pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **ALEXANDRIA MANOR OF ALLENTOWN INC**
LEGAL ENTITY

To operate **ALEXANDRIA MANOR II**
NAME OF FACILITY OR AGENCY

Located at **313 S. WALNUT ST., BATH, PA 18014**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **78**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **July 10, 2020** until **January 10, 2021**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **205261**

Robert E. Robinson
ISSUING OFFICER

Jamie L. Buchenauer
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 6/20

pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July, 10, 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 #: 205261

Dear Mr. Negrao:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on January 7, 2020, and January 9, 2020 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (205260) dated July 12, 2019 to July 12, 2020 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated July 12, 2019 to July 12, 2020 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from July 10, 2020 to January 10, 2021.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 or § 2800 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 or 2800 Section:	Class of Violation	Census at Inspection	X	Fine Per resident Per day	=	Calculated Fine Per day	Mandated Correction Date (to avoid Fine)
65d	III	45		$3		$135	15 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Jamie L. Buchenauer

Jamie Buchenauer
Deputy Secretary
Office of Long-Term Living

Enclosure
License
Licensing InspectionSummary

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:** *53* **Waking Staff:** *40*

Inspection

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

Inspection Dates and Department Representative

01/07/2020 - On-Site: Amy Deluca, Ryan Yankowy

01/09/2020 - On-Site: Amy Deluca, Ryan Yankowy

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *78* **Residents Served:** *45*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *40*
Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability:** *2*
Have Mobility Need: *8* **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

On [redacted]/19 the home reported that resident #1 was found by staff person A to be unresponsive next to his bed. Staff person A did not accurately report that resident #1 was initially found with his head wedged between an enabler bar attached to the mattress and the mattress itself.

Also, on [redacted]/19 an examiner from the Lehigh Valley Coroner's office, accompanied by state police, came to the home to question staff person A regarding the manner in which resident #1 was found on [redacted]/19. The home did not report that the state police had come to the home to participate in an investigation into resident #1's death.

Repeat Violation - 9-26-2019

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.)
Staff person A was educated on Regulation 16c, by PCH administrator on 10/18/19 with emphasis on expectation of accuracy with reporting details of all incidents.

Moving Forward:
All staff were educated on Regulation 16c by PCH administrator with emphasis on expectation of accuracy with reporting details of all incidents.
Audits of staff will be completed by PCH administrator or administrative assistant monthly times 3 with emphasis on their role, knowledge and responsibility of reporting all incidents and accuracy of all information reported. Audits will be reviewed by owner.

Yearly education provided by PCH administrator will continue to be provided to all staff regarding abuse reporting and incident reporting with emphasis on importance of accuracy in all reporting. New employee orientation provided by PCH administrator or administrative assistant will include emphasis on importance of accuracy and timeliness in reporting all incidents.

PCH administrator or administrative assistant received education on their role and responsibility to report Regulation 16c and to report all updates related to incident investigations as they occur to include additional agency involvement including but not limited to police.

With each abuse/incident reporting to the Department the report will be audited for accurate reporting, including all updated from investigation, according to Department regulations for a period of 6 months. Audit will be performed by PCH administrator or administrative assistant and audits will be reviewed by owner.

Ultimately as administrator it is my responsibility for on going compliance.

Legal Entity Representative

Signature	Jacqueline Burns Admin Printed Name and Title	2/13/2020 Date

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

The above plan of correction is approved as of	2-28-2020 (Date)	Plan of correction implementation status as of	(Date)
		Implemented	
The above plan of correction was approved by	MM (Initials)	Not Implemented	

(2)

16d - Final Incident Report

Regulations

2600.

16.d. The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

Description of Violation

On [redacted]/19 an examiner from the Lehigh Valley Coroner's office, accompanied by state police, came to the home to question staff person A regarding the manner in which resident #1 was found on [redacted]'19. At that time, staff person A reported that he had found the resident with his head wedged between an enabler bar attached to the bed and the mattress itself. The home did not submit a follow up incident report to update the department's regional office with this new information.

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.)

Education was provided to PCH administrator day of inspection 1/7/2020 regarding Regulation 16d and the Regulatory requirement to submit a final report on all reportable incidents on the designated form to the Departments personal care home regional office immediately following the conclusion of the investigation. Education included emphasis on the need to submit a follow up incident report/update to the Department's regional office with any new information during the investigation process and upon completion of the investigation.

Moving Forward:

Audit of reportable incidents will be completed by PCH administrator or administrative assistant to assure proper reporting, including submission of additional updates as new information becomes available and submission of final reports at the conclusion of the investigation (please see attachment). Audits will be done for a period of one year and reviewed quarterly by owner.

Ultimately as administrator it is my responsibility for on going compliance.

