

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

February 5, 2024

[REDACTED], 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 11/02/2023 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 OF ALLENTOWN - BETHLEHEM CAMPUS License #: 21456 License Expiration: 09/29/2024

Address: 3534 LINDEN STREET, BETHLEHEM, PA 18017

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: 04/04/2006

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 49

Waking Staff: 37

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Complaint

Exit Conference Date: 11/02/2023

Inspection Dates and Department Representative

11/02/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 58

Residents Served: 46

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: 46

Diagnosed with Mental Illness: 3

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 3

Have Physical Disability: 2

Inspections / Reviews

11/02/2023 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/07/2023

12/12/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/19/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/19/2023

Inspections / Reviews *(continued)*

12/21/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 01/19/2024

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 01/18/2024

02/05/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 01/19/2024

Reviewer: [REDACTED] Follow Up Type: Not Required

42c Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident #3 did not report to Staff person F that they were suffering chest pain due to feeling afraid and intimidated by Staff person F. Resident #3 reports Staff person F is abrupt and rude towards him/her when he/she voices a complaint or concern.

Staff person F was observed by licensing representatives using profanities in the resident's dining room while residents were present in the room while on-site.

Repeat Violation: 1/31/23

Plan of Correction

Accept (█ - 12/21/2023)

On 11/3/2023 this admin had a conversation with resident #3, █ was encouraged to seek out help when █ has a medical issue, tell us immediately and not wait til after breakfast when █ has a medical occurrence. Staff person F was reeducated by this admin on 11/3 /23 related to the treatment of residents and the use of profanity when the residents are around, was told that if this continued █ would be disciplined up to and including termination. This admin will audit her weekly xs4 then monthly xs 12 for compliance, All staff were educated on their language and the fat that this is their home and as such treated with dignity and respect.

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented (█ - 02/05/2024)

64c Annual Training

2. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person A, █, did not complete any hours of annual training in training year 2022.

Plan of Correction

Accept (█ - 12/21/2023)

This admin staff person A has completed the required annual training on Dec 12, 2023 This █ (Staff person A) completed education on 12/12/23 and will assure that I continue to receive the mandatory training yearly C. DeGroff (myself) will ensure this happens.

The Administrator will create a spreadsheet to keep track of trainings for 2024, the Administrator will complete an additional 24 hours in 2024 for the 2022 training year. █

Proposed Overall Completion Date: 12/19/2023

Licensee's Proposed Overall Completion Date: 12/19/2023

64c Annual Training (continued)

Implemented (█ - 02/05/2024)

65e 12 Hours Annual Training

3. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation*Direct care staff person B hired █ received only 5 hours of annual training in training year 2022.**Direct care staff person E hired █ received only 4 hours of annual training in training year 2022.***Plan of Correction**

Accept (█ - 12/21/2023)

*DCS B&E have completed the mandatory annual training in June for the 2023. The admin will provide education or have outside people come in to train the staff for regulation 65e for the training year 'to complete their annual training. An audit sheet will be used to track and ensure training is complete.***Administrator will monitor for ongoing compliance.** █*Proposed Overall Completion Date: 12/19/2023***Licensee's Proposed Overall Completion Date: 12/19/2023**

Implemented (█ - 02/05/2024)

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*Direct care staff persons B hired █ & E hired █ did not receive training in any of the required topics during training year 2022.***Plan of Correction**

Accept (█ - 12/21/2023)

DCS person's B&E have completed mandatory training by June 2023. All staff will be provided education by the Admin or outside people related to regulation 65f and all expected annual training topics will be covered. All staff will complete 2023 training by the last day of December. Audits will be completed on each staff person to reflect that training was complete and reviewed by this admin.

65f - Training Topics (continued)

The Administrator will monitor for ongoing compliance. ■

Proposed Overall Completion Date: 12/19/2023

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented ■ - 02/05/2024)

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.

Description of Violation

Staff person E hired ■ did not receive training in Fire Safety or Emergency Preparedness during training year 2022.

Plan of Correction

Accept ■ - 12/21/2023)

Staff person E will complete mandatory annual fire safety and emergency preparedness by 2024. Education will be provided by this admin, as I will be receiving a class on 1/17/24 to be a train the trainer for the fire safety class to be able to teach this class to ensure all will receive it, even unable to be at the main class. Audits will be updated to reflect completion of training by this admin.

