



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 15 2017

Mr. Joseph C. Negrao,  
Owner/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' annual licensing inspection on June 6, 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.

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](https://www.surveymonkey.com/r/BHSL_Inspection).

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,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License 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		
<b>Certificate(s) of Occupancy</b>		
C-2 LP	I-1	
05/17/1994	09/02/2009	
PA Dept of L&I	Borough of Nazareth	
<b>Staffing Hours</b>		
Resident Support: 00	Total Daily Staff: 115	Waking Staff: 86
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
06/06/2017: Foulkes, Kimberli; Novak, Ryan		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 93	<b>Number of Residents who:</b>	
Number of Residents Served: 89	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 89	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 26	
Number of Current Hospice Residents: 10	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 19		

Violation Report: 21064 - 06/06/2017 - Foulkes, Kimberli  
PCH Name: ALEXANDRIA MANOR

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

On 6/6/17 the home's current licensing inspection summary from the renewal inspection on 6/9/16 was not posted in a conspicuous and public place in the home.

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.

*Can not be corrected at the time of inspection. A copy of the inspection summary from last year has been posted on the main information bulletin board in public sight. It will be posted until this years licensing inspection summary is available. All staff will be aware.*

*The Admin/Designee will oversee the monitoring of the posting and check weekly to assure it is still posted so that we stay in compliance.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Deborah H. Oleniacz*

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

*Deborah H. Oleniacz*

Date

*6/30/17*

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

The above plan of correction is approved as of

*7/18/17*  
(Date)

Plan of correction implementation status as of

*7/18/17*  
(Date)

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

The above plan of correction was approved by

*m*  
(Initials)

Violation Report: 21084 - 06/06/2017 - Foulkes, Kimberli  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home utilizes 2 oil fired furnaces and 2 gas fired hot water heaters. The home does not have carbon monoxide detectors at least 15 feet from the fossil fueled burning devices as required by the Care Facilities Carbon Monoxide Alarms Standard 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.

Can not be corrected at the time of inspection.

Carbon monoxide alarms have been installed per the specs of regulation # 2600.18.

going forward the alarms will be checked, tested and cleaned as needed. At least annually.

It will be the responsibility of the maintenance Dept. to monitor the alarms. They will report any issues with the alarms to the Admin/Designee.

Admin/Designee will make sure we stay in compliance with the regulation

The administrator shall monitor and become familiar with the Carbon Monoxide Alarm Standard Act. The administrator shall be responsible for ongoing compliance: M 7/18/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Deborah A. Oleniacz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah Oleniacz*      Date *6/30/17*

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The above plan of correction is approved as of 7/18/17 (Date)

Plan of correction implementation status as of 7/18/17 (Date)

The above plan of correction was approved by M (Initials)

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

Violation Report: 21064 - 06/06/2017 - Foulkes, Kimberli  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 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  
Resident interviews indicated that staff members will not knock on the resident's bathroom doors while occupied by the residents. The morning staff will just walk into the bathroom.

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.

*Can not correct at time of inspection  
going forward all staff will continue to knock before entering the residents room, and then again when and before entering the residents bathroom.*

*Each staff member was given a copy of regulation 2600.42(s) regarding the residents rights to privacy of self and possession. Staff was required to read and sign the regulation. The signed copies were placed in the employees chart. Each new hire receives a copy of the residents' rights in their employee manual. We go over the residents rights at orientation and the Area Agency on Aging comes in annually for a mandatory training class.*

*going forward the same steps will be followed. It will be the responsibility of Admin/Designee to make sure these steps are followed and completed so that we are in compliance.*

*See attached*

Repeat Violation: No      Date(s) of Previous Violation(s):  
Signature of Legal Entity Representative (Required on EVERY Page) *Deborah L Oleniacz*  
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah L Oleniacz*      Date *6/30/17*

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The above plan of correction is approved as of 7/18/17 (Date)  
The above plan of correction was approved by M (Initials)

Plan of correction implementation status as of 7/18/17 (Date)

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

Violation Report: 21064 - 06/06/2017 - Foulkes, Kimberli  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on [redacted] 17, began providing unsupervised ADL services on 3/11/17. The staff person did not complete the online direct care staff training and pass the competency test until 4/1/17.

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.

*Can not correct at this time.  
 Going forward new hire staff will <sup>not</sup> be allowed to perform unsupervised ADL's until  
 completing the Direct Care Staff test. The test is to be completed after the 3 to 5 days  
 of supervised training. Notice of the test requirements will be given at the time of  
 orientation.  
 It will be the responsibility of the Admin/Designee to monitor the completion of  
 the test. So that it is completed in a timely manner to assure compliance.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/09/2016
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Deborah L. Oleniack*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Deborah L. Oleniack* Date *6/30/17*

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(Date)

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(Date)

The above plan of correction was approved by M  
(Initials)

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

Violation Report: 21064 - 06/06/2017 - Foulkes, Kimberli  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's record of direct care staff training for staff person B does not include the length of time it took to complete the following trainings: Documentation/HIPPA, Infection Control/MRSA/Pressure Ulcers, and Transfers/Positioning/Gait belt.

