

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

December 13, 2023

[REDACTED] OWNER
ALEXANDRIA MANOR OF ALLENTOWN INC
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/12/2023 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ALEXANDRIA MANOR II **License #:** 20526 **License Expiration:** 11/05/2023
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:** 46 **Waking Staff:** 35

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident, Monitoring **Exit Conference Date:** 10/12/2023

Inspection Dates and Department Representative

10/12/2023 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 78 **Residents Served:** 42

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:** 42
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 4 **Have Physical Disability:** 0

Inspections / Reviews

10/12/2023 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 10/28/2023

Inspections / Reviews (*continued*)

12/12/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/30/2023

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document
Submission*

12/13/2023 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

3c Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home's current provisional license was posted on the bulletin board near the entrance but was covered with the ombudsman poster. Repeat violation 9/6/23.

Plan of Correction

Accept (████ - 11/03/2023)

License has been moved to higher placement on bulletin board day of inspection.

Staff have been educated on Regulation 3C posting of current license must be posted and visible at all times.

Weekly audits will be performed by the admin/designee to assure compliance. Weekly times 6 weeks, then monthly times 6 months.

As the administrator I am responsible for proper ongoing compliance

Licensee's Proposed Overall Completion Date: 10/30/2023

Implemented (████ - 12/13/2023)

25b Contract Signatures

2. 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 #1's contract dated █████ was not signed by the resident.

Plan of Correction

Accept (████ - 11/03/2023)

All resident contracts have been audited to make sure they are signed.

Audits will be performed by admin/designee, monthly times 6 months.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/30/2023

Implemented (████ - 12/13/2023)

42s Privacy

3. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

Resident #2 resides alone in a semi-private room and has a nanny camera installed. It was determined that the

42s Privacy (continued)

camera was removed from the resident's room without the permission of the resident.

Plan of Correction

Accept [REDACTED] - 11/03/2023)

Resident # 2 resides in a semi private room. On Sept 29, 2023 a maintenance worker saw the camera in the resident's room and informed the resident it was the facility policy that [REDACTED] could not have a camera in a semiprivate room and that it would be removed. On this date Sept 29, 2023 I [REDACTED] the administrator removed the camera from the room and immediately attempted to contact the daughter. A voicemail was left, and a return call was not received. On Oct 6, 2023 the administrator and the owner of the facility spoke with the daughter and offered a private room to the family where a camera would be able to be maintained. The daughter declined the private room offer.

Admin and Maintenance were educated on 42S with emphasis related to removing items from a resident's room without permission.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/30/2023

Implemented [REDACTED] - 12/13/2023)

65f - Training Topics**4. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

The home did not have documentation that staff persons A, B, and C completed the trainings required under this regulation in 2022. Repeat violation 9/6/23.

Plan of Correction

Accept [REDACTED] - 11/03/2023)

Fire Safety Inspector will be at facility on Nov 3rd, 2023 to performing fire safety training.

Audits will be done twice yearly, by admin or designee to verify compliance.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/30/2023

65f - Training Topics (continued)

Implemented (JH - 12/13/2023)

65g - Annual Training Content

5. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

The home did not have documentation that staff persons A, B, and C completed the trainings required under this regulation in 2022. Repeat violation 9/6/23.

Plan of Correction

Accept [redacted] - 11/03/2023)

Fire Safety Inspector will be at facility on Nov 3rd, 2023 to performing fire safety training.

Audits will be done twice yearly, by admin or designee to verify compliance.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/30/2023

Implemented (JH - 12/13/2023)

85d - Trash Receptacles

6. 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

The trash can in the kitchenette located on the 2nd floor did not have a lid. The trash can in the bathroom of resident room #15 did not have a lid and had soiled briefs in it. Repeat violation 9/6/23.

Plan of Correction

Accept [redacted] - 11/03/2023)

This trash cans were removed day of inspection.

An immediate audit of all trash cans was completed to assure proper lid coverage.

Audits will be completed weekly times 4 weeks by admin or designee, then monthly times 6 months.

As the administrator I am responsible for proper ongoing compliance.

