

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

May 30, 2023

[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 04/05/2023 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 License #: 21064 License Expiration: 08/15/2023  
 Address: 7 SOUTH NEW STREET, NAZARETH, PA 18064  
 County: NORTHAMPTON Region: NORTHEAST

**Administrator**

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: ALEXANDRIA MANOR OF ALLENTOWN INC  
 Address: 7 SOUTH NEW STREET, NAZARETH, PA, 18064  
 Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 88 Waking Staff: 66

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 04/05/2023

**Inspection Dates and Department Representative**

04/05/2023 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: 17  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 71  
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 2  
 Have Mobility Need: 17 Have Physical Disability: 1

**Inspections / Reviews**

04/05/2023 - Partial  
 Lead Inspector: [Redacted] Follow Up Type: POC Submission Follow Up Date: 05/05/2023

Inspections / Reviews *(continued)*

05/10/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/19/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/17/2023

05/30/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/19/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Resident #1 is not assessed to safely use or avoid poisonous materials. Resident #1 has a diagnosis of [REDACTED] On [REDACTED] at approx. [REDACTED], a bottle of bleach cleaner was left in Resident #1's room and Resident #1 drank an unknown amount of the bleach cleaner. No injuries were reported to Resident #1.

Plan of Correction

Accept ([REDACTED] - 05/10/2023)

Staff member involved with leaving the bottle of bleach cleaner in Resident #1's room received a written warning at the time of incident. Staff member also received re-education in DHS Regulation 82c at the time of incident. Moving forward, all staff will now receive education in DHS Regulation 82c as part of their annual training/education. The Administrator, Asst. Administrator, and Med Tech Supervisors will be responsible for daily room audits to ensure compliance with Regulation 82c and to ensure all residents are properly assessed to safely use and avoid poisonous materials.

Licensee's Proposed Overall Completion Date: 05/05/2023

Implemented ([REDACTED] - 05/30/2023)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED], Staff Person A used Resident #2's glucometer to measure Resident #3's blood sugar, contaminating Resident #2's glucometer.

Plan of Correction

Accept ([REDACTED] - 05/10/2023)

At time of violation, Staff Person A received an Employee Written Notice for violation of Company Policies, violation of Safety rules, and violation of DHS Regulation 85a (Sanitary Conditions). On 3/28/2023, Staff Person A also received re-education in DHS Regulation 85a, including tips for safer use of blood glucose testing. insulin administration equipment and supplies, and infection prevention during blood glucose monitoring and insulin administration. Moving forward, Med Tech Supervisors, Meichele Getz and Shayna Wittman will be responsible for weekly audits of all residents' blood glucose results and equipment to ensure compliance with Regulation 85a. Administrator/designee will be responsible to maintain annual training/certification in blood glucose monitoring and insulin administration for all certified Med Techs.

Licensee's Proposed Overall Completion Date: 05/05/2023

Implemented ([REDACTED] - 05/30/2023)

121a - Unobstructed Egress

3. Requirements

2600.

**121a Unobstructed Egress (continued)**

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

**Description of Violation**

*At time of inspection, there was a large Vizio television obstructing the egress route leading to the emergency exit near resident room #110.*

**Plan of Correction**

**Accept** [REDACTED] - 05/10/2023)

*At time of incident, Staff member involved received a written warning and re education in DHS Regulation 121a. Moving forward, Administrator, Asst. Administrator, and all Maintenance Personnel will be responsible for daily facility inspections and Maintenance Personnel will maintain responsibility for weekly audits to ensure compliance with DHS regulations.*

**Licensee's Proposed Overall Completion Date: 05/05/2023**

**Implemented** [REDACTED] - 05/30/2023)