Administrator will monitor for ongoing compliance. ■

Proposed Overall Completion Date: 12/19/2023

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented ■ - 02/05/2024)

65i - Training Record

6. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The training record titled "Proper Med Admin" that occurred on 6/13/22 did not include training length or training source.

Plan of Correction

Accept (■ - 12/21/2023)

This admin completed education on 65i related to training records and expectations for the record of training to include the staff trained, date, source, content length of each course and copies of any certificates received shall be kept. The training record of 6/13/2022 on proper med administration was corrected by this admin on 11/3/2023

65i - Training Record (continued)

to include all sections. All future training records shall be completed and maintained by this adm . An audit of training record documentations will be completed monthly by the admin for the training year January to December to assure complaince

The Administrator will monitor for ongoing compliance. ■

Proposed Overall Completion Date: 12/19/2023

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented (■) - 02/05/2024)

85d - Trash Receptacles**7. 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 located in the main kitchen on the lower level of the facility had waste in it and was uncovered at time of inspection.

Plan of Correction

Accept (■) - 12/21/2023)

The trash receptacle, located in the main kitchen was covered after this finding on the date of inspection by this admin. Dietary staff were inserviced on this requirement on the same date. All staff will be educated by the admin on regulation 85d, trash receptacles with emphasis on the need to keep trash covered at all times. The admin will audit this weekly xs 4 weeks and monthly x 6 months to assure compliance with this regulation.

The Administrator will monitor for ongoing compliance. ■

Proposed Overall Completion Date: 12/19/2023

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented (■) - 02/05/2024)

132e - Fire Drill Sleeping Hours**8. Requirements**

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home has not conducted an overnight fire drill since 8/31/22.

Plan of Correction

Accept (■) - 12/21/2023)

This admin completed a fire drill on 11/22/2023 with emphasis on frequency and shift drill requirements. A plan was has been developed by the admin which is attached revealing the schedule for fire drills during sleeping hours to meet the once every 6 months during sleeping hours requirement. The fire drills will be completed by this admin every 6 months per regulation. Audits will be completed by this admin every 6 months to assure compliance with this requirement

132e Fire Drill Sleeping Hours (continued)

The Administrator will monitor for ongoing compliance. ■

Proposed Overall Completion Date: 12/19/2023

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented (■ - 02/05/2024)

141b1 - Annual Medical Evaluation

9. Requirements

2600.

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

Description of Violation

Resident #4's most recent Documentation of Medical Evaluation was completed on ■, the previous one was completed on ■

Plan of Correction

Accept (■ - 12/21/2023)

Resident #4 med eval was completed on ■ and will be completed annually. This admin has a log of all Med Evals and when they are due. This will be monitored more closely by this admin to ensure that it is completed timely with in the annual time constraints allowed by state reg 141b1

The Administrator will monitor for ongoing compliance. ■

Proposed Overall Completion Date: 12/19/2023

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented (■ - 02/05/2024)

181d -Storing Medication

10. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #2 self administers medications and stores medications in his/her room in an unlocked nightstand, leaving them accessible to other residents.

Plan of Correction

Accept (■ - 12/21/2023)

This admin on 11/2 reviewed resident in question who self administered ■ own eye drops to assure ■ had a locked box for storage. Which ■ did not have. At that time, ■ decided ■ did not want to keep ■ medication at bedside anymore. Medication was removed from ■ room and placed back in the med cart. if in future someone wants to self administer, we will get Dr's order and ensure family will bring in a locked box. This will then be monitored weekly xs 4 and then monthly x12 by Med Tch Supervisor ■ The paper that is attached to this, the monitoring paper is the one that will be used for all auditing for all staff and compliance with training, med compliance etc

181d Storing Medication (continued)

The Administrator will monitor for ongoing compliance. [REDACTED]

Proposed Overall Completion Date: 12/19/2023

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented [REDACTED] - 02/05/2024)

182b - Prescription Medication

11. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

Description of Violation

The home's current Med Techs are administering medications to residents and are not currently certified to pass medications. These include Staff Person B, C, D, E and F. The home did not have any documentation of training for the staff members.

