

Department of Human Services
Bureau of Human Service Licensing

August 18, 2022

[REDACTED]
ALEXANDRIA MANOR OF ALLENTOWN INC
[REDACTED]

RE: ALEXANDRIA MANOR II
313 S. WALNUT ST.
BATH, PA, 18014
LICENSE/COC#: 20526

Dear [REDACTED]

[REDACTED] result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/08/2022, 06/09/2022, 06/14/2022, 06/21/2022, 06/23/2022 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 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: *31* Working Staff: *23*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
Reason: *Complaint* Exit Conference Date: *06/24/2022*

Inspection Dates and Department Representative

06/08/2022 On Site [REDACTED]
06/09/2022 Off Site [REDACTED]
06/14/2022 Off Site [REDACTED]
06/21/2022 Off Site [REDACTED]
06/23/2022 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *78* Residents Served: *25*

Secured Dementia Care Unit

In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *25*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *6* Have Physical Disability: *0*

Inspections / Reviews

06/08/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/06/2022*

07/18/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/01/2022*

08/12/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/15/2022*

08/16/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/16/2022*

08/18/2022 - Document Submission

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

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

Room #s [redacted] and [redacted] had a heavy odor of urine. Resident #1 and Resident #2 have [redacted]
[redacted]

Plan of Correction

Accept

New flooring was ordered same day as inspection.
Carpeting was removed from both rooms and new flooring was installed within a week of inspection.
Moving Forward residents [redacted] will be evaluated and flooring will be changed if needed.

As the administrator it is my responsibility for on going compliance.

Completion Date: 07/12/2022

Update: 07/18/2022

Please send invoice and picture of compliance.

Document Submission

Implemented

New flooring was ordered same day as inspection.
Carpeting was removed from both rooms and new flooring was installed within a week of inspection.
Moving Forward residents [redacted] will be evaluated and flooring will be changed if needed.

As the administrator it is my responsibility for on going compliance.

101j1 - Mattress Fire Retardant

1. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

Resident #1's bed does not properly operate. The function to move the bed up or down is inoperable. This issue was reported to Staff A more than 2 weeks ago and there was not a plan in place to correct the problem.

Plan of Correction

Accept

Resident bed in question is on service with Senior Life of the Lehigh Valley, they were made aware and stated the bed was fixed. Day of inspection, after being brought to my [redacted] attention, I spoke with Vice President of Senior Life and [redacted] had someone come out to repair the bed.

Moving forward any issues that arise, the VP at Senior life will be contacted to correct the problem.

As the administrator it is my responsibility for on going compliance.

Completion Date: 07/12/2022

101j1 - Mattress Fire Retardant (continued)

Update: 07/18/2022

Please send invoice and picture of compliance.

Document Submission**Implemented**

Resident bed in question is on service with Senior Life of the Lehigh Valley, they were made aware and stated the bed was fixed. Day of inspection, after being brought to my [REDACTED] attention, I spoke with Vice President of Senior Life and [REDACTED] had someone come out to repair the bed.

Moving forward any issues that arise, the VP at Senior life will be contacted to correct the problem.

As the administrator it is my responsibility for on going compliance.

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #3's current assessment and support plan indicates that resident needs assistance [REDACTED]. On [REDACTED] 2022, resident had [REDACTED]. A new Assessment and support plan was not utilized to address the significant change.

Plan of Correction**Accept**

Resident in question is on with [REDACTED]

A meeting took place with [REDACTED] the VP at [REDACTED] regarding proper communication and documentation between [REDACTED] staff and my facility.

Moving forward it is agreed that communication will take place via email with all supporting documentation attached.

As the administrator it is my responsibility for on going compliance.

Completion Date: 07/12/2022

Update: 07/18/2022

Please send copy of updated RASP for resident #3.

Document Submission**Implemented**

Resident in question is on with [REDACTED]

A meeting took place with [REDACTED] the VP at [REDACTED] regarding proper communication and documentation between [REDACTED] staff and my facility.

227c - Support Plan Revision (continued)

Moving forward it is agreed that communication will take place via email with all supporting documentation attached.

As the administrator it is my responsibility for on going compliance.

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

On [REDACTED] 22, resident #3's assessment and support plan was completed. At that time, resident needed assistance with [REDACTED], assistance with [REDACTED], requires no assistance for [REDACTED], and limited assistance or verbal cuing to exit in an emergency. It also indicated that the home would assist resident to activities. At the time of the inspection [REDACTED] 22, Resident was [REDACTED] and needed [REDACTED], requires [REDACTED], and assistance [REDACTED]. Home is not ensuring the resident can go to activities. It was also determined that the resident was receiving [REDACTED] 22 to [REDACTED] /22. There was no indication that the [REDACTED] concluded. [REDACTED] is not addressed in the assessment or support plan. The Assessment and support plan does not reflect the true needs of the resident and there is not a plan in place to meet the residents increasing needs.

Plan of Correction**Accept**

Resident in question is on with [REDACTED]

A meeting took place with [REDACTED] VP at [REDACTED] regarding proper communication and documentation between [REDACTED] staff and my facility.

Additionally, two phone conference meeting with resident #3's [REDACTED] team, [REDACTED] daughter and son, along with one meeting at the facility with [REDACTED] doctor [REDACTED]. It has been determined by [REDACTED] that the resident #3's needs are progressing, and that [REDACTED] feels [REDACTED] would be better suited at a skilled nursing facility that they contract with.

Moving forward I requested that we have weekly team meeting to address any changes that occur.

As the administrator it is my responsibility for on going compliance.

Completion Date: 07/12/2022

Document Submission**Implemented**

Resident in question is on with [REDACTED].

A meeting took place with [REDACTED] the VP at [REDACTED] regarding proper communication and documentation between [REDACTED] staff and my facility.

227d - Support Plan Medical/Dental (continued)

Additionally, two phone conference meeting with resident #3's [REDACTED] team [REDACTED] daughter and son, along with one meeting at the facility with [REDACTED] doctor [REDACTED]. It has been determined by [REDACTED] that the resident #3's needs are progressing, and that [REDACTED] feels [REDACTED] would be better suited at a skilled nursing facility that they contract with.

Moving forward I requested that we have weekly team meeting to address any changes that occur.

As the administrator it is my responsibility for on going compliance.

252 - Record Content

1. Requirements

2600.

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

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

On [REDACTED]/22, Resident #3 did not have a current photo.

Plan of Correction

Do Not Accept

Resident #3 refused to have a picture taken.

Moving Forward residents record will be properly documented when a refusal of picture happens. All resident charts were audited to make sure photos or refusals are properly documented. Med room supervisor will be responsible for monthly picture audits.

As the administrator it is my responsibility for on going compliance.

Completion Date: 07/12/2022

Update: 07/18/2022

Please refer to the departments web-site and apply for a WAIVER for resident #3.

Plan of Correction

Do Not Accept

Resident #3 refused to have a picture taken.

Moving Forward residents record will be properly documented when a refusal of picture happens. All resident charts were audited to make sure photos or refusals are properly documented. Med room supervisor will be responsible for monthly picture audits.

As the administrator it is my responsibility for on going compliance.

***Resident consented to have picture taken and it was added to his file.

Completion Date: 08/02/2022

Plan of Correction

Accept

Resident consented to have picture taken and it was added to his file.

Completion Date: 08/12/2022

Update: 08/16/2022

252 - Record Content *(continued)*

Document Submission

Implemented

Resident consented to have picture taken and it was added to his file.