

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

June 5, 2024

[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 03/27/2024 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ALEXANDRIA MANOR II License #: 20526 License Expiration: 09/08/2024
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: 58 Waking Staff: 44

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Fine Exit Conference Date: 03/27/2024

Inspection Dates and Department Representative

03/27/2024 On Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 78 Residents Served: 53

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 52
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 5 Have Physical Disability: 0

Inspections / Reviews

03/27/2024 - Partial

Lead Inspector: [Redacted] Follow Up Type: POC Submission Follow Up Date: 04/18/2024

Inspections / Reviews (*continued*)

04/23/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 04/18/2024
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 04/24/2024

04/29/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 05/06/2024
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 05/04/2024

06/05/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 05/06/2024
Reviewer: [REDACTED] Follow Up Type: Not Required

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The C outside exit door in the 100 hallway has a hole in the bottom left corner of the door weatherstripping. The hole to the outside is approximately 1 inch by 1 inch.

Plan of Correction

Accept ([redacted] - 04/19/2024)

The weatherstripping on the C outside exit door in the 100 hallway was replaced on 3/27/24.

All doors have been assessed for any weatherstripping issues and none were found.

Education will be provided to all staff on regulation 88a with emphasis on the need for observation of items in need of repair including weatherstripping and the need to report any items that are not clean, in good repair and free of hazards to the administrator. Education will be done on 4/24/24 and 4/25/24.

Maintenance staff will audit the doors and condition of same including weatherstripping monthly. Audits will be reviewed by the administrator and any action required will be followed up on.

As administrator I am responsible for on going compliance.

Licensee's Proposed Overall Completion Date: 04/18/2024

Implemented ([redacted] - 05/08/2024)

184a - Resident's Meds Labeled

2. Requirements

2600.

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

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #1 has an order for [redacted], 1 tablet daily, hold for systolic blood pressure (SBP) less than [redacted]. The pharmacy label on the medication does not include the parameter to hold the medication for SBP less than [redacted]. Repeated violation 9/6/23, et al.

Plan of Correction

Accept ([redacted] - 04/19/2024)

Resident # 1 label was corrected on [redacted] to include dosages, instructions for administration including parameters.

On 03/28/24, all residents medication labels were audited to assure accuracy and completeness including parameters were included on the label.

All med techs will be educated on regulations 184 a and expectations for correct labels and what to do if a label is

184a - Resident's Meds Labeled (continued)

found to not include all including parameters. The education will be provided by administrator on 4/24/24 and 4/25/24.

The pharmacy was also contacted related to this regulation and their responsibility to assure correct and complete labels when dispensing the medications. When medications arrive at the facility med tech staff placing the medications away are expected to review the labels for accuracy. All med tech staff will also check labels for accuracy with each medication pass and alert pharmacy to any need for changes. Audits of medication labels for accuracy will be performed by the admin or designee weekly x 4, and then monthly. Audits will be reviewed and appropriate action taken where necessary.

As administrator I am responsible for on going compliance.

Licensee's Proposed Overall Completion Date: 04/18/2024

Implemented [REDACTED] - 05/08/2024)

187a - Medication Record**3. Requirements**

2600.

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

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident # 1's Medication administration record (MAR) does not include a diagnosis or purpose for the medication [REDACTED]

Repeated violation 9/6/23 et al.

Plan of Correction

Accept [REDACTED] - 04/29/2024)

MAR corrected day of inspection 3/27/24

All MAR's audited 3/29/24

Resident # 1 medication administration record was corrected to now include the diagnosis associated with [REDACTED]

All residents MAR's have been audited to assure that a diagnosis accompanies all medication orders.

Education will be provided to all med tech staff by the Admin on regulation 187a with emphasis on having a diagnosis noted for every medication ordered. This education will be completed on 4/24/24 and 4/25/24.

Audits will be completed weekly x 4 and then monthly by the Admin or designee to assure a diagnosis accompanies all medication orders and is documented on the MAR. The Admin will review the audits and address any issues found.

187a - Medication Record (continued)

As administrator I am responsible for on going compliance.

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented (█ - 05/08/2024)

187b - Date/Time of Medication Admin.

4. 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

Resident #2 had an order for █ beginning █ one time daily for 3 days. The medication was not in the medication cart but the MAR for the month of March indicates staff continued to initial the medication as administered from █. It was confirmed with the pharmacy that the medication was stopped on █ and the medication should have not have been initialed as administered after that date.

Repeated violation 9/6/23 et al.

Plan of Correction

Accept (█ - 04/29/2024)

MAR's corrected 3/27/24

Resident # 2 MAR has been corrected to reflect the discontinuance of the █ and the medication is no longer listed on the MAR.

All resident orders have been compared to the MAR to assure all discontinued orders have been taken off the MAR and to assure all resident orders are correctly reflected on the MAR. Specific staff who documented that this medication was administered when the medication was discontinued and no longer available have been counseled on accurate documentation. All med tech staff will receive education by the admin on 4/24/24 and 4/25/24 on regulation 187b with emphasis on only signing for medications that were available and administered as ordered, making admin or designee aware if an ordered was discontinued yet remains on the MAR, if medication is not available, and the importance and expectation of accurate documentation.

Audits will be completed weekly x 4, then monthly by the admin or designee to review MAR and assure accuracy in documentation. The admin will review the audits and address any issues found.

As administrator I am responsible for on going compliance.

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented (█ - 05/08/2024)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident # 1 has an order for █ in the evening, hold for SBP under █. On █ the medication was

187d - Follow Prescriber's Orders (continued)

administered but the blood pressure was not documented.

Resident #1 has an order for [REDACTED] once daily. The medication was not administered on [REDACTED] because it was not available in the home for administration.

Resident #3 has an order for [REDACTED] of [REDACTED] to be administered 3 times daily with meals. On the following dates and times the medication was not administered; staff noted that the insulin was held for low blood sugar, but the physician's order noted on the MAR does not indicate the insulin is to be held for any reason:

[REDACTED] at breakfast the insulin was not administered.

[REDACTED] at 5pm the insulin was not administered.

[REDACTED] at breakfast the insulin was not administered.

[REDACTED] at breakfast the insulin was not administered.

Resident #4 has an order for [REDACTED] daily. On [REDACTED] the medication was not administered. Staff noted that the medication was held due to blood pressure below [REDACTED]. The physician's order on the MAR does not indicate the medication is to be held for any reason.

Repeated violation 9/6/23, et al.

Plan of Correction

Accept [REDACTED] - 04/29/2024)

Clarified on 3/28/24

All MAR's audited 3/29/24

Audits start weekly on 4/5/24

Resident # 1, 3 & # 4 physician's orders have been clarified to include BP parameters, blood pressure documentation and insulin hold parameters.

All MAR's were audited to assure parameters were appropriately documented and followed prescribers orders. All med techs will be educated by the admin on regulation 187d with emphasis on following parameters as ordered by the prescriber and documenting your assessments explaining why a medication was held. Emphasis will also be on correct steps to take if a medication is not available. Education will be done on 4/24/24 and 4/25/24. Audits will be completed weekly x 4 weeks, then monthly by the admin or designee to assure compliance. The admin will review the audits and address issues as found.

As administrator I am responsible for on going compliance.

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented [REDACTED] - 05/08/2024)