

Department of Human Services
Bureau of Human Service Licensing

October 26, 2021

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/13/2021, 07/14/2021, 07/15/2021 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* License #: *21064* License Expiration Date: *08/15/2021*
Address: *7 SOUTH NEW STREET, NAZARETH, PA 18064*
County: *NORTHAMPTON* Region: *NORTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/17/1994* Issued By: *PALI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *99* Waking Staff: *74*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal,Incident* Exit Conference Date: *07/15/2021*

Inspection Dates and Department Representative

07/13/2021 - On-Site: [REDACTED]
07/14/2021 - On-Site: [REDACTED]
07/15/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *93* Residents Served: *71*

Secured Dementia Care Unit

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

Hospice

Current Residents: *14*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *69*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *28* Have Physical Disability: *1*

Inspections / Reviews

07/13/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/10/2021*

10/8/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/13/2021*

10/19/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/22/2021*

10/26/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25c7 - Financial Assistance

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

7. The financial arrangements if assistance with financial management is to be provided.

Description of Violation

The home contract for Resident 1 states that the home does not handle [REDACTED] finances. The home does handle some of [REDACTED] finances and is currently holding \$29 for [REDACTED].

Plan of Correction

Accept

Resident # 1 Financial Management Policy/Addendum E has been signed by the Resident, POA, and Administrator and added to Resident # 1 contract. Moving forward, Administrator/Designee will ensure all admitted residents have a signed Financial Management Policy/Addendum E included in their contract upon admission.

Completion Date: 07/16/2021

Document Submission

Implemented

Please see attachment

57c - 2 Hours/Day

1. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On 6/25/2021, the home had a census of 64 residents including 26 with mobility needs. There was an additional 5 hours needed for 5 residents utilizing Hoyer lifts that require a 2 staff person assist. The home was required to staff 95 hours to meet the resident needs but only scheduled 93 hours on 6/25/2021. The regional office was not contacted regarding the home's inability to meet the required hours.

Plan of Correction

Accept

Administrator/Designee has incorporated a Staffing Hour Spreadsheet into daily process and all mobility needs will be calculated to include additional hours based on the mobility needs recorded in all resident's RASP's to ensure compliance per DHS regulations. The Administrator/Designee will contact the regional office if and when the home is unable to meet the required hours.

Completion Date: 07/16/2021

Update - 10/08/2021

Document Submission

Implemented

Please see attached staffing hour spreadsheets.

57d - Waking Hours

1. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

57d - Waking Hours (continued)

Description of Violation

On 6/25/2021, the home had a census of 64 residents including 26 with mobility needs. There was an additional 5 hours needed for 5 residents utilizing Hoyer lifts that require a 2 staff person assist. The home is required to staff at least 75% of their required hours during waking hours. The home was required to staff 71.25 waking hours to meet the resident needs but only scheduled 70.5 waking hours on 6/25/2021.

Plan of Correction

Accept

Administrator/Designee has incorporated a Staffing Hour Spreadsheet into it's daily processes to calculate the proper staffing hours needed based off Regulation 2600.57d to accommodate additional hours recorded in the residents RASP per mobility need.

Completion Date: 07/16/2021

Document Submission

Implemented

Please see attached staffing hour spreadsheets.

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 6/25/2021, 6/26/2021, and 6/27/2021 the home only staffed 3 direct care staff from 7pm until 6am. The home had a census of 64 residents, 26 of which have mobility needs. 10 of the residents with mobility needs require a 2 person assist to transfer, and 5 of the 10 utilize a Hoyer lift. The residents are living on 3 separate floors with the 10 residents that require a 2-person assist all residing on the 2nd floor. The home is allowed 13 minutes to evacuate all residents as per their fire safety letter. It's determined that three staff members is not sufficient to evacuate 64 residents, 26 with mobility needs, 10 of which require a 2-person assist, and 5 of which utilize a Hoyer lift from the building in the event of an emergency.

