

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

March 7, 2024

[REDACTED]
ALEXANDRIA MANOR OF ALLENTOWN INC
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/12/2024 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 II* License #: *20526* License Expiration: *12/19/2024*
 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: *53* Waking Staff: *40*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *01/12/2024*

Inspection Dates and Department Representative

01/12/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *78* Residents Served: *49*

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: *47*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

01/12/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/15/2024*

Inspections / Reviews (*continued*)

02/21/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/15/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/28/2024

02/28/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/01/2024

03/07/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/01/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

141a 1-10 Medical Evaluation Information

1. 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.

Description of Violation

Resident [redacted] Documentation of Medical Evaluation dated [redacted] does not indicate whether or not the resident is up to date on immunizations.

Repeated Violation-9/6/23

Plan of Correction

Accept [redacted] - 02/28/2024)

Correction from Senior Life done 1/15/24

DME was sent to Senior Life for corrections, immunizations have been corrected.

All DME 's have been audited, all are found to be in compliance with regulation.

Moving Forward, night shift medtech will be looking over all new or annual DME's to make sure all blocks are filled and are in compliance.

Ultimately as admistrator, I am responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/28/2024

Implemented [redacted] - 03/04/2024)

183e - Storing Medications

2. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer’s instructions.

Description of Violation

Resident [redacted] has a prescription for a [redacted]. The resident's [redacted] and was not labeled with the date opened. As per the manufacturer's instructions the [redacted] should be dated when the [redacted] is opened.

183e - Storing Medications (continued)

Plan of Correction

Accepted [redacted] 02/28/2024)

[redacted] was dated at time of inspection.

Medtech went thru and audited all [redacted] and/or [redacted] on [redacted] to ensure open and do not use after dates were listed. All were found to be in compliance that day.

Moving Forward audit sheet is being kept for when [redacted] is opened, medtech must initial as well. Admin or designees will check [redacted] [redacted] open/do not use after dates weekly times 12 weeks for ongoing compliance, then random audits thereafter.

Ultimately as administrator, I am responsible for random audits and ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/28/2024

Implemented [redacted] - 03/04/2024)

185a - Implement Storage Procedures

3. 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

Resident [redacted] currently self-administers medical marijuana. As per interviews with the home's administrator, the home does not have a policy regarding the use of medical marijuana.

Plan of Correction

Accepted [redacted] - 02/28/2024)

Effective 2/27/24, Policy is now in place for PA Medical marijuana resident usage. Policy is currently a work in progress; it can be added to at any time. Any updates made will be provided to DHS within 24 hours of change.

Ultimately as administrator it is my responsibility for ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/28/2024

Implemented [redacted] 03/04/2024)

227d - Support Plan Medical/Dental

4. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

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

Resident [redacted] participates in the state's medical marijuana program. Resident [redacted] Resident Assessment Support Plan dated [redacted] does not address the resident's use of medical marijuana.

Plan of Correction

Accept [redacted] 02/28/2024)

Assessment & Support Plan Updates & Changes form was completed the day of inspection 1/12/24, by myself (admin).

No other audits needed to be done, as resident [redacted] is only resident that currently participates with pa medical marijuana program.

Moving Forward, policy has been put into place that will be addressed with any resident prior to move in regard to medical [redacted]. I, the administrator or designee will have that conversation with the resident or POA.

Ultimately as administrator it is my responsibility for ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/28/2024

Implemented [redacted] - 03/04/2024)