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.

*Can. not be corrected at this time going forward when training classes are completed by the trainers it will be the responsibility of the Admin/Designee to check to make sure all the important information is completed on the sign-in sheets.*

*Admin/Designee will verify information after the classes and again when filing in the employees checks. Monitoring will be done to keep us in compliance.*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Deborah L. Oleniacz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah L. Oleniacz*      Date *6/30/17*

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Plan of correction implementation status as of 7/18/17 (Date)

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- Not Implemented

Violation Report: 21064 - 06/06/2017 - Foulkes, Kimberli  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600  
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

According to staff interviewed the home's new patio was never sealed correctly. At the time of the inspection a bucket to catch dripping water was being utilized in the hallway outside of the elevator/mechanical room behind the marketing office. Wet drop ceiling tiles were moved to the side and water was coming in. This poses a hazard to the residents.

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.

Can not be corrected at the time of inspection.  
Going forward a contractor will be hired to fix the leak. The bucket was moved and new ceiling tiles were installed.  
All staff has been instructed to be aware of any repairs that may be needed and any hazards. They are instructed to report any to Admin.  
Maintenance, safety committee will conduct monthly Building inspection looking for repairs and hazards.

It will be the responsibility of the Admin/Designee to over see any findings that may need repair or cause hazard. Also to assure the repairs or repaired, and hazards are fixed to stay in compliance.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Deborah K Oleniacz*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Deborah K-Oleniacz*      Date *6/30/17*

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(Date)

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Violation Report: 21064 - 06/06/2017 - Foulkes, Kimberli  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600  
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The floor in the home's boiler room is wet and has puddles due to water dripping from pipes that lead to the hot water tank. The pipes are leaking in a minimum of three areas. There appears to be a mold like substance on the drop ceiling tiles. This poses a hazard to the residents in the home.

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.

*Can not be fixed at this time.*

*Going forward a plumber come to Alexandria Manor and made the repairs to the plumbing pipes. See attached pictures.*

*It will be the responsibility of maintenance to repair items that need repair. Monthly walk throughs will be done by maintenance. Any repairs needed will be reported to Admin/Designee.*

*The Admin/Designee will be responsible to monitor the repairs are completed. So that we are in compliance.*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Deborah L. Oleniacz*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Deborah L. Oleniacz*      Date *6/30/17*

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(Date)

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(Date)

The above plan of correction was approved by *M*  
(Initials)

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

Violation Report: 21064 - 06/06/2017 - Foulkes, Kimberli  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The 1st floor exit to the courtyard has cement patio pavers that are being retained by a black plastic edging used as a walkway/platform. The plastic edging sticks up above the pavers from 1/4" to approximately 2" depending on the area. This edging poses a tripping hazard to residents.

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.

*Can not be corrected at this time.*

*Going forward maintenance is going to pour cement around the pavers and smooth them out to avoid the pavers sticking up. They are going to make the pavers level with the black plastic edging. If needed the land around the pavers will be filled in.*

*This work has not been completed. Time of completion is by the end of next week (July 7<sup>th</sup>, 2017).*

*Monthly walk throughs will be done to check for any repairs that are needed. Walk-through will be done by, maintenance, Safety Committee and or Admin/Designee.*

*The Admin/Designee will be responsible to monitor the repairs for completion. So that we are in compliance.*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Dorothy A. Oleniczak*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dorothy A. Oleniczak*      Date *6/20/17*

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The above plan of correction is approved as of <u>7/18/17</u> (Date)	Plan of correction implementation status as of <u>7/18/17</u> (Date)
The above plan of correction was approved by <u>M</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: 21064 - 06/06/2017 - Foulkes, Kimberli  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The Estate Whirlpool standing freezer located in the basement did not contain a thermometer.

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 the time of inspection.*

*A thermometer was placed in the freezer at the time of inspection. Going forward the kitchen staff is responsible to record daily temps in the freezers and refrigerators. There should be a thermometer to read the temp in each unit.*

*It will <sup>be the</sup> responsibility of the kitchen staff to check for thermometers daily. There must have one in each unit. If one is missing it must be replaced right away.*

*The Admin / Designee will monitor the daily temps to assure we are in compliance. This will be done monthly.*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Debrah L Olenicz*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Debrah L Olenicz*      Date *6/30/17*

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(Date)

The above plan of correction was approved by M  
(Initials)

Plan of correction implementation status as of 7/18/17  
(Date)

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

Violation Report: 21064 - 06/06/2017 - Foulkes, Kimberl  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600  
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

8 bags of frozen onion rings were located in the Estate Whirlpool standing freezer not labeled.  
3 bags of frozen green beans were located in the Avantco freezer not labeled.

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.

*Can not be corrected at this time.*

*Going forward all food out of boxes will be labeled with the date and what the contents is. Kitchen staff is responsible to label the items at the time the packages are opened and/or delivered.*

*The Admen / Designee will conduct periodically checks on the freezers and the refrigerators to check for labels to assure we are in compliance. Checks will be conducted monthly -*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Deborah L Oleniacz*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Deborah L-Oleniacz*      Date *6/30/17*

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(Date)

The above plan of correction was approved by M  
(Initials)

Plan of correction implementation status as of 7/18/17  
(Date)

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

Violation Report: 21064 - 06/06/2017 - Fouikes, Kimberli  
PCH Name: ALEXANDRIA MANOR

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

A hand towel was located behind the GE brand dryer next to the external dryer duct, posing a possible 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.

