



October 21, 2019

Mr. Joseph Negro
President
Alexandria Manor of Allentown Inc.
7 South New Street
Nazareth, Pennsylvania 18064

RE: Alexandria Manor
License #: 210640

Dear Mr. Negro:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 1, 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.

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 blue ink, appearing to read "Kevin Hancock", is written over a light blue horizontal line.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *ALEXANDRIA MANOR* License Number: *21064*
 Address: *7 SOUTH NEW STREET, NAZARETH, PA 18064*
 County: *NORTHAMPTON* Region: *NORTHEAST*

Administrator

Name: *Robyn Brown* 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: *05/17/1994* Issued By: *PA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *109* Waking Staff: *82*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
 Reason: *Renewal*

Inspection Dates and Department Representative

07/09/2019 - On-Site: Ann O'Haire, Jason Harvey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *93* Residents Served: *82*

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: *79*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *4*
 Have Mobility Need: *27* Have Physical Disability: *1*

ALEXANDRIA MANOR

21064

25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The contract in the record for resident #1 dated 4/5/19 was not signed by the resident.

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.)

ON DAY OF INSPECTION, ADMINISTRATOR ADJUSTED CONTRACT PER STATE INSPECTORS RECOMMENDATION. MOVING FORWARD, ADMINISTRATOR/DESIGNEE WILL FOLLOW REGULATION 2600.25b TO ENSURE ALL NECESSARY SIGNATURES ARE APPLIED TO RESIDENTS CONTRACTS ON DATE OF ADMISSION TO MAINTAIN COMPLIANCE WITH DHS REGULATIONS.

Legal Entity Representative

Heather A Smith
Signature

HEATHER A. SMITH, ADMIN. 8/29/19
Printed Name and Title Date

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

The above plan of correction is approved as of 9-19-19 (Date)

Plan of correction implementation status as of 9-19-19 (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

21064

28f - Resident's Funds and 30-day Refund

Regulations

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #2 was discharged on 5/9/19. The home did not send the refund to the resident's estate.

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 AT TIME OF INSPECTION. MOVING FORWARD, DISCHARGE RESIDENT FORM WAS AMENDED TO INCLUDE "DUE DATE" OF REFUND (IF ANY). ADMINISTRATOR/DESIGNEE WILL COMMUNICATE WITH ACCOUNTING/FINANCE OFFICE 23 DAYS AFTER DISCHARGE DATE TO CONFIRM REFUND STATUS AND ENSURE REFUND IS ISSUED WITHIN NEXT 7 DAYS. TO MAINTAIN COMPLIANCE WITH DHS REGULATIONS.

The home will issue the required itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home, to Resident #2. The administrator will develop a tracking system to ensure that all discharged residents receive the required account and/or refund within 30 days of discharge.

Legal Entity Representative Documentation will be maintained by the home and made available to the department upon request. 9-19-19 MM

Handwritten signature of Heather A. Smith

Signature

HEATHER A. SMITH, ADMIN 8/29/19
Printed Name and Title Date

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ALEXANDRIA MANOR

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187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident # 3's Torprol XL 50 mg tab. take one tab by mouth daily with dinner was not initialed as being administered on 07-04-19 at 5:00PM.

Resident #4 's Neurontin 100 mg. cap. Take 2 caps by mouth every 8 hours was not initialed as being administered on 07-07-19 at 10:00 PM.

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 AT TIME OF INSPECTION.
 MOVING FORWARD, MEDTECH INVOLVED WITH RESIDENT #3'S
 CITATION RECEIVED A WRITTEN WARNING AS WELL AS
 MED TECH INVOLVED WITH RESIDENT #4. ADMINISTRATOR/DESIGNEE
 WILL PERFORM WEEKLY ADMINISTRATIVE MEDICATION RECORD
 CHECKS TO ENSURE COMPLIANCE WITH DHS REGULATIONS.

Within 5 days of receipt of POC: The administrator or designee shall audit the homes MAR's for completeness and accuracy.

Audits shall be completed weekly times 2 months and monthly thereafter. 9-19-19

Legal Entity Representative

MM


 Signature

HEATHER A. SMITH, ADMIN 8/29/19
 Printed Name and Title Date

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ALEXANDRIA MANOR

21064

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

On 7/8/19 at 4pm, the blood glucose reading of resident # 5 was 153. Per the prescribed sliding scale insulin parameters, the resident should have received 3 units of insulin but instead received 2 units.

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 AT TIME OF INSPECTION. MOVING FORWARD, MEDTECH INVOLVED WITH RESIDENT #5'S CITATION RECEIVED A WRITTEN WARNING. ADMINISTRATOR/DESIGNEE WILL PERFORM ADMINISTRATIVE MONITORING OF ALL MEDICATION RECORDS AND GLUCOSE MACHINES WEEKLY TO ENSURE COMPLIANCE WITH DHS REGULATIONS.

Legal Entity Representative

Heather A. Smith
Signature

HEATHER A. SMITH, ADMIN. 8/29/19
Printed Name and Title Date

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07/09/2019

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