



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to ALEXANDRIA MANOR OF ALLENTOWN INC  
LEGAL ENTITY

To operate ALEXANDRIA MANOR II  
NAME OF FACILITY OR AGENCY

Located at 313 S. WALNUT ST., BATH, PA 18014  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 78  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 16, 2016 until May 16, 2017,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **205261**

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DIRECTOR

**NOTE:** This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: NOV 16 2016**

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

RE: Alexandria Manor II  
313 South Walnut Street  
Bath, Pennsylvania 18014  
License #: 205261

Dear Mr. Negrao:

As a result of the Department of Human Services' (Department) licensing inspections on March 30, 2016, May 3, 2016, July 15, 2016 and August 23, 2016 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #205260 dated November 17, 2015 to November 17, 2016 is REVOKED. Additionally, your license dated November 17, 2016 to November 17, 2017 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This first provisional license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated November 17, 2016 to November 17, 2017 is NOT reinstated upon expiration of this first provisional license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your first provisional license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
187d	II	68	\$5	\$340	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a provisional license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your provisional license, a written request for an appeal must be received within 10 days of the date of this letter by:

Kevin Brumbach, Enforcement Manager  
Bureau of Human Services Licensing  
Department of Human Services  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

Mr. Joseph Negrao

3

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter of each name being significantly larger and more stylized.

Jacqueline L. Rowe  
Director

Enclosures

License

Licensing Inspection Summary



Violation Report: 20526 - 03/30/2016 - Novak, Ryan  
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa. Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #1 was receiving wound care services from Bayada home health. Nursing notes from the home health provider note the following: On 3/9/16 wounds to left buttock and left heel is not responding to current treatment ordered. Increased amount of necrotic issues noted to buttock wound. Wounds need to be evaluated at wound care center for possible new treatment and debridement. The facility staff and the home's Administrator notified on wounds progress and skilled nursing assessment. On 3/23/16 moderate foul odor noted to right hip and left heel wounds. Wounds are not responding to treatment as ordered as documented. Skilled nursing recommended to the home's nurse practitioner ASAP wound center appointment and or hospitalization or blood work. The facility staff and the home's Administrator updated on wound progression/status. Resident #1's appointment at the wound care center was on 3/31/16, the resident was immediately admitted to the hospital, later transferred to skilled nursing and passed away on [redacted] 16. An interview with the home's Administrator indicated that a nurse from the outside agency came to the Administrator crying and upset because the nurse did not know what to do with Resident #1's wounds. Despite the wound care staff's recommendation and evaluation of the residents wounds the facility failed to have the resident evaluated until 3/31/16. Resident #1 was neglected because the home did not provide timely wound care follow up.

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.

In future, the administrator and Bayada nurse will look at wounds together & call for wound care immediately. Appt was called for [redacted] however they did not have an opening until 3/31/16. The part time nurse made that statement, we waited for the full time nurse the next day, she said - "not yet." This administrator will use her own judgment from this day forward to comply with reg 8600.42(b)


The home will contact the Northampton County Area Agency on Aging to conduct an inservice for direct care all staff regarding detecting and preventing abuse, neglect in care dependent adults.

Repeat Violation: No      Date(s) of Previous Violation(s): The training should be scheduled prior to 10-31-16

Signature of Legal Entity Representative (Required on EVERY Page)       Date 9/22/16

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Charissa DeGroot Adm      Date 9/22/16

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

The above plan of correction is approved as of <u>9-22-16</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20526 - 03/30/2016 - Novak, Ryan  
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa. Code §2600  
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
The medical evaluation for resident #1 dated 6/25/15 was incomplete as there was nothing noted for weight, pulse, blood pressure, temperature, immunization history and body positioning.

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 time, but moving forward Administrator or Admin Assistant will check medical evaluations to ensure its completion - any missing information; med. eval will be sent back to MD for completion & staff will receive permission & correct information & fill it in to comply with state reg 2600.141(a)(2)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

Marissa DeGroot adm

Date

9/22/16

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

The above plan of correction is approved as of 9/22/16  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(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: 20526 - 03/30/2016 - Novak, Ryan  
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600  
2600.142(d) - The home shall assist the resident to secure preventative medical, dental, vision and behavioral health care as requested by a physician, physician's assistant or certified registered nurse practitioner.

