



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: [hsmith@alexandriamanor.com](mailto:hsmith@alexandriamanor.com)**  
**MAILING DATE: August 7, 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 June 25, 2019 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 "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Violation Report

### Violation Report

#### Facility Information

Name: ALEXANDRIA MANOR

License Number: 210640

Address: 7 SOUTH NEW STREET, NAZARETH, PA 18064

County: NORTHAMPTON

Region: NORTHEAST

#### Administrator

Name: Heather Smith

Phone: 6107594060

Email: JBURNS@ALEXANDRIAMANOR.COM

#### Legal Entity

Name: ALEXANDRIA MANOR OF ALLENTOWN INC

Address: 7 SOUTH NEW STREET, NAZARETH, PA, 18064

#### Certificate(s) of Occupancy

Type: C-2 LP

Date:

Issued By:

#### Staffing Hours

Resident Support Staff:

Total Daily Staff: 101

Waking Staff: 76

#### Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Incident

#### Inspection Dates and Department Representative

06/25/2019 - On-Site: Amy Deluca

#### Resident Demographic Data as of Inspection Dates

##### General Information

License Capacity: 93

Residents Served: 76

##### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

##### Hospice

Current Residents: 10

##### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 76

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 4

Have Mobility Need: 25

Have Physical Disability: 0

ALEXANDRIA MANOR

210640

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/15/19 the glucometer for resident #1 was used to test resident #2's blood glucose.

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.)

CORRECTION WAS MADE AT TIME OF INCIDENT. RESIDENT #1 AND RESIDENT #2 RECEIVED NEW BLOOD SUGAR MONITORING EQUIPMENT. RESIDENT #1 AND #2 RECEIVED LAB WORK TO RULE OUT COMMUNICABLE DISEASES. PDA'S AND MD'S FOR BOTH RESIDENTS WERE NOTIFIED. STAFF MEMBER #1 RECEIVED A WRITTEN WARNING, RE-INSTRUCTION ON REGULATION 2600.85A AND ACCU-CHECK POLICIES AND PROCEDURES. BLOOD SUGAR MACHINES WILL BE MONITORED BY ADMINISTRATOR/DESIGNEE ON A WEEKLY BASIS AND TO ENSURE ~~ALL~~ ALL DIABETIC EQUIPMENT IS PROPERLY LABELLED FOR IDENTIFICATION TO MAINTAIN COMPLIANCE WITH DHS REGULATIONS.

Legal Entity Representative

*Heather A. Smith, ADMIN.*  
Signature

HEATHER A. SMITH, ADMINISTRATOR 7/17/19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-29-19  
(Date)

Plan of correction implementation status as of 7-29-19  
(Date)

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

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

ALEXANDRIA MANOR

210640

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

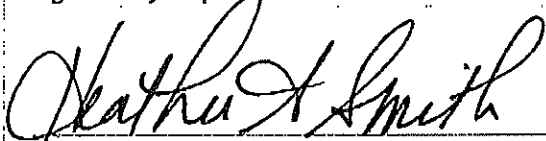
Resident #3 receives blood glucose checks 3 times daily with insulin administered on a sliding scale. On 6/12/19 at 11:00am staff documented a blood glucose reading of 176, which would require 2 units of insulin. There was no blood glucose reading found in the resident's glucometer on this date and time, therefore it could not be determined if the resident's blood glucose was checked at that time or if the correct number of insulin units were administered.

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 MEMBER A RECEIVED A WRITTEN WARNING AND RE-EDUCATION IN REGULATION 2600.187D. BLOOD GLUCOSE MACHINES WILL BE MONITORED BY ADMINISTRATOR/DESIGNEE ON A WEEKLY BASIS TO ENSURE PROPER FUNCTION AND TO MAINTAIN COMPLIANCE WITH DHS REGULATIONS.

Legal Entity Representative



Signature

HEATHER A. SMITH, ADMINISTRATOR 7/17/19

Printed Name and Title

Date

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