

Department of Human Services
Bureau of Human Service Licensing

May 17, 2022

[REDACTED]
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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/13/2021, 12/17/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

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: *08/15/2022*
Address: *7 SOUTH NEW STREET, NAZARETH, PA 18064*
County: *NORTHAMPTON* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *6107594060* Email: [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: *Pa. Dept. of L & I*

Staffing Hours

Resident Support Staff: *62* Total Daily Staff: *136* Waking Staff: *102*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *12/17/2021*

Inspection Dates and Department Representative

12/13/2021 - Off-Site: [REDACTED]
12/17/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *93* Residents Served: *62*

Secured Dementia Care Unit

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

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *61*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *12* Have Physical Disability: *0*

Inspections / Reviews

12/13/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/28/2022*

02/16/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/23/2022*

03/16/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/30/2022*

05/17/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

227d - Support Plan Medical/Dental

1. Requirements

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

Based on documentation provided, there were no updates made to resident # 1's support plan since [REDACTED]. Resident #1 was hospitalized on [REDACTED] 1 and [REDACTED]. The provider failed to update resident #1's Assessment and Support Plan relative to resident #1's need for hospital care on [REDACTED] and [REDACTED] 1 due to falls and follow-up care by staff.

Resident #1 currently uses a wheelchair and is a one person assist which is a change from [REDACTED] prior assessment dated [REDACTED] which indicated resident #1 ambulated independently without the use of an assistive device and was not a one person assist.

The last assessment and support plan updates provided by the home for resident#1 were dated [REDACTED] because resident #1 had been sent to the hospital for zero urine output, swelling in stomach and weight gain.

Plan of Correction**Do Not Accept**

Upon licensing inspections on 12/13/2021 and 12/17/2021, addendums to the current support plan were completed to include changes in care based off the hospital visits from [REDACTED]. Resident #1 was evaluated by CRNP, [REDACTED] on [REDACTED], with a new DME and RASP completed. Moving forward, Administrator/Designee will ensure all resident RASPs are productively updated to obtain all necessary changes related to follow-up plan of care as they occur to maintain compliance with DHS regulations.

Completion Date: 01/28/2022**Update:** 02/16/2022

How will communication take place between direct care staff and the Adm/Designee and any intermediary supervisory/licensed staff to ensure thorough communication both up and down the chain of command? This is necessary to ensure good resident care and meet changing resident needs.

AG, 2-16-22

Plan of Correction**Accept**

Direct Care Staff will copy and deliver to Administrator/Designee any and all hospital discharge summaries, MD order changes, and any change related to meeting the needs of the residents. The Administrator/Designee will update the residents support plans accordingly and hand off the update/change to staff. Copies of all support plans/addendums are kept in a binder on the respective floors the residents reside on. All staff will also continue to communicate via our communication book located at the nurses' station and in change of shift report. Administrator/Designee is in the process of scheduling mandatory classes for DCS and in addition will hold brief meetings in relation to on-going communication chain of command to continue.

Completion Date: 02/23/2022**Update:** 03/16/2022

upon completion of training, Adm will send to Regional Office for review. This should be undertaken and completed no later than 4-30-22.

227d - Support Plan Medical/Dental (continued)

You may e mail it to me at [REDACTED] if you wish.
AG, 3-16-22

Document Submission

Implemented

See Attached