



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: April 17, 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 February 24, 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20528 - 02/24/2017 - Hummel, Jesse

PCH Name: ALEXANDRIA MANOR II

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

2a. DESCRIPTION OF VIOLATION

Department Representatives determined that on 2/10/17 at 7:57am the glucometer prescribed to resident #1 was utilized to test the blood sugar of resident #2. In order to prevent the spread of communicable diseases, glucometers are to be used to test the blood sugar of the resident it is prescribed.


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,
~~sent to~~ - 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 - Administrator will monitor
for ongoing compliance to comply
w/ reg 85a.

Repeat Violation: Yes No Date(s) of Previous Violation(s): 1-26-17


Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Charissa DeGroot Date 3/23/17

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

The above plan of correction is approved as of 3-13-17 (Date)

Plan of correction implementation status as of 4-13-17 (Date)

The above plan of correction was approved by  (Initials)

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