



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: jburns@alexandriamanor.com
MAILING DATE: November 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 August 28, 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 "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

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

License Number: *21064*

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: *0* Total Daily Staff: *104* Waking Staff: *78*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Incident*

Inspection Dates and Department Representative

08/28/2019 - On-Site: Jason Harvey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *93* Residents Served: *77*

Secured Dementia Care Unit

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

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *75*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *4*
Have Mobility Need: *27* Have Physical Disability: *1*

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/24/2019 the home self-reported an incident of sharing resident #1's glucometer with resident #2 on 7/24/2019 at 7am to the Department.

On 8/1/2019 the home conducted a routine audit of the resident's glucometers; on 8/1/2019 the home self-reported an incident of sharing resident #3's glucometer with resident #4 on 7/29/2019 at 7:06pm to the Department.

Repeat Violation: 6/25/2019

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.)

IN REFERENCE TO VIOLATION ON 7/24/2019, MED TECH INVOLVED WITH INCIDENT RECEIVED A WRITTEN WARNING AND RE-EDUCATION IN DIABETIC TRAINING. RESIDENT #1 RECEIVED A NEW GLUCOMETER AND BOTH RESIDENT #1 & RESIDENT #2 RECEIVED LAB WORK TO TEST FOR COMMUNICABLE DISEASES. ALL SAFEGUARDS IN PLACE, LABELING OF ALL SUPPLIES AND SEPARATE STORAGE FOR ALL DIABETICS TO ENSURE MAINTAINING COMPLIANCE OF DHS REGULATIONS. ALL DOCUMENTATION GIVEN TO INSPECTOR JASON HARVEY ON VISIT DATE 8/28/2019. IN REFERENCE TO VIOLATION ON 8/1/2019, MED TECH INVOLVED WITH INCIDENT RECEIVED WRITTEN WARNING AND RE-EDUCATION IN DIABETIC TRAINING. RESIDENT #3 RECEIVED A NEW GLUCOMETER AND BOTH RESIDENT #3 AND RESIDENT #4 RECEIVED LAB WORK TO TEST FOR

Legal Entity Representative

Heather A. Smith
Signature

HEATHER A. SMITH ADMIN. 9/10/19
Printed Name and Title Date

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The above plan of correction is approved as of
(Date)

9-12-19
(Date)

Plan of correction implementation status as of
(Date)

9-12-19
(Date)

The above plan of correction was approved by

ag
(Initials)

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

PLAN OF CORRECTION CONTINUED FOR VIOLATION 2600.85A (SANITARY CONDITIONS) : P 2A of 3

- COMMUNICABLE DISEASES. ALL SAFEGUARDS IN PLACE, LABELING OF SUPPLIES AND SEPARATE STORAGE FOR ALL DIABETICS TO ENSURE MAINTAINING COMPLIANCE WITH DHS REGULATIONS. ALL DOCUMENTATION GIVEN TO INSPECTOR JASON HARVEY ON VISIT DATE 8/28/2019. ADMINISTRATOR / DESIGNEE WILL CONTINUE WEEKLY GLUCOSE MONITORING ROUTINE AUDITS TO ENSURE COMPLIANCE WITH DHS REGULATIONS.

Heather A Smith, HEATHER A. SMITH, ADMIN 9/10/19

9-12-19 ag

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 home did not properly maintain the Blood Glucose Treatment sheets, of the indicated resident due to staff incorrectly transcribing the blood glucose test results in the individual glucometer:

Resident #5- On 8/24/19 at 7:04am the reading was 148 but was incorrectly transcribed as 145.

Resident #6 On 8/27/19 at 5:20pm the reading was 107 but was incorrectly transcribed as 110

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.)

CANNOT BE CORRECTED AT THIS TIME. MOVING FORWARD, STAFF PERSON INVOLVED WITH RESIDENT #5 RECEIVED A WRITTEN WARNING AND RE-EDUCATION OF REGULATIONS 185A & 185B. IF FURTHER INFRACTION CONTINUES STAFF PERSON WILL BE REMOVED FROM MEDICATION ADMINISTRATION/SUSPENDED AND/OR TERMINATED FOR VIOLATION OF DHS REGULATIONS AND COMPANY POLICIES & PROCEDURES. STAFF PERSON INVOLVED WITH RESIDENT #5 ALSO RECEIVED WRITTEN WARNING AND RE-EDUCATION IN REGULATIONS 185A & 185B. SAME RESULTS OCCUR AS ABOVE IF INFRACTION CONTINUES. SAFEGUARDS ARE IN PLACE FOR IDENTIFICATION AND STORAGE PURPOSES. ADMINISTRATOR/DESIGNEE WILL CONTINUE ROUTINE WEEKLY GLUCOSE AUDITS TO MAINTAIN COMPLIANCE WITH DHS REGULATIONS. DOCUMENTATION ATTACHED.

Heather A Smith
Signature

HEATHER A SMITH, ADMIN 9/10/2019
Printed Name and Title Date

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The above plan of correction is approved as of 9-12-19 (Date)

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