



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 15 2016

Mr. Joseph Negrao, Vice- President  
Alexandria Manor of Allentown, Inc.  
7 South New Street  
Nazareth, Pennsylvania 18064

RE: Alexandria Manor of Allentown – Bethlehem Campus  
3534 Linden Street  
Bethlehem, Pennsylvania 18017  
License #: 214560

Dear Mr. Negrao:

As a result of the Department of Human Services' annual licensing inspection on July 19, 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 OF ALLENTOWN BETHLEHEM CAMPUS		License Number: 21456
Address: 3534 LINDEN STREET, BETHLEHEM, PA 18017		County: Northampton
Administrator: Jacqueline Burns		Region: NORTHEAST
Legal Entity Name: ALEXANDRIA MANOR OF ALLENTOWN INC		
Legal Entity Address: 7 SOUTH NEW STREET, NAZARETH, PA 18064		
Certificate(s) of Occupancy		
C-2 LP 04/04/2006 PA Dept of L&I	I-1 05/30/2004 City of Bethlehem	
Staffing Hours		
Resident Support: 1	Total Daily Staff: 44	Waking Staff: 33
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/19/2016: Yellenic, Cindy; Hummel, Jesse		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 58	Number of Residents who:	
Number of Residents Served: 42	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 42	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 1	
Number of Current Hospice Residents: 2	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 14		

*2/18/16*

Violation Report: 21456 - 07/19/2016 - Yellenic, Cindy  
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

**1. REGULATION 55 Pa.Code §2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**

The Licensing Inspection Summary (LIS) from the complaint inspection completed on 5/18/16 was posted on the bulletin board in a common area of the facility. The resident privacy coding document was attached to the (LIS) revealing confidential resident information.

**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.*

Moving Forward:

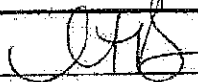
LIS report was shredded day of inspection; going further, any paperwork put on bulletin boards will be checked by an additional member of management to insure proper confidentiality. Ultimately as

✓ administrator, it is my responsibility for proper ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)



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

Jacqueline Burns

Date

8/11/16

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

The above plan of correction is approved as of

8/12/16  
 (Date)

Plan of correction implementation status as of

8/12/16  
 (Date)

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

The above plan of correction was approved by

  
 (Initials)

Violation Report: 21456 - 07/19/2016 - Yellenic, Cindy  
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

**1. REGULATION 55 Pa.Code §2600**  
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**  
 The contract completed on 5/24/13 for Resident #1 is not signed by the payer of the contract as required.

**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.*

Moving Forward:  
 Resident #1's payer/son was contacted immediately following finding the error day of inspection. Contract signature page was emailed to him, he signed and mailed back to us. From now on residents and families will be re-educated regarding when a resident still signs their own paperwork, but also lists someone as a payer. Ultimately as administrator, it is my responsibility for proper ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *JTB*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jacqueline Burns</i>	Date <i>8/11/16</i>
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The above plan of correction is approved as of <i>8/12/16</i> (Date)	Plan of correction implementation status as of <i>8/12/16</i> (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

Violation Report: 21456 - 07/19/2016 - Yellenic, Cindy  
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN: BETHLEHEM CAMPUS

**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**

The annual training provided to Direct Care Staff Person's A, B, C, and D for the 2015 training year did not include the following topic - Meeting the needs of residents with a Mental Illness or an Intellectual Disability.

**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.*

The administrator will Audit Staff records and assure that 2015 training is completed for all employees.

Moving Forward:

~~Unable to change 2015 training year.~~ going further all yearly training will include all training topics as we re-examine who provides our DCS with yearly training. Ultimately as administrator, it is my responsibility for proper ongoing compliance. \*

Documentation of the 2015 training shall be maintained by the home and available for review by the Department upon request. The Audit shall be completed by 9/23/16. 8/12/16

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

Signature of Legal Entity Representative (Required on EVERY Page) ETB

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jacqueline Burns      Date 8/12/16

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Plan of correction implementation status as of 8/12/16 (Date)

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- Fully Implemented
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- Not Implemented

Violation Report: 21456 - 07/19/2016 - Yellenic, Cindy  
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

**1. REGULATION 55 Pa.Code §2600**  
 2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:  
 (1) The name, position and duties of each direct care staff person,  
 (2) The required training courses for each staff person.  
 (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

**2a. DESCRIPTION OF VIOLATION**  
 The home's staff training plan for the 2016 training year does not include the following required element: Meeting the needs of residents with a Mental Illness or an Intellectual Disability.

**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.

Moving Forward:

Our DCS training year for 2016 is Jan 2016 to Dec 2016; I was able to speak with our trainer for Aug 2016 training. She had the availability to add mental illness and intellectual disability training into our Aug 2016 class. Going further, all yearly training will include all training topics as we re-examine who provides our DCS with yearly training. Ultimately as administrator, it is my responsibility for proper ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

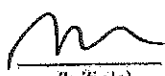
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>Jacqueline Burns</b>	Date <b>8/12/16</b>
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 (Date)

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- Not Implemented

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 (Initials)

Violation Report: 21456 - 07/19/2016 - Yellenic, Cindy  
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

**1. REGULATION 55 Pa.Code §2600**

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

**2a. DESCRIPTION OF VIOLATION**

The facility's Emergency Procedures do not include the following: The home's plan to provide the emergency medical information for each resident that ensures confidentiality; Means of transportation in the event that relocation is required; Duties and responsibilities of staff person during evacuation, transportation and at the emergency location; and Alternate means of meeting resident needs in the event of a utility outage.

