

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
7 SOUTH NEW STREET
NAZARETH, PA, 18064
LICENSE/COC#: 21064

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/06/2024, 06/13/2024 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* License #: *21064* License Expiration: *05/15/2024*
 Address: *7 SOUTH NEW STREET, NAZARETH, PA 18064*
 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: *05/17/1994* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *84* Waking Staff: *63*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident, Interim* Exit Conference Date: *06/13/2024*

Inspection Dates and Department Representative

06/06/2024 - On-Site: [Redacted]
 06/13/2024 - Off-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *93* Residents Served: *73*

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

Hospice
 Current Residents: *13*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *72*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *3*
 Have Mobility Need: *11* Have Physical Disability: *0*

Inspections / Reviews

06/06/2024 - Partial
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *06/24/2024*

Inspections / Reviews (*continued*)

07/01/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/01/2024

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*

85a - Sanitary Conditions

1. Requirements

2600. 85.a. Sanitary conditions shall be maintained.

Description of Violation

The home reported that Resident [redacted] was inadvertently used to test Resident [redacted] on [redacted] at [redacted]. The [redacted] was used on resident [redacted] until the error was discovered by staff on [redacted].

Repeat Violation 1-4-24

Plan of Correction

Accept [redacted] - 07/01/2024)

Reported to DHS on [redacted]. Upon completing [redacted] monitoring audits on [redacted], [redacted], reported cross contamination of Resident [redacted] meter with Resident [redacted] to Administrator, [redacted] via telephone. [redacted], notified Resident [redacted] & Resident [redacted] along with their Designee's and their Primary Care Physician, [redacted]. Resident [redacted] & Resident [redacted] received blood tests on [redacted] to confirm no transfer of infectious disease. The Med Tech responsible for the cross contamination, [redacted], was notified via telephone by Assistant Administrator, [redacted] or [redacted] of [redacted] error and revocation of [redacted] Medication & Diabetic Certification. [redacted] also received a written warning on [redacted] and must be recertified in Medication and Diabetic Training in its entirety before being able to perform such duties once again. All Med Techs, Administrator, and Assistant Administrator are responsible to maintain ongoing compliance with DHS regulations. Blood glucose monitoring audits will be performed every 2-4 days x 4, bi-weekly x 4, then weekly x 4 by Med Tech Supervisor, [redacted]. All audits will be reviewed and addressed by Administrator, [redacted] and/or Assistant Administrator, [redacted]. DHS Report, Notification, Blood Tests, Written Warning, and Audits attached. [redacted], Administrator.

Licensee's Proposed Overall Completion Date: 06/24/2024

Implemented [redacted] - 07/01/2024)

88a - Surfaces

2. 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 kitchen storage area ceiling had an approximately 3 feet by 3 feet section cut out. The area had exposed insulation and an area where the insulation was missing. The cut out occurred after a leak but the roof above the hole was fixed in February of 2024. The area has not been fixed since that time

Plan of Correction

Accept [redacted] - 07/01/2024)

The kitchen storage area ceiling was affixed with a covering by Maintenance Department on [redacted]-Picture Attached. Owner, [redacted], Maintenance Manager, [redacted], and [redacted] received re-education in Regulation 88a: Surfaces on [redacted] by Administrator, [redacted]. Documentation attached. An initial audit was completed on [redacted] by Administrator, [redacted]. Documentation attached. The Maintenance Department and Owner are responsible for ongoing compliance with DHS Regulations. Maintenance audits will be performed weekly x 4, then monthly x 4 of all facility surfaces by [redacted] and [redacted]. All audits will be reviewed and addressed by Administrator, [redacted], Assistant Administrator, [redacted], and Owner, [redacted] in order to maintain compliance.

88a - Surfaces (continued)

Licensee's Proposed Overall Completion Date: 06/24/2024

Implemented [redacted] - 07/01/2024)

185a - Implement Storage Procedures

3. 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 an order for [redacted] testing 3 times daily at 8am, 11:30am and 5pm. The [redacted] for Resident [redacted] listed a reading of [redacted] on [redacted] at 8am which was documented on the resident's medication administration record as [redacted]

Resident [redacted] has an order for [redacted] testing twice daily at 6am and 4:30pm. The glucometer for Resident [redacted] listed a reading of [redacted] on [redacted] at 6am however the reading was documented on the resident's medication administration record as [redacted]

Plan of Correction

Accept [redacted] - 07/01/2024)

Unable to fix at time of inspection on 6/6/2024. Med tech responsible for Resident [redacted] received re-education in Regulations 185-188e by Administrator, [redacted] on [redacted]. Med Tech responsible for Resident [redacted] received re-education in Regulation 185-188e by Administrator, [redacted] on [redacted]. Documentation attached. All Med Techs, Administrator, and assistant Administrator are responsible to maintain ongoing compliance. Med Tech Supervisor, [redacted] will perform blood glucose monitoring audits every 2-4 days x 4, bi-weekly x 4, then weekly x 4. Documentation attached. All audits will be reviewed and addressed by Administrator, [redacted] and/or Assistant Administrator, [redacted].

Licensee's Proposed Overall Completion Date: 06/24/2024

Implemented [redacted] - 07/01/2024)

187a - Medication Record

4. Requirements

2600.

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

Description of Violation

Resident [redacted] receives [redacted] on a sliding scale and should receive [redacted] units for a [redacted] of [redacted] and [redacted] units for a [redacted] level of [redacted]. On [redacted] at [redacted], the resident had a [redacted] reading of [redacted] noted in their [redacted]. The blood glucose reading was incorrectly transcribed in the resident's medication administration record as [redacted] and [redacted] units of [redacted] were noted as administered. The resident should have received [redacted] units of [redacted] as per the sliding scale. Upon interviewing Staff Member A, the Medication Tech in charge of administering the medication, [redacted] reported that [redacted] units of [redacted] were administered that morning, however the incorrect blood glucose reading, and medication dosage were noted on the medication administration record.

187a - Medication Record (continued)

Plan of Correction

Accept [REDACTED] - 07/01/2024)

Unable to fix at time of inspection on [REDACTED]. The Med Tech, Staff Member A, responsible for this violation received re-education in Regulation 185-188e on [REDACTED] by Administrator, Heather Smith. Documentation attached. Staff Member A has also had [REDACTED] Medication and Diabetic Certification revoked until [REDACTED] can be re-certified in both Medication Administration and Diabetic Training. All Med techs, Administrator, and Assistant Administrator are responsible for ongoing compliance. Med Tech Supervisor, [REDACTED], will perform [REDACTED] monitoring audits every 2-4 days x 4, bi-weekly x 4, then weekly x 4. Documentation attached. Documentation attached. All audits will be reviewed and addressed by Administrator, [REDACTED] and/or Assistant Administrator, [REDACTED].

Licensee's Proposed Overall Completion Date: 06/24/2024

Implemented [REDACTED] - 07/01/2024)