



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to [REDACTED]

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MARCH 8, 2024

[REDACTED]
[REDACTED]
Alexandria Manor of Allentown, Inc.
[REDACTED]
[REDACTED]

RE: Alexandria Manor II
313 South Walnut Street
Bath, Pennsylvania 18014
License: 205261

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on January 23, 2024, and February 15, 2024 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 205260) dated December 19, 2023, to December 19, 2024 due to serious violations and Mistreatment or abuse of residents being cared for in the facility. And issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated December 19, 2023 to December 19, 2024 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5); (6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from March 8, 2024 to September 8, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.


Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 or 2800 Section:	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
187b	III	49	\$3	\$147	15 calendar days from mailing date of this letter
187d	III	49	\$3	\$147	15 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:


 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Room 631, Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120
 PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

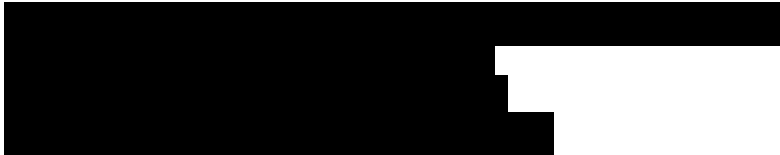
Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary>

cc:



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

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]

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: *Monitoring* Exit Conference Date: *02/15/2024*

Inspection Dates and Department Representative

02/15/2024 - Off- [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: *49*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

02/15/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/25/2024*

02/16/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/23/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/19/2024

02/21/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/23/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/23/2024

02/21/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/23/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 02/26/2024

03/05/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/23/2024

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 12-18-2023 at approximately 7:30am staff members A and B were involved in the abuse of resident #1 The home did not submit a supervised plan to the Department but brought back both staff members A & B to work.

Plan of Correction

Accept [REDACTED] - 02/21/2024)

2/21/24- Training complete dates

[REDACTED]

Managing Anger & Frustration 1/30/24

Stress and Job Burn-out 1/29/24

[REDACTED]

Managing Anger & Frustration 2/6/24

Stress and Job Burn-out 2/8/24

Plan of Supervision

Staff Member A [REDACTED] was moved to Dietary by owner of facility. [REDACTED] is now a cook and does not have 1:1 interaction with residents (does not provide care, medication administration or enters resident rooms), an additional staff member is always present during mealtimes when [REDACTED] is serving residents. [REDACTED] is supervised by admin (mon-fri), medtech on duty or PCA when meals are served during her shift. [REDACTED] also completed 2 training class; Managing Anger & Frustration and Stress and Job Burn-out.

Staff Member B [REDACTED] is supervised by medtech on duty and an additional PCA. She also completed 2 training class; Managing Anger & Frustration and Stress and Job Burn-out.

Ongoing random audits of staff and resident interaction will be done weekly, along will continuing education as needed.

Supervision will be in place until DHS directs otherwise.

15b - Supervisor Plan (continued)*Plan of Supervision*

Staff Member A was moved to Dietary. [REDACTED] is now a cook and does not have 1:1 interaction with residents. [REDACTED] is monitored by myself (admin) or medtech on duty. [REDACTED] also completed 2 training class; Managing Anger & Frustration and Stress and Job Burn-out, please see attached.

Staff Member B is monitored by medtech on duty or myself (admin). [REDACTED] also completed 2 training class; Managing Anger & Frustration and Stress and Job Burn-out, please see attached.

Ongoing audits of staff and resident interaction will be done for the next 12 months at random, along will continuing education as needed.

