



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 15 2018

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

RE: Alexandria Manor of Allentown –
Bethlehem Campus
3534 Linden Street
Bethlehem, Pennsylvania 18017
License #214560

Dear Mr. Negrao:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 10, 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.

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, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 21456 - 07/10/2018 - Harvey, Jason
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract dated 2/28/2018 for resident #1 was not signed by the resident and there is no indication that the resident refused to sign.

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, resident signed contract;
 please see attached. YES

Moving Forward:

All staff involved with new resident paperwork have been re-educated on the importance and compliance of having all paperwork signed properly. Ultimately as 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) [Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Jacqueline Burns Admin Date 7/20/18

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

The above plan of correction is approved as of 8-2-18
 (Date)

Plan of correction implementation status as of 8/2/18
 (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: 21450 - 07/10/2018 - Harvey, Jason
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

1. REGULATION 55 Pa.Code §2600
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The bed in room 208 had an approximately 6 inch side rail attached to it that was not covered.

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, PCA placed a new cover over bed cane.

Moving Forward:

All staff involved, resident and POA were re-educated on the importance of having a cover on the bed cane at all times. Residents POA have brought in additional bed canes covers. If resident changes the cover on her own, she has an immediate replacement. Ultimately as 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)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jacqueline Burns Admin	7/20/18

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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: 21456 - 07/10/2018 - Harvey, Jason
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

1. REGULATION 55 Pa.Code §2600
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The home's large commercial trash receptacle lid was left open on 7/10/18 at 10am.

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.

Maintenance corrected at the time of inspection.

Moving Forward:

All staff have been re-educated on the importance of the dumpster being properly closed at all times. Ultimately as 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 Admin Date 7/20/18

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 (Initials)

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- Partially Implemented - Inadequate Progress
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Violation Report: 21458 - 07/10/2018 - Harvey, Jason
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

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
 Behind two of the dryers in the home's laundry room there were a crumpled napkin, a dryer sheet, and a tissue.

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.

Maintenance corrected at the time of inspection.

Moving Forward:

Laundry room now has a cleaning maintenance schedule and dryers will be moved twice weekly for cleaning. Ultimately as 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)

JTB

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jacqueline Burns Admin	7/20/18

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Violation Report: 21456 - 07/10/2018 - Harvey, Jason
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

1. REGULATION 55 Pa.Code §2600
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
 The Resident Assessment and Support Plans (RASPS) dated 02/13/2018 and 04/29/2018 for resident #2 were not signed by the resident.

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, resident signed RASP;
 please see attached. YES

Moving Forward:

All RASPs will be double-checked by Med Room Supervisor for proper compliance. Ultimately as administrator, it is my responsibility for proper ongoing compliance.

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)

Tracyline Burns Admin

Date 7/20/18

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 (Date)

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 (Date)

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 (Initials)

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