



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: March 25, 2019

Mr. Joseph C. Negro
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. Negro:

As a result of the Department's Bureau of Human Services Licensing inspection on October 25, 2018 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 21456 - 10/25/2018 - Novak, Ryan
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The fire drill logs indicate that the home conducted an overnight sleeping hours fire drill on 9/7/18 at 12:05am. Interviews with residents on 10/25/18 indicated that the residents have never had an overnight sleeping hours fire drill when the residents would have to get out of bed during it.

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.

Moving Forward:

We will be changing the frequency of overnight fire drills to four times a year.
 Ultimately as administrator, it is my responsibility for 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	Date 2/15/19
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3-14-19</u> (Date) The above plan of correction was approved by <u>AG</u> (Initials)	Plan of correction implementation status as of <u>3-14-19</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
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Violation Report: 21456 - 10/25/2018 - Novak, Ryan
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

An employee of the home was observed smoking in the parking lot next to the dumpster, this is not the homes designated 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.

Moving Forward:

Alexandria Manor Bethlehem smoking location policy was updated to add the smoking location of the back parking by the dumpsters. Ultimately as administrator, it is my responsibility for ongoing compliance.

The Administrator will note in the Home's Smoking Policy that htis new location by the dumpster in the back o the parking lot is for employees only. Residents and guests/visitors will continue to use the primary designated smoking area. 3-14-19

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Violation Report: 21456 - 10/25/2018 - Novak, Ryan
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #4's humalog quickpen was not dated when opened.

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.

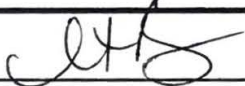
Moving Forward:

All med techs and med room supervisor were written up and were re-educated on properly dating insulin when opening it. All insulin pens and vials will be checked during shift change for open and expiration date. Ultimately as administrator, it is my responsibility for ongoing compliance.

The Administrator will retain documentation of this training. 3-14-19

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Jacqueline Burns

Date 2/15/19

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Violation Report: 21456 - 10/25/2018 - Novak, Ryan
PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

1. REGULATION 55 Pa.Code §2600

2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION

Resident #3's MAR notes oxybutynin 5mg daily, the label to the medication notes twice daily.


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.

Moving Forward:

I have spoken to our pharmacy about direction changes on medications. All medications with a direction change will have the proper label documenting the change. Med room supervisor will check all medication for compliance. Ultimately as administrator, it is my responsibility for ongoing compliance.

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Printed Name and Title of Legal Entity Representative
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Violation Report: 21456 - 10/25/2018 - Novak, Ryan
 PCH Name: ALEXANDRIA MANOR OF ALLENTOWN BETHLEHEM CAMPUS

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 #2's zocar, flomax, nystatin powder, calmoseptine ointment, refresh eye drops and ocean nasal spray were not initialed as administered on 10/21 & 10/23/18 at 8pm.

Resident #2's nystatin powder and calmoseptine ointment were not initialed as administered on 10/22 & 10/24/18 at 7am.

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.

Moving Forward:

Med techs that worked those days have been written up and re-educated on proper MAR documentation. MAR's will be audited for proper compliance by med room supervisor. Ultimately as administrator, it is my responsibility for ongoing compliance.

The Administrator will retain documentation of this training. 3-14-19

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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

It has been determined through staff interviews, that Resident #1 requires a 2-person assist to transfer out of bed and perform ADL's. Resident #1's's most recent RASP, dated 9-17-18, does not reflect this.

Resident #2 requires reminders to reposition, the residents RASP dated 9/4/18 notes the resident is independent with transfers.

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.

Moving Forward:

RASP's for both residents were updated to reflect the change. Administrative assistant will be more specific with wording when completing the RASP. Ultimately as administrator, it is my responsibility for ongoing compliance.

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[Handwritten Signature]

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