



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 July 12, 2017 until July 12, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **205260**

Robert E. Robinson
ISSUING OFFICER

Jay Baul
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

JUL 12 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 #: 205260

Dear Mr. Negrao:

As a result of the Department of Human Services' annual licensing inspection on March 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

Mr. Joseph C. Negro

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The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,




Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: ALEXANDRIA MANOR II		License Number: 20528
Address: 313 S WALNUT ST, BATH, PA 18014		County: Northampton
Administrator: Clarissa DeGross		Region: NORTHEAST
Legal Entity Name: ALEXANDRIA MANOR OF ALLENTOWN INC		
Legal Entity Address: 7 SOUTH NEW STREET, NAZARETH, PA 18084		
Certificate(s) of Occupancy		
C-2 LP 05/02/2002 Department of L&I	C-3 08/27/1998 Department of L&I	
Staffing Hours		
Resident Support: NM	Total Daily Staff: 87	Working Staff: 85
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/31/2017: Hummel, Jussa; 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: 65 Secured Dementia Care Unit in Home: No Awaits Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 11 Number of Hospice Residents in past year: 36	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 63 Have Mental Illness: 2 Have an Intellectual Disability: 2 Have a Mobility Need: 22 Have a Physical Disability: 0	

Violation Report: 20526 - 03/31/2017 - Hummel, Jesse PCH Name: ALEXANDRIA MANOR II	
<p>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.</p>	
<p>2a. DESCRIPTION OF VIOLATION Department Representatives observed the Licensing Inspection Summary (LIS) dated 1/25/17 posted on the bulletin board of the facility. The resident privacy coding document was attached to the LIS, revealing private and confidential health information of the residents included in the LIS.</p>	
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i></p> <p>Correction was made at the time of inspection. Moving forward, the Administrator will be diligent in ensuring that the residency primary coding document is removed prior to posting the Licensing Inspection Summary. Administrative Assistant will also check to ensure that the privacy page is removed to comply with Regulation 2600.17.</p> <p><i>Adm will oversee to ensure ongoing compliance.</i></p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 08/23/2016
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Clarissa DeGroot-Fullerton</i> Date <i>4/17/17</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>4/29/17</u> (Date) <i>on site 5-9-17</i>	Plan of correction implementation status as of <u>5-9-17</u> (Date)
The above plan of correction was approved by  (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 - 03/31/2017 - Hummel, Jesse
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 66 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
The facility does not have the Influenza Awareness Act poster posted anywhere throughout the facility as required.
Department Representatives determined that the facility has oil fired boilers located in the basement of the facility as well as a natural gas fired stove in the main kitchen. The facility does not have a carbon monoxide detector installed in either location which is in violation of the Care Facility Carbon Monoxide Detector Standards Act

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 Influenza Awareness Act poster was received the day of inspection and was posted on the bulletin board. Please refer to photograph of the poster on the bulletin board attached hereto. In the future, the poster will remain posted as required. This will be confirmed by the Administrator of the facility.

Carbon monoxide detectors were purchased on the day of inspection and were hung in the kitchen and basement as evidenced by the photographs attached hereto, in compliance with Regulation 2600.18. Said detectors will be checked periodically by the Administrator and maintenance staff to ensure they are fully functional.

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) *Clarissa DeGroot Linnadm* Date *4/17/17*

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

The above plan of correction is approved as of *4/29/17* (Date)
1 detector closer than 15 ft. corrected on site
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 *error*
 Not Implemented

Violation Report: 20826 - 03/31/2017 - Hummel, Jesse
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 53 Pa.Code §2600
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

Department Representatives were notified that the owner of the facility was watching the inspection take place including the walk through of the facility in a remote location. It was determined that the facility has cameras throughout the facility that record several common areas of the facility. The following areas are being recorded which prohibits the resident's right to privacy: The second floor dining room on the new side of the building, the first floor television room on the old side of the building, the second floor dining room on the old side of the building, the first floor dining room on the old side of the building, the second floor activity room on the new side of the building, and the first floor dining room on the new side of the building.

