

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 05/29/2024 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: *59* Waking Staff: *44*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Fine* Exit Conference Date: *06/03/2024*

Inspection Dates and Department Representative

05/29/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *78* Residents Served: *54*

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

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *53*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *5* Have Physical Disability: *0*

Inspections / Reviews

05/29/2024 - Partial
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *06/14/2024*

Inspections / Reviews (*continued*)

06/20/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/25/2024

06/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/01/2024

07/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

185a - Implement Storage Procedures

1. 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] has a PRN order for [redacted] to be administered 3 times daily as needed. The home did not have the medication available to administer if needed.

Repeated violation 9/6/23 et al.

Plan of Correction

Accept [redacted] - 06/20/2024)

Resident [redacted] PRN [redacted] was received day of inspection, and is now available as needed. All residents medications were reviewed on [redacted] to assure all medications were available to administer. All residents medication orders were reviewed on [redacted] by Administrator, designees or medtech for the purpose of determining if a PRN is not utilized to then discuss with the physician if this medication should be discontinued. PRN orders will be assessed by Administrator or designees weekly x 4 and monthly x 3 to assure all PRN medications are available as ordered. Administrator will review these audits and address any issues found.

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

Licensee's Proposed Overall Completion Date: 06/17/2024

Implemented [redacted] - 06/26/2024)

187a - Medication Record

2. Requirements

2600.

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

14. Name and initials of the staff person administering the medication.

Description of Violation

On [redacted] staff person A administered medications to residents [redacted], and [redacted] at 8pm and 10pm. Staff person A did not initial the residents' electronic Medication Administration Records due to technical issues and did not document the medication administrations in any other manner.

Repeated Violation 9/6/23 et al.

Plan of Correction

Accept [redacted] - 06/20/2024)

Due to an electronic technical issue on [redacted] medications were not able to be documented on [redacted] for Residents [redacted] and [redacted] at 8 pm and 10 pm. Beginning [redacted] emergency MARS have been downloaded to our computer and printed. The Admin or designee will print paper MAR's at the beginning of each month to assure a system is in place where staff can document administration of medications in the event of emergency when the electronic record is not available. Audits of the MAR will be conducted weekly X 4 and then monthly x 6, by the Admin/designee to assure all medication records are complete and accurate, Audits of emergency MARS will be reviewed monthly X 6 by Admin to make sure they are printed and available for medtechs in the event they are needed. Audits will be reviewed by the Admin and any action required will be followed up on.

187a - Medication Record (continued)

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

Licensee's Proposed Overall Completion Date: 06/19/2024

Implemented [REDACTED] - 07/01/2024)

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

On [REDACTED] at [REDACTED] resident [REDACTED] did not receive their prescribed Buspirone HCL [REDACTED] and [REDACTED]. Resident [REDACTED] has an order for [REDACTED] testing before meals and at bedtime. On [REDACTED] and [REDACTED] at 6am the resident's [REDACTED] testing was not done. On [REDACTED] resident [REDACTED] also did not receive their [REDACTED] at 8am because the [REDACTED] were not available to administer. Resident [REDACTED] has an order for [REDACTED] of [REDACTED] before meals, hold if the [REDACTED] is less than [REDACTED]. On [REDACTED] and [REDACTED] the [REDACTED] was not administered and the [REDACTED] readings are not documented.

On [REDACTED] resident [REDACTED] did not receive the following medications at 8pm because they were not available to administer:

Resident [REDACTED] regularly leaves the facility with a family member and does not take prescribed medications while out of the facility. On the following dates and times resident [REDACTED] had the following missed medications:

[REDACTED] and [REDACTED] at [REDACTED].
[REDACTED] at 5pm.

Resident [REDACTED] also did not receive [REDACTED], on 5/20/24 at 6am.

Resident [REDACTED] regularly leaves the facility to go to the Senior Life Center; on [REDACTED] resident [REDACTED] missed all of their 8am medications due to being at the Senior Life Center.

Resident [REDACTED] also did not receive their order for [REDACTED] at 8pm on [REDACTED] no explanation documented.

Repeated Violation 9/6/23 et al., 1/23/24.

Plan of Correction

Accept [REDACTED] - 06/20/2024)

Resident [REDACTED] MD was contacted and asked if we could change [REDACTED] medication to 9pm instead of 8pm due to [REDACTED] leaving the facility with [REDACTED] and [REDACTED] not wanting to take [REDACTED] medication with [REDACTED]. MD approved the time change, which gives a different window for administration.

Senior Life has been contacted regarding Resident [REDACTED] and other residents on their service that require medication when they are out of the facility and at the Senior Life facility. Plan as of right now is they will receive medication at Senior Life and documentation will be sent and attached to our recording showing it was given at the senior life facility. Audits will be done by Admin or designee weekly x4, then monthly x 6.

Plan is being put into place with Senior Life, where all Senior Life resident medication orders will be sent to a local

187d - Follow Prescriber's Orders (continued)

pharmacy for emergency refills if we have not gotten the regular refills so medication is always in house.

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

Licensee's Proposed Overall Completion Date: 06/19/2024

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