As administrator I am responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/21/2024

Not Implemented ([REDACTED] - 03/05/2024)

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

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, Incident* Exit Conference Date: *01/23/2024*

Inspection Dates and Department Representative

01/23/2024 - 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: *49*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

01/23/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/11/2024*

02/15/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/12/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/19/2024

02/21/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/15/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 02/26/2024

03/07/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/23/2024

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Video evidence was provided by the roommate of resident #1. The video was taken in resident #1's room on 12-18-23, recorded at approximately 730am. The recording shows staff member A standing over the seated resident attempting to administer medication. Staff member B stands to the side. It appears the resident is shaking [REDACTED] head no. It appears the staff member A attempts to put medication in the resident's mouth. The resident appears to bite at the hand of the staff member A. Based on the video evidence it appears staff member A threw a cup of water at resident #1. The staff member A straddles resident #1, on [REDACTED] bed. Staff member A appears to slap the resident with [REDACTED] right hand and then getting up appears to hit or push the resident with the left hand, causing residents head to go back.

Plan of Correction

Accept [REDACTED] 02/16/2024)

Updated 2/15/24

Plan of Supervision

Staff Member A was moved to Dietary. [REDACTED] is now a cook and does not have 1:1 interaction with residents. [REDACTED] is monitored by myself (admin) or medtech on duty. [REDACTED] also completed 2 training class; Managing Anger & Frustration and Stress and Job Burn-out, please see attached.

Staff Member B is monitored by medtech on duty or myself (admin). [REDACTED] also completed 2 training class; Managing Anger & Frustration and Stress and Job Burn-out, please see attached.

Ongoing audits of staff and resident interaction will be done, along will continuing education as needed.

On December 18, 2023 Resident # 1 did in fact bite Staff member A's hand while Staff Member A was attempting to administer prescribed medications.

Over one month later on January 22, 2024 a Department of Human Service representative contacted myself the Personal Care Home Administrator via telephone related to a complaint made directly to the Department on that date January 22, 2024 of abuse related to Staff member A and B and a video that they had in their possession. Limited information was shared with me the Personal Care Home Administrator with the exception of the directive to take action on two caregivers alleged to be involved in a situation they received via a complaint including a video and the Departments direction related to immediate suspension. No resident name was provided during this conversation.

42b - Abuse (continued)

I, the Personal Care Home Administrator began an investigation the moment I became aware of the allegation of abuse and suspended the two staff members as directed. I also reported this alleged abuse to the Area Agency on Aging. Staff members were interviewed related to any knowledge of abuse by these caregivers along with written statements.

On the same day January 22, 2024 at 4:35pm, I received a text message from a former resident's family member stating they had a video of possible abuse, they apologized for delay in bringing the matter to my attention but wanted to inform me they filed a formal complaint ensure I wasn't caught off guard.

On the following date, January 23, 2024, Department of Human Services conducted a partial complaint incident inspection and shared specifically what resident and what staff were involved in the allegations. They also shared who made the allegation and reported the incident to the Department. The video was also shared during this inspection. Resident #1 was in fact the resident alleged to have been abused. Staff member A was alleged to have abused Resident # 1. Staff member B was alleged to have witnessed abuse as they were in the room at the time of the alleged incident. The Pennsylvania State Police were notified as per policy and informed that this was related to the December 18, 2023 incident that they had on file. The Pennsylvania State Police viewed the video during their follow up on this same date of January 23, 2024. As of this date, February 11, 2024, no action has been taken against either staff members or resident by the police. The facility took all appropriate steps once the allegations were reported to them.

All staff members have been re-educated on regulation 42.b that a resident may not be neglected, intimidated, physically or verbally abuse, mistreated, subjected to corporal punishment or disciplined in any way and the expectations related to staff's responsibilities related to reporting of all abuse.

All staff members will have additional training on 42 b. which will be provided by Susan Weiss Ombudsman on March 1, 2024 at 9:30am.

Staff member A and B were reinterviewed related to this incident and were educated on abuse and reporting of abuse. Staff member A and B were suspended during the investigation. Staff member A has been reassigned to work in the Dietary department and has no direct care interaction with residents in this position.