*Corrected at the time of inspection, the towels were removed. All staff has been instructed to check the areas around the washers and dryers before leaving the laundry room, To avoid any hazardous material.*

*Housekeeping staff will clean the laundry room daily and also check the areas around the washers and dryers.*

*The Admin/Designee will be responsible to oversee the staff. They will conduct weekly and possibly daily walk throughs to make sure we are in compliance*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Deborah L. Oleniacz*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Deborah L. Oleniacz*      Date *6/30/17*

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21064 - 06/06/2017 - Foulkes, Kimberli  
PCH Name: ALEXANDRIA MANOR

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

The fire drill conducted on 5/26/17 at 11:19 does not indicate am or pm.  
The fire drill conducted on 6/16/16 at 12:35 notes pm, the fire drill was completed at 12:35am.

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.

Can not be corrected at this time.

Going forward the Admin/Designee will verify the time and date on the fire drill log every month to avoid this type of error.

It will be the Admin/Designee responsibility to conduct the fire drills and log the information on the fire drill log correctly. So that we are in compliance. The log will be rechecked every month.

The administrator shall monitor and assure ongoing compliance. *M* 7/18/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Deborah L. Olenicz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah L. Olenicz*      Date *6/30/17*

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Violation Report: 21064 - 06/06/2017 - Foulkes, Kimberli  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

A resident refused to evacuate during the fire drill conducted on 12/27/16 at 12:45am.

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.

Can not be corrected at this time.

going forward remind the resident that evacuation during a fire drill is mandatory for all residents, refusing could result in a 30 day notice. This is in our Home rules and our resident contract.

The Admin/Designee will conduct fire drills for the month until there is total participation of all residents. The monitor of participation will be the responsibility of the Admin/Designee

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Deborah L. Olenicz*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Deborah L. Olenicz*      Date *6/30/17*

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

The above plan of correction is approved as of 7/18/17  
(Date)

Plan of correction implementation status as of 7/18/17  
(Date)

The above plan of correction was approved by M  
(Initials)

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

Violation Report: 21054 - 06/06/2017 - Foulkes, Kimberl  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
Resident # 1's DME dated 4/21/17 is incomplete as there is nothing noted from the residents ability to self-administer 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.

*Can not be corrected at the time of inspection*  
*The doctor was notified and the correction was made.*  
*Going forward DME's will be verified to check to make sure that all information is completed. See Attached*  
*It will be the responsibility of Admin/Designee and Med Techs to monitor the DME's that are provide for residents. They will be monitoring that all information is completed on the DME 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 *6/30/17*

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Violation Report: 21064 - 06/08/2017 - Foukes, Kimberli  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident # 2's most recent assessment portion of the RASP was completed on 5/4/17, the previous was completed on 4/13/16.

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.

*Can not be corrected at this time.*

*going forward, RASP will be completed in a timely manner per the regulation 2600.225(c) RASP will be completed: Annually, if there is a significant change to the resident, or at the request of the Department upon cause to believe that an update is required.*

*Admin/Designee will be responsible for the monitoring of the RASP per the regulations requirements listed above. To assure we are in compliance.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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- Not Implemented

The above plan of correction was approved by M  
(Initials)

Violation Report: 21064 - 06/06/2017 - Fouikes, Kimberli  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

Resident # 2's most recent support plan portion of the RASP was completed on 5/19/17, the previous was completed on 4/22/16.

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.

*Can not be corrected at this time.*

*Going forward, RASP will be completed in a timely manner per the regulation 2600.225(c). RASP will be completed: Annually, if there is a significant change to the resident; or at the request of the Department upon cause to believe that an update is required*

*Admin/Designee will be responsible for the monitoring of the RASP per the regulation requirements listed above. To assure we are in compliance.*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Debra L. Oleniacz*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Deborah L. Oleniacz*      Date *6/30/17*

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Violation Report: 21064 - 06/06/2017 - Foulkes, Kimberli  
PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.253(c) - The home shall keep a log of resident records destroyed on or after October 24, 2005. This log must include the resident's name, record number, birth date, admission date and discharge date.

2a. DESCRIPTION OF VIOLATION

The 2016 log of destroyed records does not include record #, date of birth, date of admission and discharge date.

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.

Can not be corrected at this time.

Going forward whenever records are destroyed a log will be filled out with the residents name, record number, birth date, admission date and discharged date.

Admin / Designee, will be responsible for destroying residents records and completing the destroyed records log so that all information is recorded. To keep us in compliance

The administrator shall monitor and assure ongoing compliance  
M  
7/18/17

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

Signature of Legal Entity Representative  
(Required on EVERY Page)      Deborah L. Oleniacz

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Deborah L. Oleniacz      Date      6/30/17

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