



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: FEBRUARY 4, 2025

[REDACTED], President
Alexandria Manor of Allentown, Inc.
[REDACTED]

RE: Alexandria Manor II
313 South Walnut Street
Bath, Pennsylvania 18014
License: 205262

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on August 13, 2024, and October 29, 2024, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby Refuses to Renew your certificate of compliance (license number 205261) dated May 5, 2023, to November 5, 2024 due to serious violations and Failure to submit an acceptable plan to correct noncompliance items. And issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated May 5, 2023 to November 5, 2024 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1);(4) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5); (6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from February 4, 2025 to August 4, 2025..

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.



Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 or 2800 Section:	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
85d	III	46	\$3	\$138	15 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

, Workload Manager
 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Room 631, Health, and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120


This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary>

cc:



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

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: *50* Waking Staff: *38*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Interim* Exit Conference Date: *10/29/2024*

Inspection Dates and Department Representative

10/29/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *78* Residents Served: *46*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *46*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

10/29/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/15/2024*

12/06/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/06/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document Submission*

01/17/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/06/2024

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The binder which contains the home's current Licensing Inspection Summaries was stored in a cabinet and not accessible to residents or the general public. Repeated Violation: 9-6-23 et al.

Plan of Correction

Accept (█ - 11/20/2024)

CORRECTED AT TIME OF INSPECTION

MOVING FORWARD:

STAFF RE-EDUCATED ON 11/8/24 THE IMPORTANCE OF THIS LIS BINDER AND THAT PROPER ACCESSIBILITY IS NEEDED FOR ANYONE THAT ENTERS THE FACILITY. AUDITS WILL BE COMPLETELY DAILY TIMES 4 WEEKS, THEN WEEKLY TIMES 3 MONTHS TO ENSURE PROPER COMPLIANCE BY █ THE ADMIN OR DESIGNEE.

AS THE ADMINISTRATOR █ RESPONSIBLE FOR PROPER ON GOING COMPLIANCE.

Licensee's Proposed Overall Completion Date: 11/18/2024

Not Implemented (█ - 12/06/2024)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

The 2nd floor kitchenette with the sign stating "keep door locked at all times" was propped open. The following items were noted in the room and under the sink: A one-gallon jug of carpet machine cleaner, a 100oz. jug of dish detergent, one 17 oz. can of Stainless-Steel Cleaner, one bottle of Odo-Ban disinfectant spray, one bottle of Lysol Spray cleaner, one bottle of toilet bowl cleaner and a can of Febreze Air freshener. A 1-gallon jug of Bleach and a 255oz jug of laundry detergent was also noted in the laundry area that is inside the kitchenette. All of the products have instructions to contact poison control if ingested. The residents on this floor are not assessed to avoid poisonous materials.

Repeated Violation: 9-6-23 et al.

Plan of Correction

Accept (█ - 11/20/2024)

CORRECTED AT TIME OF INSPECTION

MOVING FORWARD:

STAFF RE-EDUCATED ON 11/8/24 THE IMPORTANCE OF THIS DOOR BEING SHUT AND LOCKED AT ALL TIMES.

82c - Locking Poisonous Materials (continued)

KEYPAD DOOR LOCK WAS INSTALLED DAY OF INSPECTION, ALONG WITH SPRING DOOR HINGES 10/29/24. AUDITS WILL BE COMPLETELY DAILY TIMES 4 WEEKS, THEN WEEKLY TIMES 3 MONTHS TO ENSURE PROPER COMPLIANCE BY [REDACTED] THE ADMIN OR DESIGNEE.

AS THE ADMINISTRATOR [REDACTED] RESPONSIBLE FOR PROPER ON GOING COMPLIANCE.

Licensee's Proposed Overall Completion Date: 11/18/2024

Not Implemented ([REDACTED] - 12/06/2024)

103i - Outdated Food**4. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The refrigerator in the kitchenette on the Second Floor contained 4 bottles of Yogurt Smoothies, and an opened jar of mayonnaise that were not labeled or dated.

Two Ziploc bags of dried cereal, not labeled or dated, were noted in a cabinet in the main kitchen.

Plan of Correction

Accept ([REDACTED] - 11/21/2024)

CORRECTED AT TIME OF INSPECTION

MOVING FORWARD:

STAFF RE-EDUCATED ON 11/8/24 THE IMPORTANCE OF MAKING SURE ALL REFRIGERATORS AND FOOD STORAGE AREAS ARE CLEAN AND ALL FOOD ITEMS ARE LABELED PROPERLY AND NOT OUT OF DATE.

FOOD ITEMS FOUND BELONGED TO A RESIDENT. [REDACTED] WAS EDUCATED BY [REDACTED] THE ADMIN ON THE IMPORTANCE OF FOOD NOT BEING OUT OF DATE. AUDITS WILL BE COMPLETELY DAILY TIMES 4 WEEKS, THEN WEEKLY TIMES 3 MONTHS TO ENSURE PROPER COMPLIANCE BY [REDACTED] THE ADMIN OR DESIGNEE.

AS THE ADMINISTRATOR [REDACTED] RESPONSIBLE FOR PROPER ON GOING COMPLIANCE.

Licensee's Proposed Overall Completion Date: 11/18/2024

Not Implemented ([REDACTED] - 12/06/2024)

141a 1-10 Medical Evaluation Information**5. Requirements**

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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

The Medical evaluation for Resident #1 dated [REDACTED] does not indicate whether the resident can self-administer medications.

Plan of Correction

Accept ([REDACTED] - 12/04/2024)

MED EVAL UPDATE ON 11/5/24

MOVING FORWARD:

MED EVALS WERE AUDITED ON 11/4/24 AND 11/5/24 AND ALL FOUND TO BE IN COMPLIANCE.

AUDITS WILL BE COMPLETELY WHEN A NEW MED EVAL IS RECEIVED (EITHER NEW, ANNUAL OR STATUS CHANGE) UP TO ONE YEAR TO ENSURE PROPER COMPLIANCE BY [REDACTED] THE ADMIN OR DESIGNEE.

AS THE ADMINISTRATOR [REDACTED] RESPONSIBLE FOR PROPER ON GOING COMPLIANCE.

Licensee's Proposed Overall Completion Date: 11/18/2024

Not Implemented ([REDACTED] - 12/06/2024)

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 bottle of eye drops prescribed for Resident #2 was noted on top of the desk in the office located near the main kitchen. The office was unlocked and unattended.

Plan of Correction

Accept ([REDACTED] - 11/21/2024)

CORRECTED AT TIME OF INSPECTION

MOVING FORWARD:

STAFF RE-EDUCATED ON 11/8/24 WITH THE IMPORTANCE OF THIS DOOR BEING SHUT AND LOCKED AT ALL TIMES.

183b - Meds and Syringes Locked (continued)

KEYPAD DOOR LOCK WAS INSTALLED DAY OF INSPECTION, 10/29/24. AUDITS WILL BE COMPLETELY DAILY TIMES 4 WEEKS, THEN WEEKLY TIMES 3 MONTHS TO ENSURE PROPER COMPLIANCE BY [REDACTED] THE ADMIN OR DESIGNEE.

AS THE ADMINISTRATOR [REDACTED] RESPONSIBLE FOR PROPER ON GOING COMPLIANCE.

Licensee's Proposed Overall Completion Date: 11/18/2024

Not Implemented ([REDACTED] - 12/06/2024)

185a - Implement Storage Procedures**8. 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 #3's Medication Administration Record documented Blood sugar readings of 217 at 8pm on 10-22-24 and 187 at 6am on 10-23-24. However, neither reading was found in the resident's glucometer for those dates and times.

Resident #5's Medication Administration Record documented glucometer readings of 167 at 4pm on 10-22-24 and 132 at 7pm on 10-22-24. However, neither reading was found in the resident's glucometer for those dates and times.

Resident #4's glucometer was not calibrated to the correct date and time. When turned on the glucometer read the date 4-30 at 11pm when the correct date at the time was 10-29-24 at 10:40am. Repeated Violation: 9-6-23 et al.

Plan of Correction

Accept ([REDACTED] - 11/21/2024)

MOVING FORWARD:

MEDTECHS RE-EDUCATED ON 11/8/24 THE IMPORTANCE OF PROPER USAGES OF GLUCOMETERS.

ALL GLUCOMETERS WERE AUDTIED ON 10/30/24 TO MAKE SURE THEY WERE CALIBERATED PROPERLY. ALL WERE FOUND TO BE IN COMPLIANCE. AUDITS WILL BE COMPLETELY DAILY TIMES 4 WEEKS, THEN WEEKLY TIMES 1 YEAR TO ENSURE PROPER COMPLIANCE BY [REDACTED] THE ADMIN OR DESIGNEE.

AS THE ADMINISTRATOR [REDACTED] RESPONSIBLE FOR PROPER ON GOING COMPLIANCE.

Licensee's Proposed Overall Completion Date: 11/18/2024

Not Implemented ([REDACTED] - 12/06/2024)

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

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: *56* Waking Staff: *42*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Provisional, Incident* Exit Conference Date: *08/13/2024*

Inspection Dates and Department Representative

08/13/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *78* Residents Served: *52*

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: *0*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

08/13/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/05/2024*

09/16/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/01/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/20/2024

09/25/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/01/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 09/30/2024

01/17/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/01/2024

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 7/25/24, Resident # 1 made an allegation of physical and verbal abuse toward Staff Person A and the police were called to the home. The home did not immediately develop and implement a plan of supervision or suspend Staff Person A who was allegedly involved in the incident.

Plan of Correction

Accept (█ - 09/16/2024)

Staff Person A was a no call / no show for shift on █ and no longer holds a position with Alexandria Manor as of █

Moving Forward:

When an allegation of any type of abuse is made employee in question will be sent home immediately and an internal investigation will be started. Any allegation of abuse will be immediately reported to the department via call or email along with Pa Area on Aging protective services.

Licensee's Proposed Overall Completion Date: 09/05/2024

Not Implemented (█ - 12/06/2024)

16c - Written Incident Report

2. 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 7/25/24, Resident # 1 made an allegation of physical and verbal abuse toward Staff Person A and the police were called to the home. The incident was not reported immediately to the Department's Northeast Regional Office.

Plan of Correction

Accept (█ - 09/25/2024)

As the administrator █ or my designee if █ unavailable is responsible for reporting abuse immediately to the department via call or email and within 24 hrs with a written report.

Moving Forward:

Any allegation of abuse will be immediately reported to the department via call or email and an incident report will be sent in within 24 hrs.

Licensee's Proposed Overall Completion Date: 09/20/2024

Not Implemented (█ - 12/06/2024)

17 - Record Confidentiality

3. Requirements

17 - Record Confidentiality (continued)

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

The Privacy Coding Sheets with resident and staff names were left attached the Licensing Inspection Summaries dated 9/6/23 and 1/23/24 which are posted in public area of the home.

Plan of Correction

Accept () - 09/16/2024

LIS Binder was audited on 8/14/24, found to be in compliance with no privacy coding sheets attached.

Moving forward:

Administrator will give LIS to assistant to the admin, it will be audited before being placed into binder to maintain compliance with privacy coding sheet. Assistant to admin will audit LIS Binder as needed after LIS is completed for 1 year to maintain proper compliance.

Licensee's Proposed Overall Completion Date: 09/05/2024

Implemented () - 12/06/2024

65g - Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff person C did not receive training in Emergency Preparedness Procedures, Older Adult Protective Service Act (OAPSA), or Falls and Accident Prevention during training year 1-1-23 to 12-31-23.

Repeated Violation: 9-6-23 et al., 10-12-23.

Plan of Correction

Accept () - 09/16/2024

Staff person C was educated on Emergency Preparedness Procedures, Older Adult Protective Service Act (OAPSA) and Falls and Accident Prevention on August 28th 2024.

Staff records were audited on August 16, 2024 and found to be in full compliance.

Moving forward:

Staff records will be audited monthly, times 6 months by admin or designee to follow and maintain proper ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/05/2024

Implemented () - 12/06/2024

82c - Locking Poisonous Materials

5. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

A cleaning cart with several containers of cleaning products, including 19 oz. cans of Lysol Disinfectant spray and Febreze Air Freshener, was left unattended on the second floor. The products have instructions to contact poison control if ingested. The residents on this floor are not assessed to avoid poisonous materials.

The 2nd floor kitchenette with the sign stating "keep door locked at all times" was propped open. The following items were noted in the room and under the sink: A one-gallon jug of Members Mark floor cleaner, 1-40oz Simple Green All Purpose cleaner; 1-17 oz. Stainless Steel Cleaner, 1-90 oz. can of glass cleaner and 2 cans of Febreze Air freshener. The products have instructions to contact poison control if ingested. The residents on this floor are not assessed to avoid poisonous materials.

Repeated Violation: 9-6-23 et al.,

Plan of Correction

Accept (█ - 09/16/2024)

Kitchenette was audited day of inspection and items were removed.

Moving Forward:

Cleaning carts now have a locked container for all poisonous materials. Cleaning carts will be audited daily times 6 weeks by admin or designee to ensure housekeeping staff are following regulation and all poisonous materials are properly locked in container.

Licensee's Proposed Overall Completion Date: 09/05/2024

Not Implemented (█ - 12/06/2024)

85d - Trash Receptacles

6. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The large trash can in the main kitchen was not covered.

The 1st and 2nd floor bathrooms in the "new section" of the home contained garbage cans that did not have a lid.

Repeated Violation: 9-6-23 et al., 10-12-23, 11-21-23.

Plan of Correction

Accept (█ - 09/16/2024)

New trash cans were placed in 1st and 2nd floor bathrooms day of inspection. All facility trash cans were audited on 8/15/24 to make sure lids were available and properly placed on top.

Facility cook was educated on 8/28/24 on the importance of the trash can lid covering the trash for sanitary purposes.

