



**Sent via e-mail to: jburns@alexandriamanor.com
MAILING DATE: July 12, 2019**

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 inspection on November 19, 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 that reads "Anne Graziano". The signature is written in a cursive style.

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 21064 - 11/19/2018 - Novak, Ryan

PCH Name: ALEXANDRIA MANOR

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 most recent sleeping fire drill was conducted on 11/1/18 at 12:15am, the previous was conducted on 3/17/18 at 11:50pm.

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.

PLAN IMMEDIATELY CORRECTED AT TIME OF INSPECTION.
 ROBYN BROWN, ASSISTANT TO ADMINISTRATOR, AND MYSELF, HEATHER SMITH, ADMINISTRATOR, ARE ASSIGNED AS DESIGNATED PERSONS TO COMPLETE FIRE DRILLS IN ACCORDANCE WITH DHS REGULATIONS. DESIGNATED PERSONS WILL SCHEDULE FIRE DRILLS, MONTHLY, EVERY 6 MONTHS AND AS NEEDED AT MINIMUM TO MAINTAIN COMPLIANCE WITH DHS REGULATIONS. DESIGNATED PERSONS WILL MAINTAIN YEARLY FIRE SAFETY AND EMERGENCY PREPAREDNESS OF RESIDENT EVACUATION TRAINING. FOR ALL STAFF.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Heather A. Smith

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

HEATHER A. SMITH

Date 5/17/2019

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

The above plan of correction is approved as of 7-5-19
 (Date)

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

Plan of correction implementation status as of 7-5-19
 (Date)

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