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.  
8-29-15 at 8:30pm, was not signed or Initialed for Resident #1  
8-11-15 at 10:30pm, was not signed or Initialed for Resident #2  
8-28-15 at 8:30pm, not signed or Initialed for Resident #3  
8-27-15 at 8:30pm, not signed or initialed for Resident #4  
10-3-15 at 9:00pm, not signed or Initialed for Resident #4  
8-3-15 at 9:00pm, not signed or initialed for Resident #5  
8-1-15 at 2:30pm, not signed or initialed for Resident #5

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.

CANNOT BE CORRECTED AT THIS TIME. DISCIPLINARY ACTION IN FORM OF WRITTEN WARNINGS GIVEN TO ALL MED TECHS IN VIOLATION. MED TECHS HAVE BEEN RETRAINED IN MEDICATION ADMINISTRATION POLICY & PROCEDURES. THEY HAVE ALSO TAKEN A CLASS ON HIPPA AND DOCUMENTATION. ADMINSTRATOR / DESIGNEE WILL MONITOR MARS AND MEDICATIONS PERIODICALLY TO MAINTAIN COMPLIANCE OF DHS REGULATIONS.

Repeat Violation: Yes \_\_\_\_\_ Date(s) of Previous Violation(s): 08/12/2015

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Deborah L. Oleniacz Date 10/29/15

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The above plan of correction is approved as of 10/30/15 (Date)  
The above plan of correction was approved by *M* (Initials)  
Plan of correction implementation status as of 10/30/15 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 21064 - 10/06/2015 - Yellenic, Cindy  
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.

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident #2 does not include initials for Artificial Tear Drops at 8:00pm on 10-5-15.  
 The medication administration record for Resident #6 does not include initials for Xalatan at 8:00pm on 10-5-15.  
 The medication administration record for Resident #7 does not include initials for Cetaphil at 7:00pm on 10-5-15.  
 The medication administration record for Resident #8 does not include initials for Cozaar at 6:00pm on 10-5-15.  
 The medication administration record for Resident #9 does not include initials for Donepezil at 8:00pm on 10-4-15.

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.

Can not be corrected at this time. Disciplinary Action in the form of written warning given to med tech in violation. Med Tech retrained in Medication Administration policy and procedures. Also, has taken a class on Hippa and Documentation given by Administration/Designee will monitor MARS and Medications periodically to maintain compliance of DHS regulations.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/12/2015	08/10/2015
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Deborah Yellenic</i> Admin	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 10/29/15	
Deborah Yellenic			

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The above plan of correction is approved as of	10/30/15 (Date)	Plan of correction implementation status as of	10/30/15 (Date)
The above plan of correction was approved by	<i>M</i> (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	