Plan of Correction

Accept [REDACTED] - 12/21/2023)

Staff persons B,C,D,E and F were certified by a train the trainer [REDACTED] on various dated. All staff were inserviced by this admin and train the trainer on various dates as to 182b prescription medication reg. [REDACTED] the train the trainer has all dates of when they will be monitored for the next steps in keeping up with their certification. All med techs will be audited to ensure this is done and completed their necessary training and to ensure the facility has the documentation

The Administrator will monitor for ongoing compliance. [REDACTED]

Proposed Overall Completion Date: 12/19/2023

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented [REDACTED] - 02/05/2024)

184a - Resident's Meds Labeled

12. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #1 is prescribed [REDACTED], with directions to administer once daily. The medication label states to administer the medication twice daily. The medication label is incorrect.

Plan of Correction

Accept [REDACTED] - 12/21/2023)

Resident #1 medication label was corrected on 11/2/2023 by [REDACTED]. The medication was administered as directed. This admin and MTS will review all medication labels to assure they are labeled per physicians orders the day they are received. Staff education will be provided by the admin on 184a resident's medication labels with emphasis on the label matching the physician order immediately upon receipt. Audits will be reviewed by the

184a Resident's Meds Labeled (continued)

admin and any findings will be addressed by this admin individually

The administrator will monitor for ongoing compliance. ■

Proposed Overall Completion Date: 12/19/2023

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented ■ - 02/05/2024)

185a - Implement Storage Procedures**13. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Staff Person B signed the Narcotic Count Signature Sheet on ■ before completing the narcotic count with the oncoming Med Tech.

Resident #3 is prescribed a narcotic ■. The narcotic count sheet for the medication states that there were 14 tabs as of 11/2/23 at 8:00am. There were only 13 tabs available at time of inspection on 11/2/23 at approximately 2:00pm.

Plan of Correction

Accept ■ - 12/21/2023)

Staff B was educated on 11/2 by this admin and med room supervisor related to 185a, implement storage procedures with emphasis on completing and signing the narcotic count with incoming med tech. All staff will be educated on 185a with emphasis on appropriate counting and signing of the narcotic count and what to do if there is a discrepancy in the narcotic count. This admin will monitor the audits and address any findings with the individuals involved

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented ■ - 02/05/2024)

187a - Medication Record**14. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #1 is prescribed ■, directions "give a repeat dose 72 hours later if symptoms persist." Resident #1's medication record was completed to indicate that the medication was administered on ■. It was determined through interviews that this medication was administered only once on ■.

Resident #1 is prescribed ■, with directions to hold the medication if the resident's systolic blood pressure is less than ■ or heart rate is less than ■. On ■ at ■, the resident's medication record was not completed to indicate whether or not the medication was administered.

187a - Medication Record (continued)

Plan of Correction

Accept (█ - 12/21/2023)

Resident #1 medication administration record was corrected to reflect the █ order on 10/27 by █
 █ All staff will receive training on 187a Medication record with emphasis on proper completion when a medication is administered or held due to parameters and how to correctly place order in the Quickmar system to assure accurately reflects physician order. Training will be provided by admin by 12/27/2023. A weekly audit x4 and then monthly will be completed by the admin and MTS to assure compliance with this regulation. Audits will be reviewed by this admin monthly and any findings will be addressed with the employee involved

The Administrator will monitor for ongoing compliance. █

Proposed Overall Completion Date: 12/19/2023

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented █ - 02/05/2024)

225c - Additional Assessment

15. Requirements

2600.

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

1. Annually.

Description of Violation

Resident #4's most recent assessment was completed █. The previous assessment for Resident #4 was completed █ exceeding the annual timeframe.

Plan of Correction

Accept (█ - 12/21/2023)

Admin will review policy on 225c with an emphasis on timeliness of annual assessments. Admin will follow schedule for due dates for the annual assessments to assure compliance yearly. A record of when these are due have been in existence for many years in this facility A monthly audit will be completed by this admin to ensure all assessments are completed in a timely fashion

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented █ - 02/05/2024)

252 - Record Content

16. Requirements

2600.

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

Description of Violation

Resident #5's resident record did not address if Resident #3 had any identifiable marks.

Plan of Correction

Accept (█ - 12/21/2023)

Review of resident #5 record reveals that identifiable marks were documented on the transfer sheet but were not marked on the record sheet. The record sheet for resident #5 was corrected on 11/3 by this admin. The admin or family are the only ones who fill this in, from now on this admin will check on all paperwork to ensure there is no blanks. This admin and admin assistant will check new admits charts to ensure all blanks are filled in

252 - Record Content (continued)

The Administrator will monitor for ongoing compliance. ■

Proposed Overall Completion Date: 12/19/2023

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented (■ - 02/05/2024)