



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: January 29, 2018

Mr. Joseph C. Negroa
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. Negroa:

As a result of the Department of Human Services' licensing inspection on October 11, 2017 October 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

| | |
|---|---|
| PCH Name: ALEXANDRIA MANOR II | License Number: 20526 |
| 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 18064 | |
| Certificate(s) of Occupancy | |
| C-2 LP 05/02/2002 L&I | 0 |
| Staffing Hours | |
| Resident Support: 0 | Total Daily Staff: 22 |
| | Waking Staff: 17 |
| Type of Inspection: Partial | BHA Docket Number: |
| | Notice: Unannounced |
| Reason(s) for Inspection(s) | |
| Complaint | |
| On-Site Inspections Dates and Department Representatives On-Site | |
| 10/11/2017: Novak, Ryan; Hummel, Jesse | |
| 10/24/2017: Novak, Ryan; 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: 78 Number of Residents Served: 0 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: 36 | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 58 Have Mental Illness: 2 Have an Intellectual Disability: 2 Have a Mobility Need: 22 Have a Physical Disability: 1 |

Violation Report: 20526 - 10/11/2017 - Novak, Ryan
 FCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 06/06/17 Resident #1 alleged the resident got bruises from a man when the resident was out with family. On 6/15/17 the resident alleged the resident was slapped on multiple occasions when the resident was out with family. On 6/19/17 the resident alleged a man attacked the resident. The home did not notify the Northampton County Area Agency on Aging of these allegations of abuse as required.

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.

Form was filed out & sent to A.A.A. after inspection - Moving forward reports will be filed @ A.A.A. for each occurrence to comply w/ state reg 15(a) Admin will ensure ongoing compliance

The Administrator will ensure all staff understand the definitions of abuse under OAPSA and how to report these events immediately as per this regulation. Q

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 DeGroot LPN/adm* Date *12/13/17*

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

The above plan of correction is approved as of 01-26-18 (Date)

Plan of correction implementation status as of 1-26-18 (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: 20526 - 10/11/2017 - Novak, Ryan
 PCH Name: ALEXANDRIA MANOR II

1. REGULATION 56 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On 08/8/17 Resident #1 alleged the resident got bruises from a man when the resident was out with family. On 6/15/17 the resident alleged the resident was slapped on multiple occasions when the resident was out with family. On 6/19/17 the resident alleged a man attacked the resident. The home did not submit any incident reports to the Department regarding these alleged abuses.

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 time of inspection, but moving forward all new bruises will be reported on a timely basis to DHS & AAA. to comply = req 16c - Admin will ensure ongoing compliance.

The Administrator will ensure that all staff know each of the 19 events that are to be reported to the Department, and there is a process for employees to report based on the home's policies and training. In addition, the Administrator will ensure that once an employee reports, there is a mechanism in place to report to the Department w/in 24 hours. CP

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| 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) <i>Carissa DeGroot-Lovell adm</i> | Date <i>10/12/17</i> |
|---|----------------------|

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|---|--|
| The above plan of correction is approved as of <u>1-26-18</u> (Date) | Plan of correction implementation status as of <u>1-26-18</u> (Date) <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 |
| The above plan of correction was approved by <u>[Signature]</u> (Initials) | |

Violation Report: 20526 - 10/11/2017 - Novak, Ryan
 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 these services.

2a. DESCRIPTION OF VIOLATION

Resident #1's RASP dated 12/5/16 has not been updated to reflect the residents new legal guardian or the recent allegations of abuse regarding the residents family.

2. 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.

*New sheet was made for RASP reflecting legal guardians, driving etc to comply with state reg 227(d)
 Admin will ensure that on-going compliance is occurring*

The Administrator will ensure there is a process in place for staff to report changing conditions of residents to the appropriate staff, and these changes will be incorporated into updated assessments and support plans.

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|----------------------|-----------------------------------|--|--|
| 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 DeGroot-Lovick* Date *12/13/17*

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