

Department of Human Services  
Bureau of Human Service Licensing

September 28, 2021

[REDACTED], ADMINISTRATOR  
[REDACTED]  
[REDACTED]

RE: ALEXANDRIA MANOR OF  
ALLENTOWN - BETHLEHEM  
CAMPUS  
3534 LINDEN STREET  
BETHLEHEM, PA, 18017  
LICENSE/COC#: 21456

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/22/2021, 06/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]  
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 OF ALLENTOWN - BETHLEHEM CAMPUS* License #: *21456* License Expiration Date: *09/29/2021*  
Address: *3534 LINDEN STREET, BETHLEHEM, PA 18017*  
County: *NORTHAMPTON* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *04/04/2006* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *28* Waking Staff: *21*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *06/24/2021*

**Inspection Dates and Department Representative**

06/22/2021 - On-Site: [REDACTED]  
06/23/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *58* Residents Served: *28*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *28*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

06/22/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *07/25/2021*

8/24/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *09/03/2021*

9/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

### 103c - Food Protected

#### 1. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

#### Description of Violation

*On 6/23/21 there was an uncovered cherry pie stored in freezer located in the dry storage room.*

#### Plan of Correction

**Accept**

*Corrected at time of inspection. Moving forward, this administrator will check fridges and freezers to ensure things are stored properly. Kitchen staff will be educated on the importance of proper storage, ie: sealed properly and stored properly, to comply with state reg 103c.*

**Completion Date:** 06/23/2021

#### Document Submission

**Implemented**

*ISSUE WAS ADDRESSED WITH KITCHEN STAFF*

### 103f - Refrigerator/Freezer Temps

#### 1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

#### Description of Violation

*There was no thermometer in the freezer in the dry storage room located off of the kitchen.*

#### Plan of Correction

**Accept**

*Corrected at time of inspection, moving forward this administrator will check fridges and freezers weekly and educate kitchen staff to check for thermometers to comply with state reg 103f*

**Completion Date:** 06/23/2021

#### Document Submission

**Implemented**

*ISSUE WAS ADDRESSED WITH KITCHEN STAFF*

### 103i - Outdated Food

#### 1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

#### Description of Violation

*A #10 can of Cheddar cheese sauce and Mandarin Oranges was dented and located on the can shelf in the dry storage room.*

#### Plan of Correction

**Accept**

*Corrected at time of inspection, moving forward kitchen staff will be educated on either returning the dented cans or throwing them away, this administrator will check weekly to ensure there are no dented cans to remain in compliance with state reg 103i*

**Completion Date:** 06/23/2021

103i - Outdated Food (*continued*)

**Document Submission**

**Implemented**

*ISSUE WAS ADDRESSED WITH KITCHEN STAFF*

123a - Exit Doors

**1. Requirements**

2600.

123.a. Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

**Description of Violation**

*The fire exit door leading to the rear patio does not close without being forcefully pulled.*

**Plan of Correction**

**Accept**

*Corrected at time of inspection. Moving forward the maintenance men will check them weekly to ensure they are in proper working condition, this administrator will follow up to ensure it is done to comply with state reg 123a*

**Completion Date:** 06/23/2021

**Document Submission**

**Implemented**

*ISSUE WAS ADDRESSED WITH MAINT. STAFF*

131f - Fire Extinguisher Inspection

**1. Requirements**

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

**Description of Violation**

*The fire extinguisher in entire building has not been inspected by a fire safety expert since April 2020*


**Plan of Correction**

**Accept**

*Due to covid, no one would come in to do this. They had finally called and had it scheduled for 6/25/2021. They did come in that day and changed them all. Barring any further complications from a pandemic, this will be done yearly. This administrator will ensure it is to comply with state reg 131f*

**Completion Date:** 06/25/2021

**Update - 08/24/2021**

*Please send/Attach proof of (invoice). 8-24-2021 -* 

**Document Submission**

**Implemented**

*INVOICE UPDATE*

132c - Fire Drill Records

**1. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

132c - Fire Drill Records (continued)

**Description of Violation**

The fire drill record for the drill conducted on 10/12/19 and 11/13/19 does not include number of residents in the home or number of residents evacuated.

