

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

July 25, 2024

[REDACTED]  
ALEXANDRIA MANOR OF ALLENTOWN, INC.  
[REDACTED]

RE: ALEXANDRIA MANOR OF  
ALLENTOWN - BETHLEHEM  
CAMPUS  
3534 LINDEN STREET  
BETHLEHEM, PA, 18017  
LICENSE/COC#: 21456

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/04/2024, 06/20/2024 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 OF ALLENTOWN - BETHLEHEM CAMPUS License #: 21456 License Expiration: 09/29/2024  
 Address: 3534 LINDEN STREET, BETHLEHEM, PA 18017  
 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: 04/04/2006 Issued By: PA Dept. L&I

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 44 Waking Staff: 33

## Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 06/20/2024

## Inspection Dates and Department Representative

06/04/2024 - On-Site: [REDACTED]  
 06/20/2024 - Off-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 58 Residents Served: 40

## 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: 3 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 4 Have Physical Disability: 2

## Inspections / Reviews

## 06/04/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/04/2024

Inspections / Reviews (*continued*)

## 07/02/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/25/2024  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/07/2024

## 07/10/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/25/2024  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/15/2024

## 07/24/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 07/25/2024  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/26/2024

## 07/25/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 07/25/2024  
Reviewer: [REDACTED] Follow-Up Type: Not Required

## 16c - Written Incident Report

## 1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

## Description of Violation

On [REDACTED] at approximately 12:30 am, Resident [REDACTED] began screaming, throwing items around their room, and banging on the floor. Staff Persons "A" and "B" attempted to assist Resident [REDACTED] and calm them, but Resident [REDACTED] became combative. The Resident then threw their clothing on the floor, and threw their walker, and a hairbrush at staff. Resident [REDACTED] also used foul language, calling staff "[REDACTED]". Resident [REDACTED] then grabbed an ink pen and started scratching their shins with it. Staff Person "B" called 911 and Resident [REDACTED] was transported to Lehigh Valley Hospital, admitted for "change in mental status" and discharged back to the home 3 days later. Hospital staff contacted Northampton AAA to report alleged abuse due to the bruises on Resident [REDACTED] arms and shins. The home did not report the incident to the Department.

## Plan of Correction

Accept [REDACTED] - 07/01/2024)

This admin was not aware that incident reports were needed if there were no bodily injury or death. Moving forward all 911 calls will be reported using reportable incident form. All staff were made aware that any 911 calls need to be reported to this admin and this admin will do the reportable incident to DHS. to comply with state reg 16 c

Licensee's Proposed Overall Completion Date: 06/28/2024

Implemented [REDACTED] - 07/25/2024)

## 17 - Record Confidentiality

## 2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

## Description of Violation

On [REDACTED] at approximately 9:00am, Department Rep. entered the home and noted the administrative office, containing resident records, to be unlocked and unattended. The Narcotic sign in book was also left unattended on top of the medication cart in the common area. In addition, a large bottle of [REDACTED] prescribed for Resident [REDACTED] was left unattended on top of the same medication cart.

## Plan of Correction

Accept [REDACTED] - 07/01/2024)

A push button lock has been put on the office door that locks automatically once unlocked. The door is locked at all times unless someone is in the office. The Narcotic book is kept in the drawers of the cart and marked immediately upon administration, an audit will be completed weekly xs 4 then monthly xs 12 to ensure compliance, ultimately it is this admin's responsibility to ensure it is done to comply with state reg 17

Licensee's Proposed Overall Completion Date: 06/28/2024

Implemented [REDACTED] - 07/24/2024)

## 23a - Activities of Daily Living Assistance

3. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

On [redacted] at approximately 1:30 am, Resident [redacted] was transported to Lehigh Valley Hospital, admitted for "change in mental status". Hospital staff noted 3, heavily urine-soaked adult briefs on the Resident. When interviewed Staff Person "A" reported that they sometimes put 3 briefs on Resident [redacted] because the resident wets through to the sheets and will not get out of bed to use the toilet or change the wet brief on their own. Resident [redacted] RASP dated [redacted] indicates they have an overactive bladder and are incontinent of bladder and bowel. They require "total physical assistance" with "hygienic practices surrounding toilet use". Resident [redacted] is not on a regular toileting schedule and staff failed to provide assistance with toileting and changing [redacted] briefs.

