



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: July 21, 2017

Mr. Joseph C. Negrao
Owner, 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 #: 205261

Dear Mr. Negrao:

As a result of the Department of Human Services' licensing inspection on December 12, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

| | | |
|--|---|-----------------------|
| PCH Name: ALEXANDRIA MANOR II | | License Number: 20526 |
| Address: 313 S WALNUT ST, BATH, PA 18014 | | County: Northampton |
| Administrator: Clarissa DeGroff | | 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-3 08/27/1988 Department of L&I | | |
| Staffing Hours | | |
| Resident Support: NM | Total Daily Staff: 92 | Waking Staff: 69 |
| Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) | | |
| Complaint | | |
| On-Site Inspections Dates and Department Representatives On-Site | | |
| 12/12/2016: Hummel, Jesse; Novak, Ryan | | |
| 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: 78 Number of Residents Served: 67 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: 9 Number of Hospice Residents in past year: 33 | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 65 Have Mental Illness: 2 Have an Intellectual Disability: 2 Have a Mobility Need: 25 Have a Physical Disability: 2 | |

Violation Report: 20526 - 12/12/2016 - Hummel, Jesse
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600
2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
Department Representatives observed that the facility does not have the current provisional license issued on 11/16/16 and expiring on 5/16/17, 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.
*Corrected at time of inspection. This adm was unaware it even existed. Moving forward all licenses will be hung in plain view to comply with 2600.3c
Adm will oversee to ensure ongoing compliance. @*

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 adm* Date *12/30/16*

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

The above plan of correction is approved as of 3-23-17 (Date)
on-site 5-9-17
The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 5-9-17 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 20526 - 12/12/2016 - Hummel, Jesse
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

Department Representatives observed the medical evaluation completed for resident #1 on 9/7/16. The resident's immunization history as well as special health and dietary needs were completed after the medical evaluation was completed as well as after the medical professional signed the medical evaluation document.

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 & all changes will be called to MD before they are done to comply with 2600.141(a)(2) by administrator * changes will be initialed and dated by person who spoke to Dr. I only wrote unknown since box was checked to avoid blanks on med eval.
I did not write anything on special needs or dietary.

Repeat Violation: ~~NO~~ YES Date(s) of Previous Violation(s): 1-25-17 3-30-16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Clarissa DeGroot adm Date 12/30/16

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The above plan of correction is approved as of 3-23-17 (Date) 5-9-17

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

Plan of correction implementation status as of 5-9-17 (Date)

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

Violation Report: 20526 - 12/12/2016 - Hummel, Jesse
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 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

Department Representatives reviewed the Medication Administration Record (MAR) for resident #1. The September (MAR) does not include a diagnoses or purpose for the following medications: Atorvastatin, Buspar, Donezepil, Seroquel, and Restasis.

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 of inspection - moving forward - all MARs are checked thoroughly by adm & med room supervisor to ensure diagnosis's are on. Dx are highlighted, the staff of all Alexandria Manors have talked to the pharmacy many times with many promises that they would put Dx's on. Adm & med room supervisor will monitor all MAR's that come half way through the month for Dx to comply with 2600.187(a)

Repeat Violation: No Yes

Date(s) of Previous Violation(s): 1-25-17 12-01-16

Signature of Legal Entity Representative (Required on EVERY Page) *Carissa DeGroot*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carissa DeGroot adm*

Date *12/30/16*

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

The above plan of correction is approved as of 3-23-17 (Date)

Adm will oversee to ensure ongoing compliance.

The above plan of correction was approved by *[Signature]* (Initials)
on-site 3-9-17

Plan of correction implementation status as of 5-9-17 (Date)

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

Violation Report: 20526 - 12/12/2016 - Hummel, Jesse
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

Resident #1 was hospitalized on 9/19/16 and returned to the facility on 9/23/16. The resident did not receive any of the resident's prescribed medications until 9/25/16. The facility did not follow the orders of the prescriber as resident #1 did not receive prescription medication from the evening of 9/23/16 through 9/24/16.

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 of inspection -
the pharmacy did not send the MARS
to us - staff should have written out
the MARS. They say they gave [redacted] [redacted]
meds off the discharge papers from the
hospital but did not chart them.
Unfortunately it's not documented so
I cannot prove it. Moving forward all
new & re-admits will have a written
MAR - whether from pharmacy or
hand written by either med tech,
med room supervisor or adm to
comply with 2600.187(d)
Adm will oversee to ensure ongoing compliance. ☺

Repeat Violation: ~~No~~ Yes Date(s) of Previous Violation(s): 1-25-17 8-23-16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Clarissa DeGroot adm* Date *12/30/16*

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

The above plan of correction is approved as of 3/23/17 on-site 5-9-17 (Date)

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

Plan of correction implementation status as of 5-9-17 (Date)

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

Violation Report: 20526 - 12/12/2016 - Hummel, Jesse
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined through staff interviews that resident #1 is very combative, hitting and biting staff of the facility during care time such as bathing and incontinence care. It was determined that staff of the facility will hold the resident's hands down restricting movement during these care times to prevent the resident from hitting staff and giving the staff the opportunity to care for the resident. Restricting resident movement is strictly prohibited.

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.

DCS have been instructed that they cannot do that - they are to walk away & try again later. They were told that they cannot do that to any of the residents under any circumstances. Message left with area agency on aging for a refresher course on residents right & older adult protection. Moving forward adm will give frequent reminders to walk away, change the scenery etc. to comply with reg 5600.202. Adm will submit training sign in sheets to NERO upon completion.

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

| | |
|--|--------------------|
| Signature of Legal Entity Representative (Required on EVERY Page) | <i>[Signature]</i> |
|--|--------------------|

| | |
|---|-----------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date |
| <i>Marissa DeGroot</i> | <i>12/30/16</i> |

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| | |
|--|--|
| <p>The above plan of correction is approved as of <u>3/23/17</u> (Date)</p> <p><i>on-site 5-9-17</i></p> <p><i>training completed 1-20-17</i></p> <p>The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)</p> | <p>Plan of correction Implementation status as of <u>5-16-17</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p> |
|--|--|

Violation Report: 20526 - 12/12/2016 - 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

Department Representatives determined through staff interviews that resident #1 is very combative, hitting and biting staff of the facility during care time such as bathing and incontinence care. The resident's assessment and support plan finalized on 9/19/16 does not indicate that the resident is combative or what intervention the facility will implement to ensure the resident is safe and the resident's needs are met.

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.

Inable to correct at this time, moving forward - RASP's will be updated as needed for behaviors not first noticed upon admission. Adm or Adm Assistant will complete to be in compliance with Reg 2600.227(d)

Adm will perform random audits of RASP's to ensure ongoing compliance, at a minimum once every 3 months. Documentation to be retained by home. Cp.

Repeat Violation: YES Date(s) of Previous Violation(s): 06-02-16

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marissa DeGroot adm Date 12/30/16

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The above plan of correction is approved as of 3/23/17 (Date) on-site 5-9-17

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 5-9-17 (Date)

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