Legal Entity Representative

Signature	Jacqueline Burns Admin Printed Name and Title	02/13/2020 Date

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		Implemented Not Implemented	
The above plan of correction was approved by	MM (Initials)		

(3)

63d - Certified CPR Staff

Regulations

2600.
63.d. A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with his training, unless the resident has a do not resuscitate order.

Description of Violation

Staff person A is certified in first aid and CPR. Through staff interviews it was determined that on [redacted]/19, staff person A discovered resident #1 unresponsive and without a pulse on the floor of his bedroom at approximately 2:45am. Staff person A did not initiate CPR immediately upon discovery of the resident. Instead staff person A left the bedroom to obtain assistance from staff person B.

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 educated on 2/7/2020 by PCH administrator and CPR trainer on Regulation 63d regarding any staff person who is trained in first aid/CPR with emphasis on their role, responsibility and knowledge of procedure to be followed when in need of assistance during an emergency to assure timely interventions to assist the resident without delay.

Moving Forward:
Annual in servicing will be provided to all staff by PCH administrator on emergency procedures and the importance of immediate action during an emergency.

Education was provided with a strong emphasis on the importance of use of a communication radio while on shift. Audit will be completed monthly times 3 months by PCH administrator or administrative assistant to assess staff knowledge of procedure to be followed when encountering a resident in need of first aid, obstructed airway intervention or CPR, unless a resident has a Pennsylvania Orders for Life-Sustaining Treatment (POLST) Form indicating do not resuscitate to assure all staff are aware of the need for immediate intervention and knowledge of procedure to procure assistance (please see attachment). Audits will be reviewed by the owner.

Ultimately as administrator it is my responsibility for on going compliance.

Legal Entity Representative

Signature	Jacqueline Burns Admin Printed Name and Title	02/13/2020 Date

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		Implemented	
The above plan of correction was approved by	MM (Initials)	Not Implemented	

(5)

65d - Initial Direct Care Training

Regulations

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Staff person C, who was hired as a direct care worker on 7/24/19, did not complete the department's required direct care competency training course until 10/3/19. Staff person C performed unsupervised direct care prior to this date.

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 new direct care staff will complete the Department's direct care competency training course and test during the first day of employment.

Moving Forward:

Completed review of all employee by PCH administrator or administrative assistant to assure their completion of Departments training course and competencies test was done 1/9/2020.

PCH administrator and administrative assistant were education on Regulation 65d regarding direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of Department approved direct care training course and passing of the competency test.

Audits will be completed monthly for 1 year to assure all new hires are in full compliance with the Departments regulation 65d (please see attachment). Audits will be reviewed by the owner.

Ultimately as administrator it is my responsibility for on going compliance.

Repeat Violation - 3-28-2019

Legal Entity Representative

Signature	Jacqueline Burns Admin Printed Name and Title	02/13/2020 Date

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		○ Implemented	
The above plan of correction was approved by	MM (Initials)	○ Not Implemented	

144c2 - Smoking Area Distance

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:
2. 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: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

The outdoor designated smoking area contained the following items which pose a fire hazard: 3 blankets and a pet bed. The items were found in the area where residents were observed smoking. There was also a garbage can full with trash, found in the designated 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.)

All items were removed day of inspection.

Moving Forward:

Education has been provided to all residents and staff on Regulation 144c2 related to location of smoking area distance with emphasis on the smoking area to be free of all flammable items to include pet beds, blankets, garbage cans, etc.

Daily audit of smoking area will be completed by PCH administrator, administrative assistant or med tech on duty to assure continued compliance with this regulation (please see attachments). Audits will be reviewed by owner.

Ultimately as administrator it is my responsibility for on going compliance.

Legal Entity Representative

Signature	Jacqueline Burns Admin Printed Name and Title	02/13/2020 Date

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		Implemented	
The above plan of correction was approved by	MM (Initials)	Not Implemented	

(11)

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

Resident #1 had an enabler bar attached to his bed. According to occupational therapy notes, the resident used the bar to safely transfer to and from his bed to his wheelchair due to having right side paralysis. The resident's support plan dated 2/1/19 only indicated the enabler bar was attached to the bed due to fall risk.

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 review was completed by PCH administrator and administrative assistant of all resident's support plans who have enabler bars to assure the rational for use of enabler bar was accurately reflected in the support plan.

Moving Forward:

Education was provided to PCH administrator and administrative assistant regarding Regulation 227d with emphasis on accuracy regarding support plans.

Audit will be completed PCH administrator or administrative assistant monthly times 3 for all residents with enabler bars to assure support plan accuracy with rationale for their use (please see attachment). Audits will be reviewed by owner.

Ultimately as administrator it is my responsibility for on going compliance.

Repeat Violation - 12-12-2019

Legal Entity Representative

Signature	Jacqueline Burns Admin Printed Name and Title	02/13/2020 Date

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		Implemented	
The above plan of correction was approved by	MM (Initials)	Not Implemented	