Plan of Correction

Accept [redacted] - 07/10/2024)

Resident A refuses help to the bathroom, refuses to be changed multiple times throughout the day and night. DCS does their best to try to help [redacted]. The state she was in that night, no one could get near [redacted] to change [redacted] or help [redacted]. A toilet schedule was placed at [redacted] bedside, an audit will be done weekly xs4 and then monthly xs12 ultimately it is this admin's responsibility to ensure the staff does their best to ensure [redacted] is dry. The staff are using the toileting paper that was put at the bedside. [redacted] came to me yesterday and said [redacted] put 3 different depends on which [redacted] got from [redacted] roommate, was explained that [redacted] couldn't use [redacted] roommates depends. We were told [redacted] had 3 different sizes on, Staff A&B would never do that. We told the inspector [redacted] does this on [redacted] own or [redacted] refuses to let staff change [redacted] at all. We have implemented a 2 hour toileting schedule for [redacted] staff initials it and will also indicate when [redacted] refuses. This admin is responsible and follow up weekly x4 then monthly xs12. Resident has lucid moments and then other times [redacted] is uncooperative. DCS tries to work with [redacted] during [redacted] lucid and uncooperative times

Licensee's Proposed Overall Completion Date: 07/08/2024

Implemented [redacted] - 07/25/2024)

42s - Privacy

4. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [redacted] at approximately 12:30 am, Resident [redacted] began screaming, throwing items around their room, and banging on the floor. Staff Persons "A" and "B" attempted to assist Resident [redacted] and calm them, but Resident [redacted] became combative. The Resident then threw their clothing on the floor, and threw their walker, and a hairbrush at staff. Resident [redacted] also used foul language, calling staff [redacted] Resident [redacted] then grabbed an ink pen and started scratching their shins with it. Staff Person "B" called 911 and when EMS and the police arrived, Resident [redacted] told them that it was Staff Persons "A" and "B" that made the mess in their room and scratched their legs with a pen. When interviewed, Staff Person "A" reported that they used their phone to video record Resident [redacted] when the resident became combative. The video was given to the police and clearly shows Resident [redacted] sitting in a chair in their room. Staff person "A" violated Resident [redacted] right to privacy by recording them on video.

Plan of Correction

Accept [redacted] 07/10/2024)

Normally we only take pictures of residents for identification purposes only, however that night Staff person A&B videoed Resident 1 to protect themselves from the accusations she was making against A&B. All staff is aware that they can no longer take pictures or videos of the residents for any reason what so ever. Ultimately it is this admin's

**42s - Privacy (continued)**

responsibility to ensure they do not do that anymore to comply with state reg 42s. Resident [REDACTED] was self harming [REDACTED] stating look what you are doing to me to staff persons A&B. In order to protect themselves from legal action, they filmed [REDACTED] so they could not be blamed. All staff were made aware that pictures and videos involving residents were prohibited and not allowed anymore. All pictures and videos were deleted from staff B's phone. The root cause of this is that Resident [REDACTED] has a diagnosis of [REDACTED] As said before, [REDACTED] has lucid moments and uncooperative times. This admin will be responsible to ensure no more pics or videos will be taken

Licensee's Proposed Overall Completion Date: 07/08/2024

Implemented [REDACTED] - 07/25/2024)

**141a 1-10 Medical Evaluation Information****5. 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] DME dated 9/11/23 does not indicate the need for body positioning if any.

**Plan of Correction**

Accept [REDACTED] 07/10/2024)

I missed the blank, I usually find those missing things. an audit will be done on all charts and new DME's weekly xs4 and the monthly xs12 to ensure all blanks are filled in. Ultimately it is this admin's responsibility to ensure it is done. A new med eval was completed on 7/3/24

Licensee's Proposed Overall Completion Date: 07/08/2024

Implemented [REDACTED] 07/25/2024)

**183b - Meds and Syringes Locked****6. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**Description of Violation**

A large bottle of [REDACTED] prescribed for Resident [REDACTED] was left unattended on top of the medication cart in the common area.

