



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 09 2018

Mr. Joseph C. Negrao
Owner, Vice President
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's Bureau of Human Services Licensing annual inspection on July 19, 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,


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 21064 - 07/19/2018 - Deluca, Amy
 PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person A did not receive training in the following mandatory annual training topics in 2017: Safe Management techniques, Medication Self-Administration, Personal care service needs, and Instruction on meeting the needs of the resident as described in the preadmission screening form, assessment tool, medical evaluation, and support plan.

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.

We are unable to correct citation at this time.

Moving Forward:

New procedures have been put into place for proper record keeping of all staff trainings. All employees will be provided proper training per regulations, regardless of illness or medical/maternity leave they will be provided the training as 1:1 if needed to meet regulations. Ultimately as the administrator, it is my responsibility for proper on going 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 8/1/18

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

The above plan of correction is approved as of 8/3/18
 (Date)

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

Plan of correction implementation status as of 8/3/18
 (Date)

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

Violation Report: 21064 - 07/19/2018 - Deluca, Amy
 PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Staff person A did not receive training in the following mandatory annual training topics in 2017: Resident Rights and the Older Adult Protective Services 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.

We are unable to correct citation at this time.

Moving Forward:

New procedures have been put into place for proper record keeping of all staff trainings. All employees will be provided proper training per regulations, regardless of illness or medical/maternity leave they will be provided the training as 1:1 if needed to meet regulations. Ultimately as the administrator, it is my responsibility for proper on going compliance.

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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jacqueline Ryan Admin	8/1/18

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Violation Report: 21084 - 07/19/2018 - Deluca, Amy
 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
 There were 2 cigarette butts found in the mulch and 1 cigarette butt found on the window sill in the home's outdoor smoking area.

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:

All staff and residents that are smokers have been re-educated on the importance of proper cigarette extinguishing and importance of using the proper receptacle for discarding. Ultimately as the administrator, it is my responsibility for proper on going 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) <i>Jacqueline Burns Admin</i>	Date <i>8/1/18</i>
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 (Date)

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 (Initials)

Plan of correction implementation status as of 8/3/18
 (Date)

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

Violation Report: 21064 - 07/19/2018 - Deluca, Amy
 PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The home had fire safety inspections and supervised fire drills conducted on May 11, 2018 and on May 6, 2017. The home did not meet the requirement to have a fire safety inspection and supervised fire drill conducted annually.

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 citation at this time, but I have spoken with our Fire Safety Inspector

Moving Forward:

I, the administrator will audit all dates from previous year when planning the upcoming inspections with the fire safety inspector to make sure no time lapses between one year and the next year. Ultimately as the administrator, it is my responsibility for proper on going compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 8/1/18

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8/3/18
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 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21064 - 07/19/2018 - Deluca, Amy
 PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #1 has a physician's order for blood glucose monitoring 7:00am, 11:00am, and 4:00pm with insulin administered on a sliding scale. On 7/18/2018 the blood glucose reading in the resident's glucometer at 4:13pm was 232 but was recorded on the Medication Administration Record (MAR) as 297.

Resident # 2 has a physician's order for blood glucose monitoring 7:00am, 12 noon, 4:00pm, and 8:00pm with insulin administered on a sliding scale. On 7/16/2018 the blood glucose reading in the resident's glucometer at 5:11pm was 212 but was recorded on the MAR as 298.

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.

We are unable to correct citation at this time.

Moving Forward:


We have taken disciplinary action with med techs involved. Med techs have also been re-educated on the importance of proper monitoring and documentation of blood glucose readings. Med room supervisors will audit MAR's periodically in prevention of errors. Ultimately as the administrator, it is my responsibility for proper on going compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Jacqueline Burns Admin</u>	Date <u>8/1/18</u>
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Violation Report: 21064 - 07/19/2018 - Deluca, Amy
 PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #3's 7/18/2018 6:00am administration of Protonix was not initiated by the staff person who administered the medication.

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.

We are unable to correct citation at this time.

Moving Forward:

We have taken disciplinary action with med tech involved. Med Tech involved has been re-educated on the importance of proper documentation when administering medication. Med room supervisors will audit MAR's periodically in prevention of errors. Ultimately as the administrator, it is my responsibility for proper on going 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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Violation Report: 21064 - 07/19/2018 - Deluca, Amy
 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

Resident #1 has a physician's order for blood glucose monitoring 7:00am, 11:00am, and 4:00pm with insulin administered on a sliding scale. On 7/18/2018 at 4:13pm staff administered 3 units of insulin but should have administered 2 units.
 Resident # 2 has a physician's order for blood glucose monitoring 7:00am, 12 noon, 4:00pm, and 8:00pm with insulin administered on a sliding scale. On 7/18/2018 at 5:11pm staff administered 4 units of insulin but should have administered 3 units.

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.

We are unable to correct citation at this time.

Moving Forward:

We have taken disciplinary action with med techs involved.
 Med techs have been re-educated on the importance of proper insulin administration. Med room supervisors will audit MAR's periodically in prevention of errors. Ultimately as the administrator, it is my responsibility for proper on going compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative -
 (Required on EVERY Page) Jacqueline Burns Date 8/1/18

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Violation Report: 21064 - 07/19/2018 - Deluca, Amy
 PCH Name: ALEXANDRIA MANOR

1. REGULATION 55 Pa.Code §2600
 2600.189(b) - The home shall document adverse reactions, the prescriber's response and any action taken in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident #4 has a physician's order for Lorazepam one .5 mg tablet to be taken 3 times daily as needed. Staff do not document on the resident's MAR whether the medication is effective when administered.

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.

We are unable to correct citation at this time.

Moving Forward:

We have taken disciplinary action with med tech involved. Med tech involved has been re-educated on the importance of proper documentation when administering medication. Med room supervisors will audit MAR's periodically in prevention of errors. Ultimately as the administrator, it is my responsibility for proper on going 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) <i>Jacqueline Burns Admin</i>	Date <i>8/1/18</i>
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Violation Report: 21064 - 07/19/2018 - Deluca, Amy
 PCH Name: ALEXANDRIA MANOR

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

The Resident Assessment and Support plans (RASPs) for residents #5 and #6 dated 9/10/17 and 6/24/18 respectively, did not include the start date for wound care, the name of the home health agencies providing the care and a contact number.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

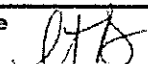
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Corrected at time of inspection

Moving Forward:


New procedures have been put into place for when a resident is placed on with a home health agency. Med techs have been educated on the new procedure. Ultimately as the administrator, it is my responsibility for proper on going 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) <u>Jacqueline Burns</u>	Date <u>8/1/18</u>
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