2a. DESCRIPTION OF VIOLATION  
Resident #1 was receiving wound care services from Bayada home health. Nursing notes from the home health provider note the following: On 12/1/15 Small drops of serous drainage noted to bottom of incision, small opening noted q-tip went easily to depth of 2.5cm brownish red drainage noted. The orthopedic physician was called and wants the resident to come in today, the home's Administrator was made aware. Resident #1 was not seen by the orthopedic until 1/14/16. The facility failed to assist the resident to secure medical health care as requested by the physician.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any unattached 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.

In future every effort possible will be made to get residents to their appointments. Ensure transport & families are available & can go with them. Administrator or Admin Assistant will call any and all transport companies to get the resident there in a timely fashion to comply w reg 2600.142(d)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

Charissa DeGroot ADM

Date

9/21/16

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

The above plan of correction is approved as of 9/22/16  
(Date)

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

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

Violation Report: 20526 - 03/30/2016 - Novak, Ryan  
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600, 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION  
A tube of Calomosepline ointment was located unlocked and accessible in Resident #1's bedroom.

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.

*Was removed at time of inspection.  
Staff and V.N.A. were instructed  
that prescription meds, OTC's, CAM's  
not allowed at bedside.  
Administrator, Admin Assistant  
and DAS will monitor & ensure  
none are at bedside to comply  
with reg 8600.183(b)*

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) *Vanessa DeGraff ADM*      Date: *9/22/16*

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

The above plan of correction is approved as of 9/22/16  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(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: 20526 - 03/30/2016 - Novak, Ryan  
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  
Resident #1's RASP dated 7/3/15 has not been updated to reflect the residents current care needs regarding eating, drinking, transferring, toileting, bladder and bowel management and ambulating.

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 any kind of significant change a new RASP will be implemented immediately. Administrator or admin assistant will complete to comply with reg 2600.227(d)

IF a significant change RASP (new) is not warranted, the home will complete the necessary updates to the existing RASP in order that all staff caring for the resident(s) have identified the residents need(s) as they change, there is a plan in place to meet those needs, and who will be responsible for meeting those needs. Q. 9/22/16

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)      Date

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

The above plan of correction is approved as of 9/22/16 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of (Date)

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



Violation Report: 20526 - 08/23/2016 - O'Haire, Anne  
PCH Name: ALEXANDRIA MANOR II

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

On 8/23/2016, at 10:15 am, the following Licensing Inspection Summaries from 5/14/2015 and 9/15/2016 were posted on the home's bulletin board in the front area of the home; the resident privacy coding was attached to each Licensing Inspection Summary.

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.

*Reviewed at time of inspection, moving forward any and all things with residents names will not be displayed to protect their privacy. Administrator & Admin Assistant will monitor to comply with Reg 2600.17*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

*Charissa DeGroot*

Date

*9/21/16*

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

The above plan of correction is approved as of

*9/22/16*  
(Date)

Plan of correction implementation status as of

*9/22/16*  
(Date)

The above plan of correction was approved by

*m*  
(Initials)

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

Violation Report: 20526 - 08/23/2016 - O'Haire, Anne  
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600  
2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION  
The records of resident #1 (contract dated 6/17/16) and #2 (contract dated 8/14/14) did not contain a fee schedule for provided services.

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.

*Created at time of inspection. Moving forward Administrator & admin assistant will ensure that a fee schedule is in all charts to comply with reg 2600.25(c)(2)*

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) *Charissa DeGroot*      Date *9/21/16*

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

The above plan of correction is approved as of 9/22/16  
(Date)

The above plan of correction was approved by mh  
(Initials)

Plan of correction implementation status as of 9/22/16  
(Date)

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

Violation Report: 20526 - 08/23/2016 - O'Haire, Anne  
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600  
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The home's dry goods storage had a package of 8 English muffins that were opened and not sealed and labeled with a date the product was opened.  
One 10 lbs. bag of Domino brand sugar that approximately 1/4 filled with sugar was open and not sealed.

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.

