



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: June 24, 2022

[REDACTED]
President
[REDACTED]
[REDACTED]
[REDACTED]

RE: Alexandria Manor II
313 Walnut Street
Bath, Pennsylvania 18014
License #: 205260

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 25, 2021, and November 4, 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

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

Facility Information

Name: *ALEXANDRIA MANOR II* License #: *20526* License Expiration: *05/07/2022*
Address: *313 S. WALNUT ST., BATH, PA 18014*
County: *NORTHAMPTON* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *ALEXANDRIA MANOR OF ALLENTOWN INC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/27/1998* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *35* Waking Staff: *26*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *11/04/2021*

Inspection Dates and Department Representative

10/25/2021 - On-Site: [REDACTED]
11/04/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *78* Residents Served: *29*

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: *29*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *6* Have Physical Disability: *0*

Inspections / Reviews

10/25/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *Exception*

Follow-Up Date:

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #6 moved in on [REDACTED] The contract in the record for resident #6 was not signed by the resident.

Correction

Directed

Within 5 days of receipt of this directed plan of correction:

Each contract will be signed by the administrator or a designee, the resident and the payer, and will be cosigned by the resident's designated person if any, if the resident agrees for residents admitted after the date shown.

All resident contracts shall be audited for signatures and completeness.

The administrator or designee shall monitor weekly thereafter for ongoing compliance.

[REDACTED] 5-18-2022

Completion Date:

Implemented 6-9-2022 [REDACTED]

28e - Death of a Resident

1. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #6 passed away on [REDACTED] Resident #6's personal belongings were removed from his/her room on [REDACTED] however, a refund was not issued until [REDACTED]

Correction

Directed

Within 5 days of receipt of this plan of correction:

In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P.S. §§ 10226.101 – 10226.107). The home shall keep documentation of the refund in the resident's record.

The administrator or designee shall audit records of deceased residents, from the last 12 months and ensure refunds were processed timely and accurately.

An audit log/tool shall be developed by the administrator or designee for tracking refunds of residents who pass away, and will track dates of residents admission, date of death and amount and date of refunds issued.

The administrator or designee shall responsible for compliance and shall monitor monthly, thereafter for ongoing compliance.

5-18-2022 [REDACTED]

Completion Date:

Implemented 6-9-2022 [REDACTED]

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101j7 - Lighting/Operable Lamp (continued)

- 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

Residents in rooms 14 and 21 did not have an operable lamp or other source of lighting that could be turned on at bedside.

Correction

Directed

Within 5 days of receipt of this directed plan of correction:

An operable bedside lamp will be added to the identified bedroom. The administrator will check all bedside lamps at least once per week, X's 3 months to ensure that they are operable.

5-18-2022 [REDACTED]

Completion Date:

Implemented 6-9-2022 [REDACTED]

103i - Outdated Food

1. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

In the 2nd floor refrigerator was a coffee cake that was not labeled with the date it was opened.

Correction

Directed

Within 5 days of receipt of this directed plan of correction:

The identified items will be discarded.

The administrator will designate a person to check all food items stored in the home to ensure that no outdated or spoiled food will be used.

The designee will check refrigerator contents daily, X's 3 months to ensure items are labeled and dated correctly.

5-18-2022 [REDACTED]

Completion Date:

Implemented 6-9-2022 [REDACTED]

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 located in "2 old hallway" did not contain a tag that indicated the date of the last inspection.

Correction

Directed

Within 5 days of receipt of this directed plan of correction:

The identified fire extinguisher will be inspected by a fire-safety expert. The administrator will ensure that all fire extinguishers in the home are inspected as required by this regulation.

5-18-22 [REDACTED]

Completion Date:

Implemented 6-9-2022 [REDACTED]

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident #5s most recent medical evaluation was completed on [REDACTED] The resident's previous medical evaluation was completed on [REDACTED] The resident did not have a medical evaluation in 2020.

Correction

Directed

Within 5 days of receipt of this directed 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. The administrator or designee shall monitor weekly, thereafter X's 3 months.

5-18-2022 MM

Completion Date:

Implemented 6-9-2022 [REDACTED]

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home did not have posted in a public and conspicuous area the home's menu for the current week and upcoming week's menu.

Correction

Directed

Within 5 days of receipt of this directed plan of correction:

The home will prepare and post menus as required by this regulation.

The administrator or designee shall monitor weekly X's 3 months for ongoing compliance.

5-18-2022 [REDACTED]

Completion Date:

Implemented 6-9-2022 [REDACTED]

182b - Prescription Medication

1. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

Description of Violation

Staff person C completed the initial MedTech training on [REDACTED] The annual re-certification does not indicate a date the re-certification was completed.

