



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: jburns@alexandriamanor.com
MAILING DATE: February 20, 2020

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 #: 205260

Dear Mr. Negrao:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 12, 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: *57*

Waking Staff: *43*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

Inspection Dates and Department Representative

12/12/2019 - On-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *78*

Residents Served: *49*

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: *47*

Diagnosed with Mental Illness: *2*

Diagnosed with Intellectual Disability: *2*

Have Mobility Need: *8*

Have Physical Disability: *1*

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home has a camera installed in the common area of the 2nd floor dementia care unit. The camera faces an exit door in the unit but also records residents in the common area of the home. Recording of residents in this manner is prohibited by this regulation.

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.)

At no time was any residents right to privacy violated. Camera's were installed to protect the health, well being and safety of our residents.

MOVING FORWARD: Only cameras facing exits will be equipped to record. Ultimately as the administrator, it is my responsibility for ongoing compliance.

Immediately and Ongoing:

The home will ensure that the right to privacy of self and possessions is protected.

2-11-2020

MM

Legal Entity Representative



Signature

Jacqueline Burns Admin

Printed Name and Title

1/5/2020

Date

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The above plan of correction is approved as of 2-11-2020
(Date)

Plan of correction implementation status as of 2-11-2020
(Date)

Implemented see POC

Not Implemented

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

85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

A strong odor of urine was detected in both the bedroom of resident #1 and in the 2nd floor common area located just off of the elevator.

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.)

Carpets in both areas were shampooed immediately.

MOVING FORWARD:

*Housekeepers were made aware that the 2nd floor common area needs to be shampooed on a weekly basis.

*Resident #1 is being moved into our higher level of care floor, into a room that has vinyl flooring instead of carpeting. He will also be reminded via signs in his room not to open his foley bag and empty without assistance. Ultimately as the administrator, it is my responsibility for ongoing compliance.

Immediately and Ongoing:

The home will instruct staff to check all areas of the home for unsanitary conditions at least once per shift. Staff will be instructed to remedy any unsanitary conditions immediately upon detection. The administrator shall monitor weekly for the next 3 months to ensure ongoing compliance. 2-11-2020 - MM

Legal Entity Representative

Jacqueline Burns Admin

1/5/2020

Signature

Printed Name and Title

Date

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(Date)

Plan of correction implementation status as of 2-11-2020
(Date)

Implemented see POC

Not Implemented

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

227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The support plan for resident #1 dated 9/12/19 did not include the information regarding the resident's catheter bag, staff designated to empty the bag and maintain care of the catheter.

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.)

Addendum was completed day of to add that staff is designated to empty foley bag along with LVH Homecare to continue catheter care.

MOVING FORWARD: Administrative assistant was re-educated on the importance of including all information in RASP. I (Jacqueline) will look over RASP to make sure all information is included. Ultimately as the administrator, it is my responsibility for ongoing compliance.

Within 5 days of receipt of this plan of correction:

The administration shall Audit all resident records and ensure that documentation in the resident's support plan addresses the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. The Audit shall be weekly X's 3 months to ensure ongoing compliance. 2-11-2020 - MM

Legal Entity Representative



Signature

Jacqueline Burns Admin

Printed Name and Title

1/5/2020

Date

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(Date)

Plan of correction implementation status as of 2-11-2020
(Date)

Implemented

Not Implemented

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