85d Trash Receptacles (continued)

Licensee's Proposed Overall Completion Date: 10/30/2023

Implemented (JH - 12/13/2023)

96a - First Aid Kit

7. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit located on the shelf near the entry way was missing tweezers, tape, gauze, and a thermometer. The first aid kit located on the counter in the kitchen was missing tape, scissors, gauze, a thermometer, and bandages. Repeat violation 9/6/23.

Plan of Correction

Accept [redacted] - 11/03/2023)

All Secondary first aid boxes were removed.

The main first aid box is fully stocked with items required.

Staff will be instructed on the need to replace items in the first aid kits as they are used, with order sheets provided so when items run low the sheet can be left for myself (admin) or my designee.

A listing of all items to be in the first aid kit is available with the kit.

Audit of the first aid kit will be completed twice daily at change of shift, times 6 weeks.

Audits will additionally be done monthly times 6 monthly, after the 6 week period.

As the administrator I am responsible for proper ongoing compliance

Licensee's Proposed Overall Completion Date: 10/30/2023

Implemented [redacted] - 12/13/2023)

103d - Storing Food Off Floor

8. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

During the inspection several cardboard boxes of canned foods and bottles of teriyaki sauce were observed stored directly on the floor of the pantry. Staff stated that the grocery delivery was received the previous day.

Plan of Correction

Accept [redacted] - 11/03/2023)

All items were put away that day and removed from the floor.

And additional kitchen staff person will be scheduled on truck delivery day to avoid any issues with boxes being left

103d - Storing Food Off Floor (continued)

on the floor.

As the administrator I am responsible for proper ongoing compliance

Licensee's Proposed Overall Completion Date: 10/30/2023

Implemented [REDACTED] - 12/13/2023)

103e - Left Overs**9. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

A plastic bag of frozen hash brown patties and a plastic bag of frozen pies were stored in the freezer with no dates or labels identifying the foods. Repeat violation 9/6/23.

Plan of Correction

Accept [REDACTED] - 11/03/2023)

This was corrected at the time of the finding.

All items were audited to make sure contents and dates were on packaging.

Audits will be performed daily by kitchen staff to assure no undated/unlabeled food found in refrigerators/freezer.

Admin/designee will review these audits weekly times 6 weeks, then monthly times 6 months.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/30/2023

Implemented [REDACTED] - 12/13/2023)

141b1 - Annual Medical Evaluation**10. Requirements**

2600.

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

Description of Violation

Resident #3's most current Documentation of Medical Evaluation (DME) form was dated [REDACTED]
Resident #4's most current DME form was dated [REDACTED]
Repeat violation 9/6/23.

Plan of Correction

Accept [REDACTED] - 11/03/2023)

All resident records have been audited for these items and found to be compliance; audit sheet available for review.

DME's will be audited by admin/designee day of move in to ensure full compliance.

141b1 - Annual Medical Evaluation (continued)

As the administrator I am responsible for proper ongoing compliance

Licensee's Proposed Overall Completion Date: 10/30/2023

Implemented [REDACTED] - 12/13/2023)

183b - Meds and Syringes Locked

11. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Several packets of aspirin were found in the first aid kit stored on the kitchen counter.

Plan of Correction

Accept [REDACTED] - 11/03/2023)

All secondary first aid boxes have been removed.

All spaces and resident rooms have been audited to make sure they are in compliance.

Audits of resident rooms and non med room spaces will be done weekly by Medtech, admin or designee to ensure compliance with regulation.

As the administrator I am responsible for proper ongoing compliance

Licensee's Proposed Overall Completion Date: 10/30/2023

Implemented [REDACTED] - 12/13/2023)

225c - Additional Assessment

12. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

225c Additional Assessment (continued)

Description of Violation

Resident #5's support plan signed [REDACTED] did not include the date the support plan was completed. Repeat violation 9/6/23.

Resident #4's most current support plan is dated [REDACTED]

Plan of Correction**Accept [REDACTED] - 11/03/2023)**

Resident #5 support plan was signed day of inspection.

All resident charts were audited to make sure they were signed, dated and reviewed for the date of their next annual assessment and a calendar made to assure compliance with this regulation.

Audits will be performed by admin or designee monthly times 6 months.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/30/2023

Implemented ([REDACTED] - 12/13/2023)