



Sent via e-mail: jburns@alexandriamanor.com
MAILING DATE: December 26, 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 #: 20526

Dear Mr. Negrao:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on September 26, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *ALEXANDRIA MANOR II*

License Number: *20526*

Address: *313 S. WALNUT ST., BATH, PA 18014*

County: *NORTHAMPTON*

Region: *NORTHEAST*

Administrator

Name: *Jacqueline Burns*

Phone: *6108373500*

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: *70*

Waking Staff: *53*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

Inspection Dates and Department Representative

09/26/2019 - On-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *78*

Residents Served: *56*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *52*

Diagnosed with Mental Illness: *2*

Diagnosed with Intellectual Disability: *2*

Have Mobility Need: *14*

Have Physical Disability: *1*

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

According to interviews with residents and with the home's administrator, on 9/6/19 the fire alarm sounded and the fire department responded to the alarm and identified a faulty smoke alarm censor as the reason for the fire alarm. The home did not report the incident to the department's regional office.

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.)

I (Jacqueline) have re-educated myself on the regulation, I have also re-educated my assistant regarding the regulation.

MOVING FORWARD: Any time the alarm system sounds, unless it is for a drill a report will be sent to Northeast DHS office within 24hrs.

Ultimately as the administrator, it is my responsibility for ongoing compliance.

Legal Entity Representative

Signature

Jacqueline Burns Admin

Printed Name and Title

12/5/19

Date

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

The above plan of correction is approved as of 12-26-19
(Date)

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

Plan of correction implementation status as of 12-26-19
(Date)

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

23a - Activities of Daily Living Assistance

Regulations

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident # 1 requires shower assistance twice per week. According to resident interview the resident did not receive a shower during the week of 9/15/19 to 9/21/19 and he normally only receives 1 shower per week. Resident #2 also stated that she requires assistance with showering twice per week but only receives the assistance 1 time per week and only when staff is reminded.

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.)

All staff were re-educated regarding residents that require assistance with showers, along with re-education on where RASP are kept for all residents.

MOVING FORWARD: All staff have been educated on new procedure regarding residents when a shower is missed or refused. If a shower is missed, due to resident being LOA; once the resident returns, shower will be done. If a resident is refusing showers, POA will be contacted. After third refusal, a new shower plan will be put into place. Ultimately as the administrator, it is my responsibility for ongoing compliance.

Legal Entity Representative



Signature

Jacqueline Burns Admin

Printed Name and Title

12/5/19

Date

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- Not Implemented

132a - Monthly Fire Drill

Regulations

2600.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home did not conduct a fire drill for the month of August 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 for date listed.

MOVING FORWARD: I (Jacqueline) will make sure fire drills are properly documented on fire drill sheet. My assistant will also be a second set of eyes making sure everything is documented properly. Ultimately as the administrator, it is my responsibility for ongoing compliance.

Legal Entity Representative

Jacqueline Burns Admin

12/5/19

Signature

Printed Name and Title

Date

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