**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.*

Moving Forward:

I have created a new Emergency Procedure plan that has all required information as described in Reg 107(b). Going further emergency procedure plans will be re-checked on a monthly basis to insure accuracy and ongoing compliance. Ultimately as administrator, it is my responsibility for proper ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jacqueline Burns* Date *8/11/16*

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Violation Report: 21456 - 07/19/2016 - Yellenic, Cindy  
 PGH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

1. REGULATION 55 Pa. Code §2600  
 2600.123(b) - Copies of the emergency procedures as specified in §.2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The Emergency Plan for the county in which the facility is located as well as the facility's Emergency procedures is not posted in a public and conspicuous place in the facility.

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.

Moving Forward:  
 Emergency plans for county and facility were posted on bulletin boards following inspection. Going further, all bulletin boards in the facility now have two copies of each emergency plan posted. Ultimately as administrator, it is my responsibility for proper ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jacqueline Burns* Date *8/11/16*

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Violation Report: 21456 - 07/19/2016 - Yellenic, Cindy  
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

**1. REGULATION 55 Pa.Code §2600**

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The notification to the fire department dated 6/20/16 indicates Resident #2 has a mobility need, however it does not give a general description of what type of assistance the resident would require to evacuate. The notification also does not indicate the total capacity of the facility.

**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.*

Moving Forward:

I have created a new format for our local fire department documentation notification. Going further, I will be including a general description of mobility needs and total facility capacity. Ultimately as administrator, it is my responsibility for proper ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *JTB*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jacqueline Burns* Date *8/11/16*

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 (Date)

Plan of correction implementation status as of 8/12/16  
 (Date)

The above plan of correction was approved by *M*  
 (Initials)

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

Violation Report: 21456 - 07/19/2016 - Yellenic, Cindy  
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

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

2a. DESCRIPTION OF VIOLATION

Resident #2 has a physician's order for insulin coverage based on a sliding scale. On July 18, 2016 at 7:00am, the resident's blood glucose # was 257 and required 4 units of insulin. The resident received 3 units of insulin.

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.*

Moving Forward:

Med tech that was on duty and signed for insulin has been re-educated on proper documentation. Going further med room supervisor will be going thru sliding scale insulin sheets to insure proper documentation accuracy, Ultimately as administrator it is my responsibility for

proper ongoing compliance.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 07/14/2015

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jacqueline Burns*      Date *8/11/16*

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Plan of correction implementation status as of *8/12/16*  
 (Date)

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- Not Implemented

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

Violation Report: 21456 - 07/19/2016 - Yellenic, Cindy  
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

**1. REGULATION 55 Pa.Code §2600**  
 2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

**2a. DESCRIPTION OF VIOLATION**  
 On 7-19-16, the home had entertainment scheduled for 2:00pm. The schedule was changed to playing cards. The home failed to update the activity calendar to notify the residents of the change.

**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.*

Moving Forward:  
 I have re-educated the activities director on regulation 221(c), and explained to her that having "subject to change" is no longer allowed that if a change in the calendar happens, she must physically change the calendar with the update immediately. Ultimately as administrator, it is my responsibility for proper ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Janqueline Burns</i>	Date <i>8/11/16</i>
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Violation Report: 21456 - 07/19/2016 - Yellenic, Cindy  
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

**1. REGULATION 55 Pa.Code §2600**  
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #3 was admitted to the facility on 6/18/16. The resident's assessment of personal care needs was completed on 8/9/16, prior to the resident's admission to the facility.

**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.*

Moving Forward:

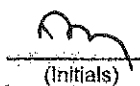
Initial assessment date was corrected day of inspection. Admin assistant who completed initial assessment was re-educated on proper time frame for completion. Due to error, going further, an additional staff member and I will go thru and check assessment dates within 15 days of admission for proper dating accuracy. Ultimately as administrator, it is my responsibility for proper ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jacqueline Burns      Date 8/11/16

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Violation Report: 21456 - 07/19/2016 - Yellenic, Cindy  
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

**1. REGULATION 55 Pa.Code §2600**  
 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #3 was admitted to the facility on 6/18/16. The resident's Support plan to meet the residents' personal care needs was completed on 6/16/16, prior to the resident's admission to the facility.

**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.

Moving Forward:

Written support plan date was corrected day of inspection. Admin assistant who completed written support plan was re-educated on proper time frame for completion. Due to error, going further, an additional staff member and I will go thru and check written support plan dates within 30 days of admission for proper dating accuracy. Ultimately as administrator, it is my responsibility for proper ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *JTB*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jacqueline Burns</i>	Date <i>8/11/16</i>
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