



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**MAY 24 2018**

Mr. Joseph C. Negrao  
Owner  
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' (Department) annual licensing inspection on March 30, 2018 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 II		License Number: 20526
Address: 313 S WALNUT ST, BATH, PA 18014		County: Northampton
Administrator: Clarissa DeGroff		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 05/02/2002 PA Dept of L&I	C-3 08/27/1998 PA Dept of L&I	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 79	Waking Staff: 59
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>		
03/30/2018: Foulkes, Kimberli; Harvey, Jason		
<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: 78 Number of Residents Served: 57 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	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 55 Have Mental Illness: 2 Have an Intellectual Disability: 2 Have a Mobility Need: 22 Have a Physical Disability: 1	

Violation Report: 20526 - 03/30/2018 - Foulkes, Kimbarl  
 PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600  
 2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION  
 Two unlabeled bars of soap were found in an unlabeled plastic cup on the bathroom sink of room # 205, shared by two 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.

*Corrected at time of inspection. Moving forward, soap dishes were purchased, labeled with residents name. Weekly room checks will be done by housekeepers to ensure bars of soap are in a labeled container. Adm will follow through to ensure being done to comply with state reg. (2600.102(i))*

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 DeGroot Loviack)*      Date *4/23/18*

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

The above plan of correction is approved as of <u>5.1.18</u> (Date)	Plan of correction implementation status as of <u>5.1.18</u> (Date)
The above plan of correction was approved by <u><i>m</i></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: 20526 - 03/30/2018 - Foukes, Kimberli  
 PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600  
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION  
 The front exit door does not open freely due to the bottom of the door scrapping on the metal frame.

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 upon inspection. Admin will check door weekly to ensure that it opens freely. Maintenance will be notified immediately if problems arise or continue to comply with state reg 121(a)*

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Clarissa DeGroot LPN/ADM*      Date *4/23/18*

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

The above plan of correction is approved as of 5.1.18  
 (Date)

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

Plan of correction implementation status as of 5.1.18  
 (Date)

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

Violation Report: 20526 - 03/30/2018 - Foulkes, Kimberl  
 PCH Name: ALEXANDRIA MANOR II

1. REGULATION 56 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's fire safety letter dated 5/20/16 states the evacuation time is 13 minutes. The fire drill conducted on 3/31/17 at 4:21pm took 13 minutes and 8 seconds.

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 meet at time of inspection. Moving forward, during fire drills, staff will be encouraged to evacuate at a quicker pace to ensure compliance with state reg 132(d) adm will continue to have monthly fire drills

The administrator shall monitor monthly and be responsible for ongoing compliance.

*[Signature]*  
5/1/18

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 DOBROTT CPA/adm

Date

4/23/18

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

The above plan of correction is approved as of

5/1/18  
(Date)

Plan of correction implementation status as of

5/1/18  
(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 - 03/30/2018 - Foulkes, Kimberli  
 PCH Name: ALEXANDRIA MANOR II

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 On 3/25/18 before lunch, the blood glucose reading of resident #1 was 354. Per the prescribed sliding scale insulin parameters, the resident should have received 4 units of insulin but instead received 3 units of insulin, the home did not follow the doctor's orders.

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.

*Med techs were told of importance of reading MARS & following directions. Med room supervisor will check Accu V machines twice weekly to ensure compliance with state reg 187(c)(1). Adm will check weekly to ensure it is being done.*

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 P. Groff RN/ADM*      Date *4/23/18*

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

The above plan of correction is approved as of <u>5.1.18</u> (Date)	Plan of correction implementation status as of <u>5.1.18</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 20526 - 03/30/2018 - Foulkes, Kimberli  
 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 #2's support plan dated 10/11/17 does not address the resident's home health services for wound care or the resident's Foley catheter care.

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 time of inspection. Moving forward - PAsp's will be updated when home health, or therapy services are brought on board by adm to comply with state reg 227(d)*

*The administrator shall monitor and be responsible for ongoing compliance.*

*m*  
 5/1/18

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 T. Groff LPN/adm*      Date *4/23/18*

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

The above plan of correction is approved as of <u>5/1/18</u> (Date)	Plan of correction implementation status as of <u>5/1/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</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