



July 10, 2019

Mr. Joseph Negrao  
President  
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's Bureau of Human Services Licensing annual inspection on March 28, 2019 of the above facility, the violations 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.

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". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



**Violation Report:** 20526 - 03/28/2019 - DeVries, Kristin  
**PCH Name:** ALEXANDRIA MANOR II

**1. REGULATION 55 Pa.Code §2600**

2600.65(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

**2a. DESCRIPTION OF VIOLATION**

Staff person A, date of hire 11-21-18, did not receive an orientation regarding the staff person's ancillary job duties.

**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.*

Staff person A received orientation training the next day he worked, which was 3/29/19.

*SKA/190J*

**Moving Forward:**

All employees will be given orientation for specific job duties at time of hire and completion of new hire paperwork. Ultimately as administrator it is my responsibility for 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)

Jacqueline Burns

Date 5/24/19

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

The above plan of correction is approved as of 6-4-19  
 (Date)

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

Plan of correction implementation status as of 6-4-19  
 (Date)

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



Violation Report: 20526 - 03/28/2019 - DeVries, Kristin  
 PCH Name: ALEXANDRIA MANOR II

**1. REGULATION 55 Pa.Code §2600**

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**

Staff person B, date of hire 6-12-18, did not complete the Direct Care Competency test until 2-21-19, after she performed unsupervised direct care duties.

**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:

DCS will take the Direct Care Comp Test within 3 days of hire, and before being released to the floor for direct care duties.

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  
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Printed Name and Title of Legal Entity Representative  
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Date 5/24/19

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Violation Report: 20526 - 03/28/2019 - DeVries, Kristin  
 PCH Name: ALEXANDRIA MANOR II

**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 C did not receive annual training in the following topics in training year 2018:

- (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. 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.*

Staff person C was trained in required topics, but neglected to sign in on signature sheet. Staff person C received the required training this year on 5/17/19. *5/17/19*

**Moving Forward:**

DCS will be required to attend all trainings, if a training is missed, they will attend a training at one of our other facilities or will have a 1:1 training. 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) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jacqueline Burns</i>	Date <i>5/24/19</i>
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Violation Report: 20526 - 03/28/2019 - DeVries, Kristin  
 PCH Name: ALEXANDRIA MANOR II

**1. REGULATION 55 Pa.Code §2600**  
 2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:  
 (1) The name, position and duties of each direct care staff person.  
 (2) The required training courses for each staff person.  
 (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

**2a. DESCRIPTION OF VIOLATION**  
 The home's 2019 staff training plan does not include (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year, as required by this regulation.

**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.*

Staff Training Plan was updated day of inspection.  
 Moving Forward:  
 Staff training plan will include dates, times and locations.  
 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  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jacqueline Burns	6/3/19

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**Violation Report:** 20526 - 03/28/2019 - DeVries, Kristin  
**PCH Name:** ALEXANDRIA MANOR II

**1. REGULATION 55 Pa.Code §2600**  
 2600.89(a) - The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

**2a. DESCRIPTION OF VIOLATION**  
 The water temperature in the bathroom adjacent to resident room #17 reached a high temperature of 88.7 degrees Fahrenheit at time of inspection.

**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 and adjusted the hot water heater day of inspection.

Moving Forward:  
 Maintenance will be spot checking water temps in the building weekly to ensure we stay within proper water temp guidelines. Ultimately as administrator it is my responsibility for ongoing compliance.

*5/31/19*

<b>Repeat Violation:</b> No	<b>Date(s) of Previous Violation(s):</b>		
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*[Handwritten Signature]*

<b>Printed Name and Title of Legal Entity Representative</b> (Required on EVERY Page)	<b>Date</b>
<i>Jacqueline Burns</i>	<i>5/24/19</i>

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Violation Report: 20526 - 03/28/2019 - DeVries, Kristin

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**

The shared shower room located on the first floor and was identified as the house bathroom was found to have an unlabeled bar of soap located in the shower.

**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.*

Soap bar removed at time of inspection.

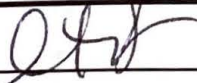
Moving Forward:

POA's and residents that use that bathroom were re-educated on the use of soap containers if they prefer a bar of soap over body wash. Sealing soap container were provided to the resident that use that bathroom. PCA's will check shower room after showers to make sure soap bars are placed back in proper containers. Ultimately as administrator it is my responsibility for ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Date

5/24/19

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**Violation Report:** 20526 - 03/28/2019 - DeVries, Kristin  
**PCH Name:** ALEXANDRIA MANOR II

**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 #1's Lantus 100u/ML was not dated for when it was opened. It is recommended that this medication be discarded 28 days after being opened.  
 Resident #2's Latanaprost eye drops was not dated for when it was opened. It is recommended that this medication be discarded 28 days after opening.

**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.*

Insulin and eye drops were replaced at the cost to the facility since opened dates were not listed.

Moving Forward:

All med techs were re- educated on the importance of writing open and expirations dates. Dates will be check with change of shift. Ultimately as administrator it is my responsibility for ongoing compliance.

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