Correction

Directed

Within 5 days of receipt of this directed plan of correction:

The administrator or designee shall audit all medication training and ensure all staff who administer medications to residents have current medication training required by this regulation.

182b - Prescription Medication (continued)

The administrator or designee shall monitor monthly X's 6 months for ongoing compliance.

5-18-2022 [REDACTED]

Completion Date:

Implemented 6-9-2022 [REDACTED]

184a - Labeling OTC/CAM**1. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident # 3's Medication Administration Record states that Resident #3 takes [REDACTED] once a day. However Resident #3's medication pill pack states the Resident takes the medication twice a day.

Correction

Directed

Within 5 days of receipt of this directed plan of correction:

The home will ensure that all prescription and sample medication containers are labeled with the required information.

The administrator or designee shall audit all medications monthly X's 6 months to ensure ongoing compliance.

5-18-2022 [REDACTED]

Completion Date:

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 #1's glucometer was not calibrated to the correct time and Resident #2's glucometer was not calibrated to the correct date and time.

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 #2 – At 1355 on 2/2/21, the reading on the glucometer was 159 but was incorrectly transcribed as 154. Administrator agreed this reading was for 10/24/21 as indicated on the Medication Administration record.

Resident #7 is prescribed [REDACTED] by mouth every 8 hours. The residents Narcotic count sheet states the resident has 6 doses on hand. A narcotic count was completed with Department Rep and Staff B. The narcotic count showed 7 doses on hand. Resident #7 is prescribed [REDACTED] as needed for pain. The narcotic count sheet stated 36 doses on hand. However, there were 34 doses on hand.

The home's narcotic policy states to count narcotics at the end and beginning of each shift with the med personnel, sign and initial after counting to ensure accuracy. The Narcotic count signature sheet was reviewed by Department Rep at 1:15pm. Staff B's shift ends at 7:00pm. Staff B signed the signature sheet before completing a count with oncoming staff.

185a - Implement Storage Procedures (continued)

Correction

Directed

Within 5 days of receipt of this directed plan of correction:

All staff who administer medications will be trained on the procedures.

The home's policy shall include training on the following:

- 1. Use of a medication delivery log that documents the receipt of controlled substances and prescription medications.*
- 2. Proper narcotic documentation and accountability. A process to investigate and account for missing medications and medication errors, including who is responsible for completing the investigation, how the investigation will be completed, and how the findings will be reported to the Department.*
- 3. Policy and procedures for locking medications, and which staff persons will have access to the medications.*
- 4. Use of a Medication Administration Record as required by 187a-d.*
- 5. Proper documentation of Glucometer readings and required blood sugar recordings.*

Documentation of training will be kept.

The administrator or designee shall monitor for ongoing compliance.

5-18-2022 [REDACTED]

Completion Date:

Implemented 6-9-2022 [REDACTED]

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #7 is prescribed [REDACTED] at 10pm, [REDACTED] at 8:00pm, Staff D indicated the resident went to the hospital at 6:30pm and that the Medication Administration record was not noted properly with an "H" None of these medications were given on 10/24/21.

Correction

Directed

Within 5 days of receipt of this directed plan of correction:

The home will amend residents' MARs to ensure that all of the required information is captured.

All resident MAR's shall be audited to ensure all information is identified.

The administrator or designee shall monitor weekly X's 6 months to ensure ongoing compliance.

5-18-2022 [REDACTED]

Completion Date:

Implemented 6-9-2022 [REDACTED]

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

On [REDACTED]/21, Resident # 7, went to the hospital at [REDACTED] PM. Resident #7 did not return until late that evening. Resident #7's Medication Administration record shows he/she did not take any of his/her night medications, including [REDACTED] However, his/her Narcotic count sheet was noted that the resident received [REDACTED] at 10pm. It was verified with

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

Staff D the resident went to the hospital and did not take his/her nighttime medications.

Correction**Directed**

Within 5 days of receipt of this directed plan of correction:

The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.

Staff shall be retrained on the requirements of this regulation.

Documentation of staff retraining shall be maintained by the home.

The administrator or designee shall monitor MAR's weekly X's 6 months to ensure ongoing compliance.

5-18-2022 [REDACTED]

Completion Date:

Implemented 6-9-2022 [REDACTED]

187d - Follow Prescriber's Orders**1. Requirements**

2600.

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

Description of Violation

Resident #7 is prescribed [REDACTED] at 10pm, [REDACTED] at 8:00pm, None of these medications were given on 10/24/21 as ordered by the physician.