Plan of Correction

Do Not Accept

Unable to be corrected at time of Inspection. All residents requiring a 2-person assist/Hoyer lift reside on the 2nd floor of the facility. The facility currently has 66 residents, 19 of which have mobility needs, decreasing 2-person assist to 1, and 5 utilizing a Hoyer lift. Moving forward, Administrator/Designee is in the process of incorporating additional hiring of new employees to ensure ongoing compliance with DHS regulations.

Completion Date: 09/10/2021

Update - 10/08/2021

Please submit the home's staffing plan in order to meet the residents needs until additional staffing can be arraigned/hired and put in place in order to meet the needs significant resident needs. 10-8-2021

60a - Staff/Support Plan (continued)

Plan of Correction

Accept

Unable to be corrected at time of Inspection. Please see attached Plan of correction, staffing and staffing hours for September 26-October 9, and information from our new implemented Hireology program to recruit staff. The Administrator and Assistant to the Administrator are now covering direct care staff hours. We have also started utilizing cross-trained staff, as well as staff in ancillary areas, including extra kitchen help and laundry personnel. Our master staffing plan is to hire 2 extra night shift personnel for the hours of 6:30pm-7am, increasing our overnight staff to 4/5 individuals and hiring additional day staff, increasing and/or maintaining 5/6 individuals.

Completion Date: 10/18/2021

Document Submission

Implemented

All documentation previously attached.

65d - Initial Direct Care Training

1. Requirements

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 member A was employed as a [redacted] in the home from 11/16/2020 until 2/14/2021. There is no documentation of them passing the Direct Care Competency Test.

Plan of Correction

Accept

Unable to be corrected at time of inspection. Staff member A is no longer employed by the home. Administrator/Designee will ensure the Direct Staff Training Test will be completed during staff orientation/training prior to being permitted to work independently for all new employees.

Completion Date: 07/16/2021

Document Submission

Implemented

Please see attached New Employee Hired with direct care staff test previously done or done upon hiring.

- [redacted] started 10/21/2021
- [redacted] Re-Hire and started 10/23/2021
- [redacted] Re-Hire and started 10/23/2021
- [redacted] Re-Hire and to start 10/30/2021

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Repeat Violation

Resident 2 had an uncovered bed rail on the side of their bed.

81b - Resident Personal Equipment (*continued*)**Plan of Correction****Accept**

Resident # 2 bed cane was covered at time of inspection. Administrator/Designee/Staff will monitor all equipment used by residents daily to ensure all are clean, in good repair, and free of hazard. The facility recommends to all residents needing a bed cane to purchase those with built-in covers to prevent hazard.

Completion Date: 07/16/2021

Document Submission**Implemented**

Please see attached picture referencing 81b

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

Resident 1 has a landline phone in their room but there were no emergency numbers posted with it.

Plan of Correction**Accept**

Resident # 1 Emergency Phone number posting was fixed at time of inspection. Moving forward. Administrator/Designee will monitor the posting of Emergency Numbers frequently to ensure and maintain compliance with DHS regulations.

Completion Date: 07/16/2021

Document Submission**Implemented**

Please see attached document submission

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

The bedside lamp in resident 1's room was not working.

Plan of Correction**Accept**

Resident # 1 bedside lamp was found unplugged at time of inspection. Administrator/Designee will monitor all light sources at bedside frequently to ensure and maintain compliance with DHS regulations.

Completion Date: 07/16/2021

Document Submission**Implemented**

Please see attached document submission

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.

103f - Refrigerator/Freezer Temps (continued)

Description of Violation

There was no thermometer to determine the temperature of the refrigerator in the kitchen.

Plan of Correction

Accept

A thermometer was placed in the kitchen refrigerator immediately. administrator/Kitchen staff will monitor thermometers and document temperatures daily at the end of their shift to ensure and maintain compliance with DHS regulations.

Completion Date: 07/16/2021

Document Submission

Implemented

Kitchen staff began monitoring temperatures of all refrigerators and freezers daily with daily recordings.

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The exit door leading from the 1st floor to the courtyard was unable to be opened at the time of inspection.