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.

This issue has been corrected and the Administrator has and will ensure that the only areas being recorded are in full compliance with the aforementioned regulations. The areas that had been recorded were leading to and from entrances and exits, but are now limited to the actual entrance and exit sites or corridors leading to and from the same. The residents have been and will continue to be advised of the recording of entrances and exit sites, as well as the corridors leading to the entrances and exits. Signs are also posted both outside and throughout the facility as evidenced by the attached photographs. There has been and will continue to be no video-monitoring in any area in which the residents are bathing, dressing, changing or receiving medical procedures, nor in any area precluded by this regulation.

ADM will oversee to ensure ongoing compliance. QP. 4/29/17

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) *Charissa DeBriete Lonsiderm* Date *4/17/17*

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

The above plan of correction is approved as of *4/29/17* (Date)
on-site 5-9-17

Plan of correction implementation status as of *5-9-17* (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 - 03/31/2017 - Hummel, Jesse
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2000
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
Direct care staff person A was hired on [redacted] 17. The facility did not complete a Pennsylvania State Police Criminal History Background Check until [redacted] 17. Staff interviews confirmed that the staff person was working directly with residents without any supervision prior to the facility completing the background check.

Agency staff person B has a criminal history based on the Pennsylvania State Police Criminal History Background check completed on 8/15/15. The facility does not have the staff person's criminal history or RAP sheet.

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 delay in securing the Pennsylvania State Police Criminal Background check cannot be rectified for staff person A. However, moving forward, background checks will be requested on the day of hire and will be completed within five working days while the new employee is being trained and supervised. Further, all background checks will be completed as mandated prior to any direct unsupervised contact between the employee and the residents. If for some reason the background check report is not received within five working days, the new hire will continue to be supervised until the background check has been completed and received. The Administrator and Administrative Assistant will ensure compliance with this policy.

The delay in securing the criminal history RAP sheet for agency staff person B cannot be rectified at this time. The hospice aide had been vetted by the hospice agency and sent to Alexandria Manor to provide care to a resident. The RAP sheet has now been obtained for agency staff person B and is attached hereto. From this day forward, the facility will secure the staff person's criminal history or RAP sheet from the agency providing the staff to render services at Alexandria Manor - Bath. The Administrator and Administrative Assistant will ensure compliance with this policy.

Criminal background check.
4/29/17

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) *Clarissa DeGroot LPN/ADM* Date *4/17/17*

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

The above plan of correction is approved as of *4/29/17* on-site *5-9-17* (Date)

Plan of correction implementation status as of *5-9-17* (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 - 03/31/2017 - Hummel, Joviso
 PCH Name: ALEXANDRIA MANOR II

- 1. REGULATION 55 Pa.Code §2609**
 2800.65(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
 Direct care staff person C hired on [redacted] 13 did not receive annual training in 2016 for the following topic: Care for residents with a mental health or an intellectual disability diagnosis.
 Direct care staff person D hired on [redacted] 15 did not receive annual training in 2016 for the following topics: Care for residents with a mental health or an intellectual disability diagnosis, Medication Self Administration.

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.

Insofar as we are now in 2017, it is impossible to rectify the training of direct staff members C and D for 2016 on the specific topics noted in the citation. However, training for direct care staff persons C and D will be provided on Friday, April 21, 2017 at 2:00 p.m. with respect to the cited topics. Arrangements have been made for Heartland Hospice to provide the in-service training on the specific topics of "care for residents with a mental health or an intellectual disability diagnosis" and "medication self administration" All staff will be mandated to attend the in-service and documentation of attendance at this training will be in writing and will be placed in the employment files of each attendee. The Administrator will ensure compliance with this policy.