Staff members will be monitored/audited during medication pass randomly for 3 months, by the Personal Care Home Administrator or designee with attention to customer service and freedom from abuse. The audits will be reviewed by the Personal Care Home Administrator and any action required will be followed up on.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/15/2024

Not Implemented ██████████ **03/05/2024)**

182c - Medication Administration**2. Requirements**

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

On 12-18-23, at approximately 8am resident #1's morning medication was not administered. Video evidence

182c - Medication Administration (continued)

provided by the resident's roommate shows resident #1 throwing the medication to the floor as staff walk out of the room. Resident #1 is unable to self-medicate.

Plan of Correction

Accept [REDACTED] /16/2024)

Education will be completed on 2/20/24

All staff will be educated on 182c regulation with emphasis that medication administration is important and what to do if a resident refuses medication Education provided by the Personal Care Home Administrator.

Resident #1's support plan has been updated to reflect that she becomes anxious and agitated with medication administration. [REDACTED] doctor has been made aware that [REDACTED] refuses medication and or spits/throws medication at times.

Audits will be completed by the Personal Care Home Administrator or designee weekly x 4 and monthly x 12 to assure staff following facility policy. PCA will review and any deviation will be addressed with staff member.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented [REDACTED] - 03/05/2024)

187b - Date/Time of Medication Admin.**3. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 12-18-23, at approximately 8am resident #1's morning medication was not administered to the resident. Video evidence provided by the resident's roommate shows resident #1 throwing the medication to the floor. Resident #1's Medication Administration Record documents the resident was administered the medication by staff member A.

REPEATED VIOLATION: 9-6-2023, et al

Plan of Correction

Accept [REDACTED] - 02/16/2024)

Education will be completed on 2/20/24

All staff will be educated on 182c regulation with emphasis that medication administration is important and what to do if a resident refuses medication. Education provided by the Personal Care Home Administrator.

Audits will be completed by the Personal Care Home Administrator or designee weekly x 4 and monthly x 12 to assure staff following facility policy. PCA will review and any deviation will be addressed with staff member.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/15/2024

187b - Date/Time of Medication Admin. (continued)

Not Implemented [redacted] - 03/05/2024)

187d - Follow Prescriber's Orders

4. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

The home did not follow the prescriber's order on 12/18/23 at 8:00am for resident #1. Video evidence recorded by the resident's roommate displays resident #1 throwing medication to the floor. Resident #1 is unable to self-medicate.

REPEATED VIOLATION: 9-6-2023, et al

Plan of Correction

Accept [redacted] - 02/16/2024)

Education will be completed on 2/20/24

All staff will be educated on 187b regulation with emphasis on proper documentation when a resident refuses medication including notification to the physician and education on falsification of documentation. This education provided by the Personal Care Home Administrator.

Audits will be completed by the Personal Care Home Administrator or designee weekly x 4 and monthly x 12 to assure staff are following facility policy and documenting refusals and/or inability to medicate and notification to the physicians. Personal Care Home Administrator will review, and any deviation will be addressed with the individual staff member.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/15/2024

Not Implemented [redacted] 03/07/2024)

227g -Support Plan Signatures

5. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan for resident #1 dated [redacted]-23 was not signed by the resident nor was there any documentation of the resident's inability or refusal to sign the support plan. The plan was signed by a family member.

Plan of Correction

Accept [redacted] - 02/15/2024)

Resident #1 placed a X on the signature line, where signature is requested for participation. At that time, an X is all Resident #1 was willing to sign to complete support plan.

All staff will be educated on 227g with emphasis on all individuals who participate in the development of the

227g -Support Plan Signatures (continued)

support plan shall sign and date the support plan including the residents. Education will be provided by the Personal Care Home Administrator.

Audits will be performed by the Personal Care Home Administrator or designee monthly x 12 to assure all those involved in the support plan, including the resident, sign and date the support plan. If a resident is unable to participate due to cognitive ability or behaviors or just chooses not to participate this will be documented in the record as to the reason why and the attempts to involve the resident in their care where appropriate. The Personal Care Home Administrator will review the audits to assure compliance and address any findings with staff.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/12/2024

Not Implemented [REDACTED] - 03/05/2024)