Correction**Directed**

Within 5 days of receipt of this directed plan of correction:

The home shall follow the directions of the prescriber.

Staff shall be retrained on the requirements of this regulation.

Documentation of staff retraining shall be maintained by the home.

The administrator or designee shall monitor MAR's weekly X's 6 months to ensure ongoing compliance.

5-18-2022 [REDACTED]

Completion Date:

Implemented 6-9-2022 [REDACTED]

221c - Post Activity Calendar**1. Requirements**

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home did not have a current weekly activity calendar posted.

Correction**Directed**

Within 5 days of receipt of this directed plan of correction:

The administrator will develop an activities program. The program will:

1. Include other residents and residents' family members.

2. Offer at least 2 group activities per day at scheduled times.

3. Include residents' input on the types of activities they would enjoy.

4. Include an activity calendar that is posted in a conspicuous and public place within the home.

The administrator shall monitor monthly X's 6 months to ensure ongoing compliance.

221c - Post Activity Calendar (continued)

5-18-2022 [REDACTED]

Completion Date:

Implemented 6-9-2022 [REDACTED]

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 # 6, was admitted to the home on [REDACTED] The resident's prescreen was completed on [REDACTED] which was more than 30 days prior to [REDACTED] date of admission

Correction**Directed**

Within 5 days of receipt of this directed plan of correction:

The home will ensure that all residents have a preadmission screening completed timely. The administrator will ensure that the 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.

The administrator shall monitor all new preadmission screenings, monthly X's 6 months to ensure ongoing compliance.

5-18-2022 [REDACTED]

Completion Date:

Implemented 6-9-2022 [REDACTED]

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #3 participated in the development of his/her support plan on [REDACTED] However, the resident did not sign the support plan.

Correction**Directed**

Within 5 days of receipt of this directed plan of correction:

All support plans will be signed and dated by the individuals who participated in the development of the plans. If one or more of the individuals who participated in the development of the plan are unable to unwilling to sign, documentation of inability or unwillingness will be kept.

The administrator shall audit all residents support plans and ensure the document is signed in accordance with this regulation.

Ongoing, the administrator or designee shall monitor all preadmission screenings forms, weekly X's 6 months to ensure ongoing compliance.

5-18-2022 [REDACTED]

Completion Date:

Implemented 6-9-2022 [REDACTED]

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident #3's record does not include race, weight, eye color, religion or any identifying remarks, or a dated picture. Resident # 4's picture was dated [REDACTED] The picture was more than 2 years old.

Correction

Directed

Within 20 days of receipt of this directed plan of correction:

The administrator will review and audit all resident records to ensure that all of the information required by this regulation is present. Missing information will be added immediately.

Ongoing, the administrator shall monitor resident records and ensure ongoing compliance with this regulation.

Records shall be audited biannually.

5-18-2022 [REDACTED]

Completion Date:

Implemented 6-9-2022 [REDACTED]

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

A large trash can located off the residents dining room on the 2nd floor was overflowing with garbage. It was not covered.

Repeat 10/8/20

Correction

Directed

Within 5 days of receipt of this directed plan of correction:

The identified cans will be covered. The administrator will ensure that all trash cans in the home are covered as required.

The administrator or designee shall monitor trash cans daily X's 3 months for ongoing compliance.

5-18-2022 [REDACTED]

Completion Date:

Implemented 6-9-2022 [REDACTED]

103g - Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

In the 2nd floor refrigerator was a container of soup. The soup had a spoon in the soup and the lid was not securely tightened.

103g - Storing Food (continued)

repeat 10/8/20

Correction**Directed**

Within 5 days of receipt of this directed plan of correction:

The identified items will be discarded. In the future, all food will be stored in closed or sealed containers which are labeled and dated. The administrator or designee will check refrigerator contents daily, X's 3 months to ensure ongoing compliance. .

5-18-2022 MM

Completion Date:

Implemented 6-9-2022 PH/MM

124 - Notice to Fire Department**1. Requirements**

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The notice to the fire department dated 5/6/21, indicates that the home currently has 45 residents with 2 residents on continuous oxygen and 7 residents on PRN oxygen. However, the homes current census report shows the homes census is 29 with 0 residents on continuous oxygen and 1 resident on PRN oxygen.

Correction**Directed**

Within 1 days of receipt of this directed plan of correction:

The home will notify the local fire department as required by this regulation. Documentation of notification will be kept. The administrator shall monitor for ongoing compliance.

5-18-22 [REDACTED]

Completion Date:

Implemented 6-9-2022 [REDACTED]