

Department of Human Services
Bureau of Human Service Licensing

March 28, 2021

██████████ PRESIDENT
ALEXANDRIA MANOR OF ALLENTOWN INC
7 SOUTH NEW STREET
NAZARETH, PA 18064

RE: ALEXANDRIA MANOR
7 SOUTH NEW STREET
NAZARETH, PA, 18064
LICENSE/COC#: 21064

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/26/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: ALEXANDRIA MANOR **Licen e #:** 21064 **Licen e Expiration Date:** 08/15/2021
Adde : 7 SOUTH NEW STREET, NAZARETH, PA 18064
County: NORTHAMPTON **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 6107594060 **Email:** [REDACTED]
[REDACTED] [REDACTED]

Legal Entity

Name: ALEXANDRIA MANOR OF ALLENTOWN INC
Address: 7 SOUTH NEW STREET, NAZARETH, PA, 18064
Phone: 6107594060 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 05/17/1994 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 94 **Waking Staff:** 71

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Rea on: Incident **Exit Conference Date:** 01/26/2021

Inspection Dates and Department Representative

01/26/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 93 **Residents Served:** 70

Secured Dementia Care Unit

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

Hospice

Current Re ident : 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 68
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 24 **Have Physical Disability:** 0

Inspections / Reviews

01/26/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *02/21/2021*

3/8/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *03/12/2021*

3/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

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 assistance of 1 staff person for all transfers and for toileting. Resident #1 has had falls due to frequent incidents of the resident self-transferring and requires supervision. Resident #1 was admitted to a rehab facility on [REDACTED] and returned to the facility on [REDACTED]. [REDACTED] had another fall on [REDACTED] and was again transported to the hospital for facial injury. Resident #1 was not receiving adequate supervision for transfers.

Plan of Correction

Accept

Resident #1 returned to the facility on [REDACTED]. [REDACTED] was admitted to Hospice services on [REDACTED]. Resident was assessed by AM staff and is able to ring [REDACTED] call bell when [REDACTED] requires assistance. Resident #1 was also placed on a 30-minute check due to previous fall history and to ensure Resident #1 receives adequate supervision for transfers and ADL's. Resident #1 was provided with a hospital bed, fall mats, and bed and chair alarms for additional securities and comfort. Administrator has scheduled a re-education/education class for the importance of following documented Resident Support Plans (i.e. Proper Documentation & Hippa) for Monday, March 8, 2021 and Wednesday, March 10, 2021.

Completion Date: 03/10/2021

Update - 03/08/2021

Please send/Attach proof of staff training as outlined in the plan of correction.

Document Submission

Implemented

Attached is the class documentation (proof of training) for 3/8/2021. The class scheduled for 3/10/2021 was cancelled and rescheduled for 3/31/2021. I will forward the class information (proof of training) by end of day 3/31/2021.

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #2 was admitted to the home on [REDACTED]. The home did not complete a support plan for the resident until 1/26/21.

Plan of Correction

Accept

Completion of the Support Plan in question was done on 1/26/2021 before the inspector left the facility. Moving forward all Resident Support Plans will be completed within their respective due dates and completed by the Administrator/Designee to ensure ongoing compliance with DHS Regulations.

Completion Date: 01/26/2021

Update - 03/08/2021

Ongoing:

The administrator will develop a system to ensure that all support plans are done correctly, completely, and within the time frames required by this Chapter

227a - Support Plan 30 Days (continued)

Document Submission**Implemented**

Administrator developed a RASP list per floor in alphabetical order. This list states the admission date, date medical evaluation received and due, date RASP is due, and the Residents PCP. Whether initial move-in and/or status change, the Rasp due dates will be highlighted and given to designee documenting the form. When completed form is received, Administrator will remove highlight and update dates if necessary. Attached first page of list for proof of system.