



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: April 17, 2018

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

RE: Alexandria Manor
License #: 210640

Dear Mr. Negroao:

As a result of the Department of Human Services' licensing inspection on November 16, 2017 and November 20, 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,

Michele Moskalczyk
Michele Moskalczyk
Human Services Licensing Supervisor

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		
C-2 LP	I-1	
05/17/1994	09/02/2009	
PA Dept of L&I	Borough of Nazareth	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 108	Waking Staff: 81
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
11/16/2017: Foulkes, Kimberli		
11/20/2017: Foulkes, Kimberli		
Off-Site Inspection Dates and Inspectors, if Applicable		
11/17/2017: Foulkes, Kimberli		
12/27/2017: Foulkes, Kimberli		
02/12/2018: Foulkes, Kimberli		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 93	Number of Residents who:	
Number of Residents Served: 88	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 88	
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: 20	
Number of Current Hospice Residents: 10	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 19		

QMS
3/23/18

Violation Report: 21064 - 11/16/2017 - Foulkes, Kimberli
 PCH Name: ALEXANDRIA MANOR

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 11/14/17 at 4:30am there was an altercation between staff person A and resident #1 regarding a jacket that was witnessed by staff person B. The home did not report until 11/17/18 the allegation to the local area on aging or the State Department of Aging.

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 involved were re-educated on OAPSA.

Moving Forward:

Administration/Designee will report all suspected abuse of a resident ~~within 24hrs~~ **IMMEDIATELY** of notification to stay in compliance with the OAPSA. Ultimately as acting administrator, it is my responsibility for proper ongoing compliance.

• The administrator shall monitor and be responsible for ongoing compliance. *M* 4/12/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jacqueline Burns* Acting Admin Date *3/23/18*

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

The above plan of correction is approved as of 4/12/18 (Date)

Plan of correction implementation status as of 4/12/18 (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: 21064 - 11/16/2017 - Foulkes, Kimberli
 PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 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 11/14/17 at 4:30am there was an altercation between staff person A and resident #1 regarding a jacket that was witnessed by staff person B. The home did not submit an incident report to the Department until 11/16/17.

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.

Staff involved were re-educated on OAPSA and proper reporting.

Moving Forward:

Administration/Designee will report all suspected abuse of a resident within 24hrs of notification to ensure proper compliance with DHS Regulations. Ultimately as acting administrator, it is my responsibility for proper ongoing compliance.

Immediately & Ongoing :

+ The administrator will review the incidents required to be reported by 2600.16a with all staff, All future incidents will be reported as required.

+ The administrator shall monitor and be responsible for ongoing compliance. m 4/12/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jacqueline Burns* Acting Admin Date *3/23/18*

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Violation Report: 21064 - 11/16/2017 - Foulkes, Kimberli
 PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 11/14/17 at 4:30am there was an altercation between staff person A and resident #1 regarding a jacket. This was witnessed by staff person B. Staff person B witnessed resident #1 walking towards a chair that had staff person A's coat on it when staff person A yelled "I'm coming resident #1! Keep your hands off of it!" Staff person B states that "When staff person A was confronted about speaking to resident #1 that way staff person A said, I don't care, I don't like him/her." The resident reported to additional staff that staff person A yelled at him/her, that this staff person was "mean and nasty" and the resident is "scared of staff person A". The resident was very upset by the incident and was crying. The resident was fearful that something else may happen and that staff person A may retaliate against him/her.

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 A was terminated on 11/15/2017.

Moving Forward:

We will ensure all residents are treated with dignity and respect, with discussions in our quarterly resident council meetings and staff trainings.

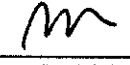
→ Ultimately as acting administrator, it is my responsibility for proper ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Jacqueline Burns Acting Admin Date 3/23/18

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Violation Report: 21064 - 11/16/2017 - Foulkes, Kimberli
 PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600
 2600.54(a) - Direct care staff persons shall have the following qualifications:
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person C, personal care aide, date of hire 8/26/15 does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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.

→ Direct care staff person C was relieved of her PCA duties as of 11/16/17. She was relocated to laundry/kitchen duties providing no direct care to residents.

Moving Forward:

→ All direct care staff will submit all required documentation upon hire to maintain compliance with DHS regulations. Ultimately as acting administrator, it is my responsibility for proper ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Jacqueline Burns Acting Admin Date 3/23/18

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Violation Report: 21064 - 11/16/2017 - Foulkes, Kimberli

PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

Staff are not following the proper steps for medication administration resulting in the following medication errors:

On 9/3/17 at 7:30am staff person D crushed the am medications for resident #2 and put them in their glucerna drink. Staff person D put the drink at resident #2's seat at the table and resident #3 picked it up and drank approximately ¼ of the drink.