Plan of Correction

Accept

The exit door leading from 1st floor to courtyard was fixed at time of inspection by maintenance and is now unobstructed. Weekly building maintenance checks will be performed by Administrator/Designee to ensure stairways, hallways, doorways, passageways, and egress routes are unlocked and unobstructed to ensure and maintain compliance with DHS regulations.

Completion Date: 09/10/2021

Document Submission

Implemented

Administrator/Designee incorporated a log to monitor and document these areas with maintenance on a weekly basis.

183c - Refrigerated Meds Locked

1. Requirements

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

The medication room was unlocked and unattended. Inside the medication room was a unlocked refrigerator that stored resident insulin.

Plan of Correction

Accept

All Medication Technicians instructed on Regulation 2600.183c. Locks will be purchased for refrigerators and placed immediately. Administrator/designee will perform random checks daily/weekly to ensure and maintain compliance with DHS regulations.

Completion Date: 09/10/2021

Update - 10/08/2021

Please send/Attach pictures of compliance. 10-8-2021

183c - Refrigerated Meds Locked (*continued*)**Document Submission****Implemented**

Administrator/Designee are performing random checks to ensure refrigerators are locked at all time. Please see documentation attached 10/13/2021

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

The medication cart had Resident 3's [REDACTED] on the cart but the medication was discontinued 5/13/2021.

Plan of Correction**Accept**

The [REDACTED] was removed and returned to the pharmacy at time of inspection. Moving forward, all Medication Technicians will be instructed on Regulation 2600.183d and all Medication Carts will be inspected by Administrator/Designee weekly to ensure and maintain ongoing compliance with DHS regulations.

Completion Date: 09/10/2021

Document Submission**Implemented**

Medication carts have been assigned to four individuals to monitor weekly/as needed.

Nazareth 1 Cart: [REDACTED]

1st floor Cart: [REDACTED]

2nd floor Cart: [REDACTED]

3rd floor cart: [REDACTED]

These individuals are responsible to monitor ongoing doctors orders, ordering of medications/treatments and monthly change over.

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.

Description of Violation

Resident 4's glucometer had a blood sugar reading of 170 at 6am on 7/10/21 but was documented in the MAR as 107. Their glucometer had a blood sugar level of 164 at 7am on 7/2/21 but was documented in the MAR as 165.

Resident 5 is prescribed a PRN of Colace 100mg to be taken as needed and Voltaren to be applied 4 times daily. The medications were not available on the Medical Cart at the time of inspection.

Resident 3 is prescribed PRN medications [REDACTED] and [REDACTED] as needed. Neither medication was available on the medication cart

185a - Implement Storage Procedures (*continued*)**Plan of Correction****Accept**

Unable to correct at time of inspection. Medication Technicians have been re-educated in Proper Documentation. Blood Glucose meters will be monitored weekly to ensure proper use. Resident # 5 was since supplied [REDACTED] and the [REDACTED] gel was later found. Resident # 3 was since supplied with [REDACTED] and [REDACTED]. Moving forward, Administrator/Designee will monitor Medication Carts/Records weekly to ensure and maintain ongoing compliance with DHS regulations.

Completion Date: 09/10/2021

Document Submission**Implemented**

Proper documentation class is scheduled for November 10, 2021 for this year. Medication carts have been assigned to certain individuals as listed above.

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Repeat Violation

Resident 3 is prescribed 2 units of [REDACTED] with a blood sugar level 210 to 269 and 3 units with a blood sugar level 270 to 329. On 7/13/2021 at 4pm, Resident 3 had a blood sugar reading of 263 and 3 units of [REDACTED] were given instead of the prescribed 2 units.

Resident 6 is prescribed [REDACTED] to be applied 4 times per day. The medication is not available and has not been administered in July 2021.

Plan of Correction**Accept**

Medication errors have been reported to DHS. [REDACTED] was provided for Resident # 6. Medication Technicians involved were re-educated in following the directions of the prescriber. Medication Carts/Records/Glucose Machines will be monitored weekly by the Administrator/Designee to ensure and maintain ongoing compliance with DHS regulations

Completion Date: 09/10/2021

Document Submission**Implemented**

Medication carts have been assigned to certain individuals as listed above.