*Corrected at time of inspection, moving forward all bread products that are opened & used will be sealed with bread tie & dated with the date it was opened. All sugar will be placed in a plastic container with label as to what it is and the date opened. Head Cook and administrator will check daily to ensure compliance with reg 2600.103(i)*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

*Charissa DeGroot adm*

Date

*9/21/16*

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

The above plan of correction is approved as of

*9/22/16*  
(Date)

Plan of correction implementation status as of

*9/22/16*  
(Date)

The above plan of correction was approved by

*m*  
(Initials)

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

Violation Report: 20526 - 08/23/2016 - O'Haire, Anne  
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

At approximately 10:30am a t-shirt was located behind the homes dryer located in the home's laundry room.

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.

Corrected at time of inspection. Moving forward DAS is instructed to look behind washers & dryers each shift. Maintenance men will check weekly to ensure that all is clear. Administrator & Admin assistant will also check weekly to ensure compliance with Reg 2600.125(a)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

Charissa Davis, Admin

Date

9/21/16

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The above plan of correction is approved as of

9/22/16  
(Date)

Plan of correction implementation status as of

9/22/16  
(Date)

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

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

Violation Report: 20526 - 08/23/2016 - O'Haire, Anne  
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600  
2600.132(i) - A fire alarm or smoke detector shall be set off during each fire drill.

2a. DESCRIPTION OF VIOLATION  
The home conducted a fire drill 10-28-15 at 12:41 PM and did not utilize the home's fire alarm system. The home's administrator stated the home used a sign stating there was a fire and verbally announced it was a fire drill.

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 all fire drills will be done using the fire alarm system, instead of our back up system. Administrator & admin assistant will conduct the fire drills using the alarms to comply with reg 2600.132(i)

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charissa DeGroot*      Date *9/22/16*

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

The above plan of correction is approved as of *9/22/16* (Date)

Plan of correction implementation status as of *9/22/16* (Date)

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

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

Violation Report: 20526 - 08/23/2016 - O'Haire, Anne  
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Advair Diskus 100/50 twice daily. The manufacturer directions indicate the Advair Diskus is to be used within 30 days of being opened. The home documented that the Advair Diskus was opened on 7/19/2016 and expired on 8/19/2016.

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.

Connected at time of inspection as we had another one here. Training found staff was instructed to monitor the Advair & other inhalers more closely to ensure they are not expired & used properly to comply with reg 2600.183(d). Administrator, Admin Assistant & med tech supervisor will monitor this weekly & as needed

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

CHARISSA DOGROFF

Date

9/21/16

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

The above plan of correction is approved as of

9/22/16  
(Date)

Plan of correction implementation status as of

9/22/16  
(Date)

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

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

Violation Report: 20526 - 08/23/2016 - O'Haire, Anne  
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600.2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
On 8/19/16 at 4:13pm, the blood glucose reading of resident #4 was 370. Per the prescribed sliding scale insulin parameters, the resident should have received 3 units of insulin but instead received 2 units of insulin. On 8/16/2016 at 11:39am the blood glucose reading of resident #4 was 382. Per the prescribed sliding scale insulin parameters, the resident should have received 4 units of insulin but instead received 3 units of insulin.  
On 8/16/16 at 8:29am, the blood glucose reading of resident #5 was 202. Per the prescribed sliding scale insulin parameters, the resident should have received 3 units of insulin but instead received 2 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.

Unable to correct at this time but moving forward - med room supervisor will do more than check the readings - she will also ensure amount of insulin is correct as well. Administrator will give an inservice on the importance of reading the MARS correctly & injecting the correct amt of insulin per MD orders to comply c/ state reg 2600.187(d)

The administrator shall monitor and assure ongoing compliance. m 9/22/16

Repeat Violation: Yes      Date(s) of Previous Violation(s): 09/09/2015

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date 9/21/16  
Charissa DeGroot

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

The above plan of correction is approved as of <u>9/22/16</u> (Date)	Plan of correction implementation status as of <u>9/22/16</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20526 - 08/23/2016 - O'Haire, Anne  
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa. Code §2600  
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
The record of resident #2 and #6 did not indicate the resident's identifying marks.

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.

*Corrected at time of inspection. Moving forward identifying marks will be written in as soon as resident moves in the facility. To comply with reg 2600.252. Administrator & Admin Assistant will ensure it is done.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

*Clarissa DeBrioff*

Date

*9/11/16*

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

The above plan of correction is approved as of

*9/22/16*  
(Date)

Plan of correction implementation status as of

*9/22/16*  
(Date)

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

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)