**Plan of Correction**

Accept [REDACTED] 07/10/2024)

The medication was pulled out of the cart to return as it was no longer being used, The med tech got pulled away

**183b - Meds and Syringes Locked (continued)**

for a resident and did not get it off before state inspector got there. An audit will be done weekly xs4 then monthly xs12 to ensure this does not happen again. Ultimately it is this admin's responsibility to ensure it is done to comply with state reg 183b. Med was left on top of the med cart, [REDACTED] had pulled it out as it was no longer in use, [REDACTED] got pulled away to help another resident and forgot about putting it in the office to be returned, which it was then. All med techs were verbally told that NO medications can be put on top of the cart. An audit will be done weekly xs4 then monthly xs12. Ultimately it is this admin's responsibility to ensure it is done so it doesn't happen again

Licensee's Proposed Overall Completion Date: 07/08/2024

Implemented [REDACTED] 07/25/2024)

**187b - Date/Time of Medication Admin.****7. 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 6/4/23 at approximately 9:00am, Department Rep. entered the home and noted Staff Person "C" sitting at a table signing multiple page of the Narcotic Logbook. Staff person "C" stated they were unable to sign the logbook at the time they administered the medications because the book was locked in the administrator's office.

**Plan of Correction**

Accepted [REDACTED] - 07/10/2024)

Narcotic book is now kept in the drawers of the med carts to be signed at time of administration. An audit will be conducted weekly xs4 then monthly xs12 to comply. Ultimately it is the responsibility of this admin to ensure that this is done to comply with state reg 187b. Narcotic book was accidentally left in this admin's office which is locked when I am not here, we had a rough day, one of our co-workers was put on a ventilator and we were so concerned that I just left and never gave the book a thought. The narcotic book is now kept in the drawers of the med cart and signed immediately upon administration. This ensures that the med techs have access to it at all times. The narcotic book placement is checked weekly xs4 and monthly xs12 by this admin to comply with state reg 187b

Licensee's Proposed Overall Completion Date: 07/08/2024

Implemented [REDACTED] - 07/25/2024)

**227d - Support Plan Medical/Dental****8. Requirements**

2600.

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**

On [REDACTED] at approximately 12:30 am, Resident [REDACTED] began screaming, throwing items around their room, and banging on the floor. Staff Persons "A" and "B" attempted to assist Resident [REDACTED] and calm them, but Resident [REDACTED] became combative. The Resident then threw their clothing on the floor, and threw their walker, and a hairbrush at staff. Resident [REDACTED] also used foul language, calling staff [REDACTED]. Resident [REDACTED] then grabbed an ink pen and started scratching their shins with it. Staff Person "B" called 911 and when EMS and the police arrived, Resident [REDACTED] told them that it was Staff Persons "A" and "B" that made the mess in their room and scratched their legs with a pen. Resident [REDACTED] RASP

**227d - Support Plan Medical/Dental (continued)**

*dated 9/28/23 has not been updated to reflect their potential for aggression and combative behavior.*

**Plan of Correction****Accept** [REDACTED] - 07/10/2024)

*Up until this episode [REDACTED] was ne er aggressive or combative, [REDACTED] refuses to let staff change [REDACTED] at times, will not get out of bed to go to meals etc but never was [REDACTED] aggressive or combative with us. Upon the request of state inspector a new RASP was completed for [REDACTED] reflecting [REDACTED] aggressive behavior that night. Ultimately it is this admins responsibility to ensure all behaviors and such will be reflected on her RASP to comply with state reg 227d. Rasp was not updated to include her behaviors as stated before [REDACTED] did not have this kind of behavior. [REDACTED] has a diagnosis of [REDACTED] however [REDACTED] can be lucid and have full blown conversations with us and then [REDACTED] can be very uncooperative with changing, bathing, getting out of bed for meals etc. but never acted out like [REDACTED] did that night before. A new RASP was completed per state representatives request. If [REDACTED] has any more of these episodes a new DME and RASP will be completed by this admin to comply with state reg 227d*

**Licensee's Proposed Overall Completion Date: 07/08/2024****Implemented** [REDACTED] - 07/25/2024)