Missed training must be made up. For staff members "C" and "D", additional training in the same topics must be presented. The home will retain training records including sign in sheets & topics covered. CP 4/29/17

Report 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
Clarissa DeGroot LPN/ADM		4/17/17
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		

The above plan of correction is approved as of <u>4/29/17</u> (Date) <i>Made up training by 5-9-17</i>	Plan of correction implementation status as of <u>5-9-17</u> (Date)
The above plan of correction was approved by  (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 - 03/31/2017 - Hummel, Jesse PCH Name: ALEXANDRIA MANOR II	
1. REGULATION 55 Pa.Code §2600 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	
2a. DESCRIPTION OF VIOLATION Department Representatives observed the garbage can located in the kitchenette of the new wing of the facility. The garbage can contained several food packages and other items however the can did not have lid or cover as required.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>This was corrected immediately by removing the larger trash which had prevented the lid from remaining on the garbage can. The lid was beside the can at the time of inspection as a result of trash being placed in the can which filled the can beyond what the lid would cover. Photographs of the compliant trash cans in the kitchenette referenced are attached hereto. The Administrator and Administrative Assistant will make periodic checks to ensure compliance with this policy.</p>	
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 on-site 5-9-17	Plan of correction implementation status as of 5-9-17 (Date)
The above plan of correction was approved by	<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: 20528 - 03/31/2017 - Hummel, Jenae
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600
2800.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
Department Representatives observed the window located in the Memory Care kitchenette open. The window did not have a screen in place to prevent the penetration of insects and or rodents.

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 screen which was required to be present was on the window but the window had been opened upwards and not down, such that the screen did not appear to be in place. Photographs of the screen properly on the window are attached hereto. The staff has been instructed to open the window only with the screen in place. The Administrator and Administrative Assistant will ensure compliance with this policy.

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) *Clarissa DeGoff-LAN/adm* Date: *4/17/17*

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

The above plan of correction is approved as of *4/29/17*
5-9-17 (Date)

Plan of correction implementation status as of *5-9-17* (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 - 03/31/2017 - Hummel, Jesse
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa. Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the facility's designated smoking area at the front of the building. It was determined that directly behind the designated fire proof receptacle to extinguish cigarettes are vents that exhaust the facility's clothing dryers. Located on the ground under the vents as well as behind the fire proof receptacle was an accumulation of lint. Combustible lint located in the designated smoking area are a fire hazard.

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.

Correction was made promptly following the inspection. The lint was cleared by the housekeeping staff, who were instructed to clean the outside areas near the designated smoking locations of any lint or other flammable material on a daily basis. The Administrator and/or Administrative Assistant will make period inspections to ensure compliance with 55 Pa. Code Section 2600.125(a).

The home will create & post a Log Sheet as a reminder to staff to complete daily, as well as to demonstrate ongoing compliance. Logs will be retained by the home. CP.

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/23/2018

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charissa DeGirolamo LPN/adm* Date *4/17/17*

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

The above plan of correction is approved as of *4/29/17* (Date)
5-9-17

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

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

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

Violation Report: 20528 - 03/31/2017 - Hummel, Jesse
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600
2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
Department Representatives observed the facility's fire drill record. The fire drill conducted on 1/27/17 at 11:01 does not designate whether the drill occurred in the AM or PM.

J. 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.

This was immediately corrected by the addition of "AM" on the completed form, as seen on the fire drill report attached hereto. Moving forward, the Administrator will be diligent in ensuring that the time reflected on the written fire drill record contains the indication whether it was an AM or PM fire drill so to comply with Regulation 2600.132(c).

Adm will review the home's fire drill logs on a monthly basis to ensure ongoing compliance. Cf.

Repeat Violation: Yes Date(s) of Previous Violation(s) 07/01/2018

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marissa DeGroot-LPN/Adm* Date *4/17/17*

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

The above plan of correction is approved as of *4/29/17* (Date)
S-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: 20528 - 03/31/2017 - Hummel, J666e
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600
2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
Upon entering the building Department Representatives observed approximately 4 cigarettes extinguished on the ground in the designated smoking area and not in the fire proof receptacle. Also observed in the designated smoking area was a cloth/cotton seat cushion, which is not fire resistant.

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.

