



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Mr. Joseph Negrao, Owner/VP  
Alexandria Manor of Allentown, Inc.  
7 South New Street  
Nazareth, Pennsylvania 18064

SEP 27 2016

RE: Alexandria Manor  
License #: 210640

Dear Mr. Negrao:

As a result of the Department of Human Services' annual licensing inspection on June 9, 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: ALEXANDRIA MANOR		License Number: 21064
Address: 7 SOUTH NEW STREET, NAZARETH, PA 18064		County: Northampton
Administrator: Deborah Oleniacz		Region: NORTHEAST
Legal Entity Name: ALEXANDRIA MANOR OF ALLENTOWN INC		
Legal Entity Address: 7 SOUTH NEW STREET, NAZARETH, PA 18064		
<b>Certificate(s) of Occupancy</b>		
C-2 LP	I-1	
05/17/1994	09/02/2009	
L&I	Borough of Nazareth	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 110	Waking Staff: 83
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
06/09/2016: Harvey, Jason; Rushin, Julienne		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 93 Number of Residents Served: 88 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 13 Number of Hospice Residents in past year: 32		<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 88 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 22 Have a Physical Disability: 0

Violation Report: 21064 - 06/09/2016 - Harvey, Jason

PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa. Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person B did not complete the Department approved direct care training course and competency test. Staff person B has been providing unsupervised care of the home's residents.

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 @ this time. Going forward All direct Care Staff will not provide unsupervised care to home's residents until they have completed the Direct Care Training course and passed the Competency Test.

The course and the test will be come part of the Orientation and the 315 Days of new staff Training.

Administrator /Designee will monitor the completion of the direct care training course and the passing of the Competency test. for all new direct Care Staff to ensure direct care staff will not provide unsupervised care of homes residents until both are completed. And to ensure home is in Compliance.

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

Violation Report: 21064 - 06/09/2016 - Harvey, Jason  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Deborah L. Oleniacz*

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

Deborah L. Oleniacz Admin


Date

7/25/2016

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

The above plan of correction is approved as of 8-13-16  
(Date)

Plan of correction implementation status as of 8-13-16  
(Date)

The above plan of correction was approved by   
(Initials)

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

Violation Report: 21054 - 06/09/2016 - Harvey, Jason  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff persons C and D did not receive training in instructions on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan for the 2015 training year.

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. Going forward copies of the pre-admission screening form, assessment tool, Med. eval., and support plan will be introduced and explained to all new hires at the time of orientation.

How these documents are used to help staff meet the resident needs will be included to our annual training classes. This training will be included to "Proper Documentation Class." This class is scheduled for October 2016 in all of AM's locations.

It will be the responsibility of Admin / Designee to monitor the training classes, to make sure all the required training that is required in reg 2600.65f is completed by Direct Care Staff. To keep staff in compliance.

Adm will send copy of sign in sheet to Regional Office (fax or scan)

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah L. Bleniaz, Admin*      Date *7/25/2016*

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

The above plan of correction is approved as of 8-13-16 (Date)

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

Plan of correction implementation status as of 8-13-16 (Date)

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

Violation Report: 21084 - 06/09/2016 - Harvey, Jason  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600  
2800.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION  
Resident Room #30 is shared. The towel bars in the bathroom are not labeled with the residents' names.

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.

Could not be corrected at the time.

Maintenance was contacted for room 30. Both towel bars have been labeled with the 2 residents names. See attached photo.

Going forward it will be the responsible of Admin / Designee and all staff to monitor rooms with 2 residents to make sure the towel bars are labeled with both residents name, to ensure compliance.

This should be done @ a minimum of 8 once per week by housekeeping or direct care staff to ensure ongoing compliance. Q. 8-13-16

Repeat Violation: Yes  Date(s) of Previous Violation(s) 06/10/2015

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Deborah L. Oleniak, Admin Date 7/25/2016

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

The above plan of correction is approved as of 8-13-16  
(Date)

Plan of correction implementation status as of 8-13-16  
(Date)

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

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

Violation Report: 21064 - 08/09/2016 - Harvey, Jason  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55.Pa.Code §2600

2800.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION

The home's Administrator A stated that changes were made to the home's Emergency Procedures for the year 2016. Administrator A did not review the changes or submit the Emergency Procedures to the local Emergency Management Agency.

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.

The Admin meet with the local Emergency Manager of Nazareth Borouy reviewed the current Emergency Procedures.

approved the procedures. sent a letter for file. Please see attached.

The Administrator will meet with the local Emergency Manager annually to review the Emergency Procedures to ensure that all information is correct, and updated. And to ensure with you are in compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Edna L. Olejnicz*

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

Edna L. Olejnicz, Admin

Date:

7/25/2016

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

The above plan of correction is approved as of

8-13-16  
(Date)

Plan of correction implementation status as of

8-13-16  
(Date)

The above plan of correction was approved by

*Edna L. Olejnicz*  
(Initials)

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

Violation Report: 21064 - 06/09/2016 - Harvey, Jason.

PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa. Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

Department Representatives noted resident #1 seated in a wheel chair smoking in the home's designated smoking area. Resident #1 was smoking with his/her left hand while his/her left arm was propped up with a "make shift" pillow covered with a thin white blanket. Resident #1's left hand was approximately 4 inches from the pillow posing a risk for fire.

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. At the time of the incident the blanket & pillow were removed. PIT had placed both under the resident's arm for support. PIT has been briefed on how unsafe that situation was. PIT has ordered the resident a new wheelchair with a high back for more support. Our smoking policy was also reviewed and revised. We revised the smoking policy to state that residents may need and PCA to monitor them while smoking. This will ensure the safety of the residents that require help while smoking.

The smoking policy will be monitored by All staff to assure we are keeping the resident safe while in the smoking area. And that homes Smoking Policy is followed and that we are in compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*Deborah L. Olenicz*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Deborah L. Olenicz Admin

Date

7/25/16

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The above plan of correction is approved as of

8-13-16  
(Date)

Plan of correction implementation status as of

8-13-16  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented