

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

August 1, 2024

[REDACTED], ADMINISTRATOR
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 06/18/2024 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: 62 Waking Staff: 47

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 06/18/2024

Inspection Dates and Department Representative

06/18/2024 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

06/18/2024 - Partial

Lead Inspector: [Redacted] Follow Up Type: POC Submission Follow Up Date: 07/11/2024

Inspections / Reviews (*continued*)

07/16/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 07/23/2024

07/24/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/31/2024

08/01/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

141a 1-10 Medical Evaluation Information

1. 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 #1’s most recent medical evaluation was completed on [REDACTED] The medical evaluation did not contain resident’s medical diagnosis or medications.

Plan of Correction

Accept ([REDACTED] - 07/16/2024)

Medication listed added that day.

Moving Forward:

All resident charts audited to make sure med list is attached to DME, on June 19th and June 22, 2024. All found to be in compliance.

My assistant or designee will audit DME’s after moving ins, yearly or significate changes to make sure med lists are attached.

Ultimately as administrator I am responsible for on going compliance.

Licensee’s Proposed Overall Completion Date: 07/15/2024

Implemented ([REDACTED] - 08/01/2024)

183b - Meds and Syringes Locked

2. 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

Upon entering the home on [REDACTED], Department Rep observed a stack of medication cards on the desk in the nursing office. Residents were in the hallway in close proximity to the door of the nursing office and the office was open and unattended.

183b Meds and Syringes Locked (continued)

Repeat Violation 10/12/23

Plan of Correction

Accept (████) - 07/24/2024)

Assistant was educated day of inspection, when inspector gave citation.

Spring release hinges were placed on door 6/26/24

Assistant was educated on making sure her door is shut.

Moving Forward:

New spring release hinges were put on the door, so it automatically closes after being opened.

Ultimately as administrator I am responsible for on going compliance.

Licensee's Proposed Overall Completion Date: 07/23/2024

Implemented (████) - 08/01/2024)

187d - Follow Prescriber's Orders**3. Requirements**

2600.

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

Description of Violation

Resident #1 is prescribed ██████████ by mouth before breakfast.. However, this medication was not administered to resident on ██████████ because the medication was not available in the home.

Repeat violation 3/27/24

Plan of Correction

Accept (████) - 07/24/2024)

Unable to fix specific violation for resident listed, as resident has passed away.

In order to stay in compliance with regulation listed; I, Jackie the admin of the facility and the owner ██████████ of facility have spoken with Senior Life VP ██████████, we have explained the urgency of always being in compliance with our regulations. Senior Life VP stated that an agreement has been made with their company and CVS Pharmacy for urgent/stat deliveries of refills not received by the main pharmacy or urgent new medications orders. This has taken into effect immediately moving forward. As the administrator of the facility, I am responsible for ongoing compliance.

187d Follow Prescriber's Orders (continued)

Resident was part of Senior Life, Senior Life is aware of the issues we have with receiving meds on time from there pharmacy. Senior Life will be contacting a local pharmacy "CVS" when meds are not received and needed asap.

Ultimately as administrator I am responsible for on going compliance.

Licensee's Proposed Overall Completion Date: 07/23/2024

Implemented [REDACTED] - 08/01/2024)