Correction was made promptly following the inspection. The 4 extinguished cigarette butts were picked up and were disposed of in the fireproof receptacle/ashtray at that location. In addition, the cotton seat cushion was also removed from the area. The housekeeping staff was instructed to clean the outside areas near the designated smoking locations of flammable materials on a daily basis. The Administrator and/or Administrative Assistant will make period inspections to ensure compliance with 55 Pa. Code Section 2600.144(c)(1).

Adm will make at least weekly inspections, document findings & conduct staff and/or resident council meetings to address the findings as warranted. Home will review the weekly logs w/ findings noted & any action taken. Cf,

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/16/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CHARISSA DEGENE LPA/ADM* Date *4/17/17*

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

The above plan of correction is approved as of *4/29/17* (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: 20528 - 03/31/2017 - Hummel, Jesse
FCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600
2600.102(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:
(1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
(2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
(4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
Staff person E regularly administers medications to residents of the facility. Staff person E most recently completed the Medication Administration Annual Practicum on 1/24/17. The staff person previously completed the Annual Practicum on 7/17/15. The Annual Practicum is required to be completed annually in order for staff to continue administering medications. Staff person E did not have an Annual Practicum completed in 2016 which was required to be completed by 7/17/16. The Annual Practicum completed on 1/24/17 was completed late.

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.

Staff person E was required to be trained on Medication Administration on an annual basis. This was accomplished on 7/17/15, 6/5/16 and 1/24/17. Documentation of the 2016 training was inadvertently not included in staff person E's personnel file, but a copy was immediately secured and placed in her file following inspection, when it was brought to the Administrator's attention that it was not present. A copy of the training certificate is attached hereto to demonstrate timely compliance with the regulation cited above. Moving forward, training will continue as required by this regulation and documentation of said training will be timely placed in the personnel files of the staff members as required. The Administrator will ensure compliance with this regulation.

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) *Marissa DeGross LPN/adm* Date *4/17/17*

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

The above plan of correction is approved as of 4/29/17 (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: 20626 - 03/31/2017 - Hummel, Jesse 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 Department Representatives observed a first aid kit hanging on the wall in the now olds of the building. The first aid kit was unlocked and accessible to all residents of the facility. The first aid kit contained the following over the counter medications: Antibiotic ointment, first aid burn cream, and insect sting relief. Medications including over the counter medications are required to be kept locked.	
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.	
<p>Correction was made at the time of inspection with regard to the first aid kits referenced in this citation. The antibiotic ointment, first aid burn cream, and insect sting relief were all removed immediately from the first aid kits that were accessible by residents. These specific items will be maintained in the first aid kits which are locked in kitchenettes as well as the Administrative Assistant's office. The Administrator and Administrative Assistant will ensure compliance with this policy.</p> <p><i>Adm will oversee ongoing compliance compliance by making periodic checks of the home's first aid kit(s). CP</i></p>	
Repeat Violation? Yes	Date(s) of Previous Violation(s): 03/30/2016
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Clarissa DeGroot LPA/Adm</i> Date <i>4/17/17</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>5-9-17 on-site</i> <i>4/29/16</i> (Date)	Plan of correction Implementation status as of <i>5-9-17</i> (Date)
The above plan of correction was approved by <i>[Signature]</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: 20526 - 03/31/2017 - Hummel, Jesse
 PCH Name: ALEXANDRIA MANOR II

1. REGULATION 95 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
 Department Representatives observed a tube of Calmoseptine Ointment proscribed to resident #1 in the room of resident # 2. It was determined that resident #2 who also does have an order for Calmoseptine Ointment is self-administering the medication. It was determined that resident #1 is no longer proscribed the Calmoseptine ointment and therefore the ointment was required to be removed from 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.

Correction was made at the time of inspection and the tube of ointment was removed from the facility. In order to ensure this does not happen in the future, all staff have been instructed to maintain all medications in full compliance with Regulation 2600.183(d). The Administrator will make periodic inspections to ensure said compliance.