Facility trash cans including resident rooms, common areas and kitchen will be audited weekly, times 6 weeks by

85d - Trash Receptacles (continued)

admin or designee to maintain proper on-going compliance.,

Licensee's Proposed Overall Completion Date: 09/05/2024

Not Implemented (█ - 12/06/2024)

87 - Lighting**7. Requirements**

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The interior light at the exit at the bottom of the stairs from the 2nd floor new section was not working.

Plan of Correction

Accept (█ - 09/16/2024)

Light bulbs were replaced day of inspection. All remaining stairwells were audited 8/13/24 and found to be in compliance with properly working interior lights.

Moving Forward:

All exit stairwells will be audited daily by admin or designee for 4 weeks, then weekly times 8 weeks to maintain proper on going compliance.

Licensee's Proposed Overall Completion Date: 09/05/2024

Implemented (█ - 12/06/2024)

88a - Surfaces**8. 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 carpeting on the bottom landing of the stairwell near room 201 is covered in dry leaves.

Plan of Correction

Accept (█ - 09/16/2024)

Landing was shop vac'ed 8/14/24, all other stairwell landings were audited on 8/14/24 for hazards and found to all be in proper compliance.

Moving Forward:

All exit stairwells and landings will be audited daily by admin or designee for 4 weeks, then weekly times 8 weeks for hazards and to maintain proper on-going compliance.

Licensee's Proposed Overall Completion Date: 09/05/2024

88a - Surfaces (continued)

Implemented () - 12/06/2024)

103c - Food Protected

9. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

The refrigerator in the 2nd floor kitchenette contained the following food items that were not covered or dated: a tray of chocolate pudding cups; a piece of lemon pie and a half-eaten muffin.

A large tray of uncovered chocolate pudding cups was noted on a cart in the main kitchen.

Plan of Correction

Accept () - 09/16/2024)

The second-floor kitchenette refrigerator was cleaned day of inspection, all items were removed. Only sealed and properly labeled items remained.

Facility cook was educated on 8/28/24 on the importance of always covering and dating food items for sanitary purposes.

Moving Forward:

The second-floor kitchenette refrigerator/freezer will only contain sealed and properly labeled items, admin or designee will audit refrigerator three times weekly, times 4 weeks for proper on-going compliance.

Licensee's Proposed Overall Completion Date: 09/05/2024

Implemented () - 12/06/2024)

103f - Refrigerator/Freezer Temps

10. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The freezer in the 2nd floor kitchenette does not have a thermometer.

Plan of Correction

Accept () - 09/16/2024)

Thermometer was placed day of inspection. Audit was done of all refrigerators and freezers on 8/15/24, all found to be in proper compliance.

Moving forward:

103f - Refrigerator/Freezer Temps (continued)

All refrigerators and freezers will be audited daily, times 4 weeks by admin/designee or facility cook to maintain proper on going compliance.

Licensee's Proposed Overall Completion Date: 09/05/2024

Implemented (█) - 12/06/2024)

103g - Storing Food**11. Requirements**

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A food storage cabinet in the second-floor kitchenette contained the following items that were opened and not properly sealed: 2 bags of cereal.

Plan of Correction

Accept (█) - 09/16/2024)

Cereal bags from second floor kitchenette cabinet were removed day of inspection.

Moving Forward:

Second floor kitchenette cabinet will only contain items that are pre-packaged and do not need to be re-packaged after opening. Second floor kitchenette cabinet will be audited daily times 4 weeks by admin/designee to maintain proper ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/05/2024

Implemented (█) - 12/06/2024)

125a - Combustible Storage**12. Requirements**

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

During the initial walkthrough at approximately 1010am, 2 dishtowels and 2 socks were found behind the dryer in the 2nd floor laundry room.

Plan of Correction

Accept (█) - 09/16/2024)

Dish towels and socks were removed day of inspection. Secondary laundry room was audited on 8/13/24 as well for hazards and found to be in full compliance.

Moving Forward:

Laundry rooms will be audited daily, times 4 weeks by admin or designee to check for hazards and to maintain proper on going compliance.

125a - Combustible Storage (continued)

Licensee's Proposed Overall Completion Date: 09/05/2024

Implemented () - 12/06/2024)

141b1 - Annual Medical Evaluation

14. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's Annual DME was completed on [REDACTED]; the last DME was completed on [REDACTED]

Plan of Correction

Accept () - 09/25/2024)

Audited 8/16/24

All resident DME's were audited on 8/16/24 and found to be in full compliance.

Moving Forward:

All DME's will be audited by admin/designee for any discrepancies in dates after DME is received for move in, status change or yearly as needed to maintain proper on going compliance.

Licensee's Proposed Overall Completion Date: 09/20/2024

Implemented () - 12/06/2024)