pennsylvania
DEPARTMENT OF HUMAN SERVICES

November 12, 2019

Ms. Clarissa DeGroff
Administrator
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 Ms. DeGroff:

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

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *ALEXANDRIA MANOR OF ALLENTOWN - BETHLEHEM CAMPUS* **License Number**: *21456*
Address: *3534 LINDEN STREET,, BETHLEHEM, PA 18017*
County: *NORTHAMPTON* **Region**: *NORTHEAST*

Administrator

Name: *Clarissa DeGroff* **Phone**: *6108673060* **Email**: *nursecdegrouch@hotmail.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**: *04/04/2006* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *33* **Waking Staff**: *25*

Inspection

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

Inspection Dates and Department Representative

08/01/2019 - On-Site: Ryan Novak, Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *58* **Residents Served**: *32*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Are 60 Years of Age or Older: *32*
Diagnosed with Mental Illness: *1*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1*
Have Physical Disability: *0*

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home has a gas stove in the main kitchen located in the lower level. There was no Carbon Monoxide Monitor installed in the kitchen at least 15 feet from the fossil fuel burning device as required by the Care Facilities Carbon Monoxide Standard Act.

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.)

A monitor was hung day of inspection. Moving forward administrator & maintenance will ensure the monitor is in the kitchen & batteries are changed. Ultimately as administrator it is my responsibility to ensure it is there and maintained to comply with state reg 18

*see attached.

Legal Entity Representative

Signature

Clarissa DeGroff LPN/adm 8/23/19

Printed Name and Title Date

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

The above plan of correction is approved as of 9-24-19 (Date)

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

Plan of correction implementation status as of 9-24-19 (Date)

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

20b1 - Financial Records

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The financial transaction sheet for resident #1 did not include the current balance for the previous 3 withdrawals.

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, activity personnel will total all transactions as they occur. Ultimately as administrator it is my responsibility to ensure it is done to comply with state reg 20b1

* see attached

Legal Entity Representative

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20b8 - Quarterly Account

Regulations

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

The home did not provide a quarterly statement of financial transactions to resident #1 or the resident's designated person for any of the transactions documented for 2018 and 2019.

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, but moving forward, all statements will be given to residents & family members every 3 months by activity personnel. All statements were given to residents & sent to family members. Ultimately as administrator, it is my responsibility to ensure it is done to comply with state reg 20b8

* See attached

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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 from the home on 3/21/2019. The home did not provide a refund to the resident's family until 6/14/2019.

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, but moving forward, we will remind the bookkeeper of the 30 day policy. Ultimately as administrator it is my responsibility to ensure it is done to comply with state reg 28f

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Signature

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8/23/19 — Date

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51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care staff member A hired 7/10/19 Pennsylvania State Police Criminal Background Check completed on 7/23/19 notes "request under review for control." The employee has worked unsupervised in the home.

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 but moving forward, DCS will not be allowed to work unsupervised until all components of criminal background checks are received. Ultimately as administrator it is my responsibility to ensure this happens to comply with state reg 51

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65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Description of Violation

Ancillary staff member B hired 8/25/10 did not receive training in resident rights and The Older Adult Protective Services Act for training year 2018.

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, but moving forward all staff (DCs + ancillary) will be made to attend the annual trainings either in this facility or at one of our sister facilities. Ultimately as administrator it is my responsibility to ensure it is done to comply with state reg 65G

The Administrator will go back and provide the missed training to the employee and ensure that missed trainings will be made up in the future if the employee still works in the home. These training topics must be covered annually and a tracking system must be set up to ensure that all employees receive training in all training areas every training year. 9-24-19

Legal Entity Representative

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124 - Notice to Fire Department

Regulations

2600.
124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The homes notice to the fire department does not indicate the level of assistance the residents require in the event of an emergency.

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.)

A new letter was composed & sent to the fire dept stating that we have "residents with mobility needs that will need assist evacuating. Fire Chief signed & dated. Ultimately as administrator it is my responsibility to keep the fire company updated to comply with state reg 184

* See attached

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144c1 - Smoking Area Guidelines

Regulations

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

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.

Description of Violation

Approximately 10 extinguished cigarette butts were located on the ground near the dumpster which is the designated area for employees to smoke. A fireproof receptacle was not located in this designated area.

Licensing representative observed an employee of the home dispose of an extinguished cigarette butt in a trash can on his way back into the home from the residents smoking area.

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.)

cigarette receptacle was place in smoking area the day of inspection. All cigarette butts were cleaned up by the dumpster. Staff was re-educated on the importance of using the receptacle as opposed to the garbage can whether extinguished or not. Ultimately as administrator it is my responsibility to ensure receptacle is used & area kept clean to comply with state reg 144 C

* see attached

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185a - Implement Storage Procedures

Regulations

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The glucometer belonging to resident #3 was not calibrated to the correct date and time. At the time of the inspection the current date was showing as 9/27/2018.

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.)

Corrected at time of inspection. Moving forward, Med room supervisor will check accu v machines weekly + as needed. Med techs will be instructed to look at machines to ensure it has the correct time + date before using them. Ultimately as administrator it is my responsibility to ensure it is done to comply with state reg 85a.

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