Adm will oversee ongoing compliance by ensuring that every med cart in the home is audited at a minimum once per month - as well as room audits of residents that are determined to be able to self medicate. The home will retain these monthly logs w/ initials & findings - as well as any action taken. (C)

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/23/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *NARRISSA DAGROTT-LPN/adm* Date *4/17/17*

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The above plan of correction is approved as of *4/29/17* (Date)
5-9-17 on-site

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: 20528 - 03/31/2017 - Hummel, Jesse
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa. Code §2000
2600.163(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
Department Representatives completed an audit of the medication cart designated to the first floor old side of the building. Located at the bottom of the cart drawer were several broken pieces of a white unidentified medication tablet. Department Representatives also observed a white powdery substance throughout the back of the medication cart drawer designated for the first floor new side of the building.

The facility is responsible for the safe, organized and sanitary storage of resident medications.

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.

This was corrected immediately following the inspection. The facility has replaced the medication carts and is conducting weekly inspections to ensure compliance with this regulation. Staff will be receiving additional instruction as to the maintenance of the medication carts and the requirement that all medications be stored in a safe, organized and sanitary manner. The Administrator will conduct the weekly checks to confirm that the staff and the medication carts comply with the mandates of this regulation.

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) *Vanissa DeGroot LPN/ADM* Date *4/17/17*

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The above plan of correction is approved as of 4/29/17
(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: 20528 - 03/31/2017 - Hummel, Jesse
PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600
2600.186(b) - Prescription medications shall be used only by the resident for whom the prescription was proscribed,

2a. DESCRIPTION OF VIOLATION
Department Representatives observed a tube of Calmoseptine Ointment proscribed to resident #1 in the room of resident #2. It was determined that resident #2 who also does have an order for Calmoseptine Ointment is self-administering the medication that was proscribed to resident #1. Proscribed medications are to be used only by the resident to which the medication is proscribed to.

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.

Correction was made at the time of inspection and the tube of ointment was removed from the room of resident #2. In order to ensure this does not happen in the future, all staff have been instructed to maintain all medications in full compliance with Regulation 2600.186(b). The Administrator will make periodic inspections to ensure said 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 Date
(Required on EVERY Page) *Charissa DeGrove-Lynch* *4/17/17*

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The above plan of correction is approved as of *4/29/17*
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 - 03/31/2017 - 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 those services.

2. DESCRIPTION OF VIOLATION

Resident #3 is currently receiving Hospice Services. The resident's assessment and support plan finalized on 2/17/17 was not updated to include that the resident is receiving hospice services and also the facility's plan to meet the resident's additional care needs.

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.

Immediately following the inspection, the RASP for resident #3 was updated to reflect the resident's current assessment, the inclusion of hospice services and the facility's plan to meet the resident's additional care needs. A copy of the updated support plan is attached hereto to demonstrate compliance with Regulation 2600.227(d). Moving forward, the Administrator will ensure prompt updates to the resident support plans following any significant change in the resident's condition or necessary services.

The home will develop and implement a process or system to identify and any changes in resident conditions - then review to see what, if any, changes need to be made, and are documented in the resident record. Cf.

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/02/2016 09/30/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Clarissa DeGroot LPN/adm* Date *4/17/17*

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The above plan of correction is approved as of *7/29/17* (Date)
on-site 5-9-17

Plan of correction implementation status as of *5-9-17* (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 - 03/31/2017 - Hummel, Jesse
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 #1 does not include the resident's Religious affiliation.

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 plans cannot be completed immediately, include dates by which the steps will be completed.

The religious affiliation for resident #1 was immediately corrected and now reflects no religious affiliation as set forth on the record attached hereto. Moving forward, the Administrator will double check all resident records to ensure that all blanks have been filled in with each resident's religious affiliation or lack thereof in compliance with 2600.252.

The complete resident audit of all current resident records will be completed no later than 4 weeks after the receipt of this approved Plan of Correction. The home will retain documentation of this audit, findings, and actions taken.

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/23/2016

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
Charissa DeGroot, RN, LADM 4/17/17

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

The above plan of correction is approved as of 4/29/17
on-site 5-7-17
(Date)

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

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

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