From 10/6/17 through 10/13/17 resident #4 was administered Prednisone 2.5mg, as ordered, in addition to Prednisone 5mg that should have been discontinued on 10/5/17. The resident from 10/6/17 through 10/13/17 also did not receive Lasix 60mg. Prednisone 5mg was discontinued on 10/5/17 and staff person E removed the resident's Lasix from the drawer instead of the Prednisone 5mg. Staff person F administered the incorrect meds on 10/6/17, 10/9/17, 10/11/17, 10/12/17, and 10/13/17. Staff person B administered the incorrect meds on 10/7/17 and 10/10/17. Staff person G administered the incorrect meds on 10/8/17.

On 11/8/17, resident #5 did not have their 12pm dose of Glipizide administered by staff person F it was noted to still be in the bubble pack on 11/9/17.

On 11/13/17 staff person E found a medication error. On 11/11/17 resident #6 did not receive their 8am dose of Vitamin D2 1.25mg. The medication was documented as administered on 11/11/17 at 8am by staff person B. The medication still remained in the bubble pack.

On 11/14/17 staff person H found a medication error. On 11/14/17 resident #7 did not receive their 9am dose of Aspirin-Low-EC 81mg. The medication was documented as administered on 11/14/17 at 9am by staff person I. It still remained in the bubble pack.

On 11/14/17 staff person H found a medication error. On 11/14/17 resident #8 did not receive their 2pm dose of Tylenol Arthritis ER 650mg. The medication was documented as administered on 11/14/17 at 2pm by staff person I. It still remained in the bubblepack.

On 11/16/17 staff person E found a medication error. On 11/15/17 resident #9 did not receive their 8pm dose of Sucralfate, Seroquel, and Norvasc. The medication was documented as administered on 11/15/17 at 8pm by staff person B. It still remained in the bubblepack.

On 11/15/17 resident #10 did not receive their 7am Fentanyl Patch. This medication was documented as administered on 11/15/17 at 7am by staff person J. The narcotic book was not signed on 11/15/17 as administered at 7am and the count remained the same, therefore no dose was administered.

On 11/16/17 staff person K found a medication error. On 11/15/17 resident #11 did not receive their 2pm dose of Seroquel 25mg and Zofran 4mg. The medication was documented as administered on 11/15/17 at 2pm by staff person F. It remained in the bubblepack.

On 11/16/17 staff person E found a medication error. On 11/15/17 at 7am resident #12 did not receive their Fentanyl Patch. The medication was documented as administered on 11/15/17 at 7am by staff person J. The narcotic book was not signed on 11/15/17 at 7am and the count remained the same, therefore no dose was administered.

Violation Report: 21064 - 11/16/2017 - Foulkes, Kimberli
 PCH Name: ALEXANDRIA MANOR

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- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

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.

All staff person responsible for medication errors received written warnings and were re-educated in proper medication administration.

Moving Forward:

Administration/Designee will monitor medtech's periodically to ensure proper procedures and policies are followed to maintain compliance with DHS regulations. Ultimately as acting administrator, it is my responsibility for proper ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jacqueline Burns* *Acting Admin* Date *3/23/19*

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Violation Report: 21064 - 11/16/2017 - Foulkes, Kimberli

PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

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From 10/6/17 through 10/13/17 resident #4 was administered Prednisone 2.5mg, as ordered, in addition to Prednisone 5mg that should have been discontinued on 10/5/17. The resident from 10/6/17 through 10/13/17 also did not receive Lasix 60mg. Prednisone 5mg was discontinued on 10/5/17 and staff person E removed the resident's Lasix from the drawer instead of the Prednisone 5mg. Staff person F administered the incorrect meds on 10/6/17, 10/9/17, 10/11/17, 10/12/17, and 10/13/17. Staff person B administered the incorrect meds on 10/7/17 and 10/10/17. Staff person G administered the incorrect meds on 10/8/17.

On 11/8/17, resident #5 did not have their 12pm dose of Glipizide administered by staff person F.

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All staff person responsible for medication errors received written warnings and were re-educated in proper medication administration.

Moving Forward:

Administration/Designee will monitor medtech's periodically to ensure proper procedures and policies are followed to maintain compliance with DHS regulations. Ultimately as acting administrator, it is my responsibility for proper ongoing compliance.

The administrator shall monitor and ensure that the home follows the direction of the prescriber.

The administrator shall monitor and be responsible for ongoing compliance.

M
4/16/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *JTB*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jacqueline Burns* Acting Admin Date *3/23/18*

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(Initials)

Plan of correction implementation status as of *4/16/18*
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