**Plan of Correction**

Accept

Unable to correct at this time, but moving forward, all fire drill records will be filled out correctly and completely by this administrator to comply with state reg 132c

Completion Date: 06/23/2021

**Document Submission**

Implemented

AMINIST. WILL PROVIDE THAT INFORMATION EVERY TIME A FIRE DRILL IS DONE

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

Resident #1's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED]. Resident #2's medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

**Plan of Correction**

Accept

Unable to correct at this time, for resident #2, the physician would not fill it out until [REDACTED] saw [REDACTED], the earliest [REDACTED] could get [REDACTED] in was January 29 2021 and then [REDACTED] did not send us the completed form, I had to request again for [REDACTED] to fax it to us. For resident #1, I missed it unfortunately, so as soon as i realized it i completed it. Moving forward all med evals and rasps will be completed in a timely manner to comply with state reg 141b1

Completion Date: 06/23/2021

**Update - 08/24/2021**

Within 10 days of receipt of this plan of correction:

The administrator will audit all resident records to ensure that each resident has had a medical evaluation within the past year. Any resident whose medical evaluation is overdue will have a new evaluation as soon as possible and annually thereafter. 8-24-2021 MM

**Document Submission**

Implemented

All charts have been checked, all are compliant at this time with preadmission screening, DME's and RASP's [REDACTED], Administrator

185a - Implement Storage Procedures

1. Requirements

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.

185a - Implement Storage Procedures (continued)

**Description of Repeat Violation**

*Narcotics were located in a locked medication cart. However, straight order narcotics were not located in the lockbox that was located in the medication cart.*

*The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the blood glucose test results in the individual glucometer. Resident #3 – At 4pm on 6/18/21, there was not a reading on the glucometer and the Medical Administration Record, MAR, was transcribed as 107. Resident #4 and #5 - the glucometers were not calibrated to correct date and time. Resident #6 - On 6/22/21, there was not a reading on the glucometer and the Medical Administration Record, MAR, was transcribed as 120..*

**Plan of Correction**

**Accept**

- 1. Corrected at time of inspection, moving forward all narcotics will be locked in the in the narcotic drawer, in a locked cart in a locked med room. This admin will check to ensure it is done*
- 2. Glucometers were corrected at time of inspection. Moving forward med staff will be more diligent on the accuracy of recording of results. Machines will be checked weekly to ensure correct date and time are accurate to comply with state reg 185a*

**Completion Date:** 06/23/2021

**Update - 08/24/2021**

*Please sand/Attach proof of staff training regarding compliance with this regulation. 8-24-2021 - MM*

**Document Submission**

**Implemented**

*All docs. all attached*

187b - Date/Time of Medication Admin.

**1. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

*Resident #7 is prescribed [REDACTED] on Monday, Wednesday, and Saturday.. Resident 7's medication administration record includes the initials of the staff person administering medications on all days, not just to the day prescribed. Through further investigation, it was determined the medication was given on the correct days, but staff person was signing MAR that resident did not get medication.*

*Resident #8 is prescribed Furosemide 20mg, Monday and Friday. Resident 8's medication administration record includes the initials of the staff person administering medications on all days, not just to the day prescribed. Through further investigation, it was determined the medication was given on the correct days, but staff person was signing MAR that resident did not get medication.*

**Plan of Correction**

**Accept**

*Corrected at time of inspection, spoke with pharmacy, when refill orders come in, whoever inputs them in the computer, did not fix the dates on the computer. They only received the meds on the day they were ordered as that is how they were packed. This administrator will check weekly to ensure all is how it is supposed to be to comply with state reg 187b*

**Completion Date:** 06/23/2021

187b - Date/Time of Medication Admin. (continued)

Update - 08/24/2021

Document Submission  
updated

Implemented

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #9 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was completed on 12/6/17.

Plan of Correction

Accept

Unable to correct at this time but moving forward all prescreens will be done within 30 days prior to admission. This administrator will monitor the process and ensure admissions personnel is made aware also that it is to be done within 30 days prior to admission to comply with state reg 224a

Completion Date: 06/23/2021

Update - 08/24/2021

Within 10 days of receipt of this plan of correction:

The administrator will ensure that all current and future resident's preadmission screening is accurate and completed in its entirety, including signing and dating the screening form. If the home determines that the resident's needs cannot be met by the home based on the preadmission screening, the home will refer the resident to the appropriate local assessment agency.

Document Submission

Implemented

All charts have been gone through, all are compliant for state reg 224a  
[REDACTED] Adm

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident 1's current assessment was completed on [REDACTED], the resident's previous assessment was completed on [REDACTED]

Plan of Correction

Accept

Unable to correct at this time, but moving forward, all assessments will be done in a timely manner. As stated before I missed the Med eval and assessment, as soon as i realized it, i completed it. This administrator will do this in a timely manner to comply with state reg 225c

Completion Date: 06/23/2021

225c - Additional Assessment (*continued*)

**Document Submission**

**Implemented**

*ALL CHARTS HAVE BEEN GONE THRU ALL ARE COMPLIANT W/ STATE REG 225C.*

 ADM