



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: January 13, 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 January 25, 2017 and January 31, 2017 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20526 - 01/25/2017 - Rushin, Julienne
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600
2600.42(y) - A resident has the right to choose his own health care providers without limitation by the home.

2a. DESCRIPTION OF VIOLATION
The resident home contract has an addendum regarding the resident's choice of pharmacy. The addendum states "If you do not wish to use our house pharmacy there will be a \$50.00 dollar charge extra per month." The resident's shall have a choice of their health care Representatives.

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.

Pharmacy paper was removed from contract to comply with reg 42y.

The administrator shall monitor and assure that all residents have the right to choose his/hen own health care provider without limitation by the home.

The administrator shall monitor for ongoing compliance.

M 3/16/17

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) *CLARISEA DE STOFF LPN/adm* Date *3/15/17*

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

The above plan of correction is approved as of <u>3/16/17</u> (Date)	Plan of correction implementation status as of <u>3/16/17</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (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: 20526 - 01/25/2017 - Rushin, Julienne
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 1/22/17 at 4:45 pm, med teach "A" used resident #2's glucometer to test resident #3's blood glucose level.

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.

No way to correct at this time, new machine was obtained, B.W. was done to ensure no blood born pathogens were involved.

Moving forward - staff will be more cognizant - take their time, ensure proper meter is used only for the person who it was ordered for to comply w reg 85a.

The administrator shall monitor and assure ongoing compliance. *M* 3/16/17

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)

Clarissa DeGroot LPN/adm

Date

3/15/17

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3/16/17
(Date)

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(Initials)

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Violation Report: 20526 - 01/25/2017 - Rushin, Julienne
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 completed for resident # 1 on 12/19/16 does not include whether the resident requires body positioning or movement.

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, administrator will double check all med evals for blanks, will either fax back to DR to fill in, or receive permission from DR to fill in all necessary blanks, initial, date & note that it was approved by MD to comply w reg 141(a)(2)

The administrator shall monitor and assure ongoing compliance m 3/16/17

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 DeGoff-Lenahan

Date

3/15/17

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(Date)

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Violation Report: 20526 - 01/25/2017 - Rushin, Julienne
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

Resident # 1 was admitted to the Hospital on 12/24/16. The resident's Medication Administration Record incorrectly documents that the resident was in the Hospital on 12/23/16 and did not receive the resident's prescribed medications. The resident's (MAR) was also left blank and not initialed by staff as administered or refused on 12/23/16 at 9:00am for the prescribed medication Buspirone 5mg.

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.

Spoke with med year, she stayed it was for hold. This administrator explained that is not the correct way to document holds, explained that it is a circle with nothing inside it, also explained that she must write on the back of the MAR an explanation. Also stressed the importance of ensuring MAR is completely filled out - ie: initials, dates, times etc to comply with reg 187(a). The administrator shall monitor and assure ongoing compliance

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>	Date	3/16/17
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Charissa DeGioff LPN/adm	Date	3/15/17
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Violation Report: 20526 - 01/25/2017 - Rushin, Julienne
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
It was determined through staff interviews that resident # 1 regularly refused all of the resident's medications. Staff indicated that they would put the medications in orange juice, however indicated that they did not notify the resident that medication was in the orange juice. It was also determined that the facility does not have a physician order to place the resident's medication in orange juice.

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.

Orders received for all residents as a blanket order, to crush meds & place in apple sauce, juice, pudding etc. to have if needed. All residents will be told that their medication is in either juice, apple sauce, pudding etc to comply with reg 187(d)

The administrator shall monitor and assure that the home is following the directions of the prescriber. The administrator shall monitor and be responsible for ongoing compliance.

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charissa DeGraff LPN/adm* Date *3/15/17*

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