

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

February 6, 2023

[REDACTED], LPN, ADMINISTRATOR
ALEXANDRIA MANOR OF ALLENTOWN, INC.
[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 07/06/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ALEXANDRIA MANOR OF ALLENTOWN - BETHLEHEM CAMPUS **License #:** 21456 **License Expiration:** 09/29/2022

Address: 3534 LINDEN STREET, BETHLEHEM, PA 18017

County: NORTHAMPTON

Region: NORTHEAST

Administrator

Name: [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: 04/04/2006

Issued By: L&I

Staffing Hours

Resident Support Staff: 3

Total Daily Staff: 42

Waking Staff: 32

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 07/06/2022

Inspection Dates and Department Representative

07/06/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 58

Residents Served: 36

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 35

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 3

Have Physical Disability: 1

Inspections / Reviews

07/05/2022 - Full

Lead Inspector: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 07/29/2022

Inspections / Reviews (*continued*)

08/28/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2023

[REDACTED] [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 09/06/2022

09/20/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/27/2022

02/06/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home did not complete an annual quality management plan review had taken place with the past 12 months.

POC Submission

Accept ([redacted]) - 08/28/2022)

We had a quality management meeting on 2/24/2022, did not have it in writing, I have attached the meeting to this. Moving forward it is ultimately this admin's responsibility to have it down on paper and ready to be viewed. Ultimately it is this admin's responsibility of this admin to ensure it is done to comply with state reg 26a

Licensee's Proposed Overall Completion Date: 07/26/2022

Implemented ([redacted]) - 02/06/2023)

28f - Resident's Funds and 30-day Refund

2. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #1 expired on [redacted] The home did not refund resident 1's estate until [redacted]

REPEATED VIOLATION- 8-1-2019

POC Submission

Accept ([redacted]) - 08/28/2022)

The bookkeeper is responsible for refunds. This admin will remind her with discharge paperwork that refunds are due within 30 days of discharge. Ultimately it is this admin's responsibility to ensure this is done to comply with state reg 28f

Licensee's Proposed Overall Completion Date: 07/26/2022

Implemented ([redacted]) - 02/06/2023)

54a - Direct Care Staff

3. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, has a online high school diploma from Mary Grand High School. This high school diploma is not accredited by the Pennsylvania Department of Education or a Department of Education in other states.

POC Submission

Accept ([redacted]) - 09/20/2022)

direct care staff A has had this diploma since 2013, please see attached as to what is posted on line about this school and its GED

54a - Direct Care Staff (continued)

*At this time Harold (Direct Care Staff A) does not work in that position anymore. [REDACTED] was transferred to our sister facility in Bath and is working in the dietary department.

Moving forward this administrator will inspect all diploma's to ensure it comes from an accredited by the Pennsylvania Department of Education or a Department of Education in other states. school to comply with State reg 54.a.

Licensee's Plan Completion Date: 08/28/2022

Implemented ([REDACTED] - 02/06/2023)

65d - Initial Direct Care Training**4. 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

Direct care staff person A, hired on [REDACTED] began providing unsupervised ADL services. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Direct care staff person B, hired on [REDACTED], began providing unsupervised ADL services. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

POC Submission

Accept ([REDACTED] - 08/28/2022)

staff person A&B have now successfully taken the competency test. Moving forward all new employees will complete the competency test immediately upon being hired. Ultimately it is this admin's responsibility to ensure this is done to comply with state reg 65d

Licensee's Proposed Overall Completion Date: 07/26/2022

Implemented ([REDACTED] - 02/06/2023)

101j7 - Lighting/Operable Lamp**5. 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

Resident room #201 does not have access to a source of light that can be turned on/off at bedside.

101j7 Lighting/Operable Lamp (*continued*)**POC Submission**

Accept [REDACTED] - 08/28/2022)

the lamp was immediately placed into the room immediately following inspection. Moving forward all bedside tables will be equipped with bedside lamps that work. Ultimately it is the admin's responsibility to ensure this is done to comply with state reg 101j

Licensee's Proposed Overall Completion Date: 07/26/2022

Implemented [REDACTED] - 02/06/2023)

132h - Designated Meeting Place

6. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill on 1/29/22 at 9:15pm, 2 hospice residents did not evacuate to a designated meeting place away from the building or within the fire safe area. The home did not follow the following hospice statements of policy for 29a b1, 29a b2, 29a b3, 29a b4, 29a b5i, 29a b5ii, 29a b6, 29a b7, 29 b10 and 29a b11.

During the fire drill on 2/28/22 at 10:15am and 3/31/22 at 11:10am, 1 hospice resident did not evacuate to a designated meeting place away from the building or within the fire safe area. The home did not follow the following hospice statements of policy for 29a b1, 29a b2, 29a b3, 29a b4, 29a b5i, 29a b5ii, 29a b6, 29a b7, 29 b10 and 29a b11.

POC Submission

Accept [REDACTED] - 08/28/2022)

unable to correct at this time, however moving forward, all 9 steps will be taken for hospice residents for not evacuating as they come closer to death during a fire drill. Ultimately it is the admin's responsibility to ensure that this occurs to comply with state reg 132h

Licensee's Proposed Overall Completion Date: 07/26/2022

Implemented [REDACTED] - 02/06/2023)

141a 1-10 Medical Evaluation Information

7. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

141a 1 10 Medical Evaluation Information *(continued)***Description of Violation**

The medical evaluation for resident #2 dated [REDACTED] did not indicate the resident's height.

POC Submission

Accept [REDACTED] - 08/28/2022)

Corrected at time of inspection, moving forward this admin will check closely to ensure all blanks are filled in appropriately, if not will have md fill it in. Ultimately it is this admin's responsibility to ensure that this is done to comply with state reg 141a

Licensee's Proposed Overall Completion Date: 07/26/2022

Implemented [REDACTED] - 02/06/2023)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed [REDACTED]. However, this medication was not administered to resident on [REDACTED] and [REDACTED] because the medication was not available in the home.

POC Submission

Accept [REDACTED] - 08/28/2022)

unable to correct at this time but moving forward this home will get the ordered meds in a timely fashion whether we have to run to the pharmacy ourselves or use the in house pharmacy for a temporary fill until able to get it from the regular pharmacy or family. Ultimately it is the admin's responsibility to ensure this is done to comply with state reg 187d

Licensee's Proposed Overall Completion Date: 07/26/2022

Implemented [REDACTED] - 02/06/2023)