



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: August 3, 2017

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

RE: Alexandria Manor
License #: 210640

Dear Mr. Negrao:

As a result of the Department of Human Services' licensing inspection on May 4, 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,

A handwritten signature in cursive script that reads "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	License Number: 21064
Address: 7 SOUTH NEW STREET, NAZARETH, PA 18064	County: Northampton
Administrator: Deborah Oleniacz	Region: NORTHEAST
Legal Entity Name: ALEXANDRIA MANOR OF ALLENTOWN INC	
Legal Entity Address: 7 SOUTH NEW STREET, NAZARETH, PA 18064	
Certificate(s) of Occupancy I-1 09/02/2009 Keller Zoning	
Staffing Hours	
Resident Support: NM	Total Daily Staff: 105
Waking Staff: 79	
Type of Inspection: Partial	BHA Docket Number:
Notice: Unannounced	
Reason(s) for Inspection(s) Incident	
On-Site Inspections Dates and Department Representatives On-Site 05/04/2017: Hummel, Jesse	
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: 93 Number of Residents Served: 85 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: 7 Number of Hospice Residents in past year: 15	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 85 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 20 Have a Physical Disability: 0

Violation Report: 21064 - 05/04/2017 - Hummel, Jesse
PCH Name: ALEXANDRIA MANOR

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

2a. DESCRIPTION OF VIOLATION

On 4/11/17 at 5:08am staff of the facility utilized the glucometer prescribed to resident #1 to test the blood glucose level of resident #2. Sharing of blood glucose testing devices greatly increases the risk of transmitting communicable diseases and is 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.

Incident was reported to DHS and corrected at the time of discovery of error.
A new meter was ordered and provided to resident #1. The old meter was discontinued. *meters are to be replaced at the home's expense.
PCP for both residents was notified and blood work was ordered for both residents. 8-1-17

Plan of correction is to continue to monitor the accu check machines every 3 days. And to report any errors.

Monitoring of the accu check machines will be the responsibility of the med tech supervisor. Checks will be made every 3 days. Administrator to over see to assure we are in compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Deborah L. Oleniczak

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

Deborah L-Oleniczak

Date

6/14/17

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

The above plan of correction is approved as of 8-1-17
(Date)

Plan of correction implementation status as of 8-1-17
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)