



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: August 29, 2016

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' licensing inspection on June 2, 2016 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,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 20526 - 06/02/2016 - Hummel, Jesse  
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 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

On 5/12/16 at 10:40pm staff of the facility observed resident #1 with the cord from the window blinds wrapped around the resident's neck and also tied to the resident's bed frame. Staff was able to redirect the resident to give staff the cord from the window blinds. The resident had visible marks around the resident's neck from the cord. The resident was sent to the Hospital to be psychiatrically evaluated. The resident was admitted to the Hospital on an 302 involuntary commitment. After the incident the facility failed to update the resident's assessment and support plan finalized on 7/8/15 of this incident and also the facility's plan going forward to keep the resident safe.

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 however moving forward the administrator will update the assessment & support plan as soon as an incident occurs. Will implement 15 min checks & document them. Will ensure follow up appts are made, & a record kept. Will give suicide hot line # if appropriate. Will move them from any "tools" they could use, will consult family or designated person to form a plan to keep them safe to ensure ongoing compliance.*

*The home will also follow w/ PCP & any specialists the resident may be receiving treatment from in order to ensure all dr. orders and Rx orders are up to date. CP. 8/25/16*

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marissa D. Groff*      Date *8/25/16*

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

The above plan of correction is approved as of 8/25/16 (Date)

Plan of correction implementation status as of 8/25/16 (Date)

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

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