

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

July 1, 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 05/10/2024 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: *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]
 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: *62* Waking Staff: *47*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Fine* Exit Conference Date: *05/10/2024*

Inspection Dates and Department Representative

05/10/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *78* Residents Served: *58*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *58*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

05/10/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/27/2024*

Inspections / Reviews (*continued*)

07/01/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/28/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

07/01/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/01/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

183e - Storing Medications

1. 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] was stored in the medication cart with no pharmacy label and not labeled with the resident's name and the date the pen was opened for use. Repeated violation 9/6/23 et al.

Plan of Correction

Accept [redacted] - 05/29/2024)

Corrected at time of inspection with inspector present.

Moving forward, Pharmacy was contacted to ensure all pens have proper prescription labels on them. Open date and do not use after date stickers have been placed in diabetic med cart for proper labeling usage. Audit of insulin pens will be extended another 2 months. Audits will be done weekly for 2 months, admin or designee will complete them.

As the administrator, I am responsible for on going compliance.

Licensee's Proposed Overall Completion Date: 05/28/2024

Implemented [redacted] 07/01/2024)

187b - Date/Time of Medication Admin.

2. 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 [redacted] has an order for [redacted] to be applied daily at 8am. The [redacted] was initialed as administered on [redacted] at 8am but the [redacted] could not be found in the home during an audit taking place at approximately 10am. Also, resident [redacted] has an order for [redacted], [redacted] tablet daily at 8am. The medication was initialed as administered on [redacted] at 8am but also could not be found in the home during the audit. Repeated violation 9/6/23 et al.

Plan of Correction

Accept [redacted] - 05/29/2024)

Pharmacy was contacted day of inspection for a refill of the cream.

Senior life was contacted at time of inspection for the 4th time regarding resident [redacted] medication and needing a refill. They are who we contact for refills, due to its their pharmacy that is used. The Doctor from senior life sent a discontinue order instead of refilling the medication.

Moving Forward, I will be contacting the director from Senior Life for refills after I have contacted the nurse twice and we still have not received them.

Med carts audit complete as of 5/23/24

As the administrator, I am responsible for on going compliance.

Licensee's Proposed Overall Completion Date: 05/28/2024

Implemented [redacted] - 07/01/2024)

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

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

Resident [REDACTED] has an order for [REDACTED] of [REDACTED] to be administered daily at 8:00pm. On [REDACTED] the medication was not administered due to not being available to administer.

Resident [REDACTED] has an order for [REDACTED], [REDACTED] tablet daily at 8am, hold for systolic blood pressure (SBP) less than 110 or heart rate less than 55. On [REDACTED] the SBP was [REDACTED] and the medication was still administered. Repeated violation 9/6/23 et al.

Plan of Correction**Accept [REDACTED] - 05/29/2024)**

Pharmacy was contacted regarding resident [REDACTED] [REDACTED], pharmacy stated it was a driver issue on their end.

Moving Forward, pharmacy will contact facility if they can't get a medication delivered and medication will be picked up by admin or designee.

Staff member involved with resident [REDACTED] medication on [REDACTED], was educated on the error and how to prevent the error in the future.

Audits will continue regarding holds on medication for an additional 2 months, admin or designee will complete them.

As the administrator, I am responsible for on going compliance.

Licensee's Proposed Overall Completion Date: 05/28/2024

Implemented ([REDACTED] - 07/01/2024)