

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

February 3, 2025

[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 01/09/2025 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:** 07/09/2025  
**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:** PA Dept. L&I

## Staffing Hours

**Resident Support Staff:** 0 **Total Daily Staff:** 90 **Waking Staff:** 68

## Inspection Information

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Incident **Exit Conference Date:** 01/09/2025

## Inspection Dates and Department Representative

01/09/2025 On Site [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 93 **Residents Served:** 78

## Secured Dementia Care Unit

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

## Hospice

**Current Residents:** 11

## Number of Residents Who:

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 76  
**Diagnosed with Mental Illness:** 6 **Diagnosed with Intellectual Disability:** 3  
**Have Mobility Need:** 12 **Have Physical Disability:** 0

## Inspections / Reviews

01/09/2025 - Partial

**Lead Inspector:** [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 02/01/2025

Inspections / Reviews *(continued)*

02/03/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/01/2025

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document  
Submission*

02/03/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42c Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] at 8:47 am, Staff Person "A" witnessed Resident [redacted] becoming annoyed at Resident [redacted] because Resident [redacted] was humming while eating breakfast in the dining room. Resident [redacted] told Resident [redacted] to "shut the [redacted] up". After Resident [redacted] finished eating breakfast, [redacted] pulled Resident [redacted] hair while exiting the dining room. Resident [redacted] then turned and hit Resident [redacted] in the right arm. Resident [redacted] yelled "[redacted]" then attempted to hit Resident [redacted] back. Staff Person "A" intervened and removed Resident [redacted] from the dining room.

Plan of Correction

Accept ([redacted] - 02/03/2025)

On [redacted], Resident [redacted] was immediately moved to a private room on the opposite wing of the facility. Resident [redacted] was immediately evaluated by Hospice services on [redacted]. No injuries reported. Both POA's for both Resident [redacted] and [redacted] were notified of the incident.

Both Resident [redacted] and Resident [redacted] were placed on around the clock 15-minute checks to ensure no further contact could be made between the two individuals. Both Resident [redacted] and Resident [redacted] were evaluated by their PCP, Dr. [redacted] on [redacted] with no injuries reported. Resident [redacted] was ordered a referral to Easton Neuro Psych Services. Resident [redacted] and [redacted] POA were issued a 30-day notice via certified mail, standard mail, and in-person for alternative placement due to [redacted] endangerment to others on [redacted] (Attached). Moving forward, all resident relationships/interactions will be monitored and audited throughout the facility on a monthly basis and as needed by the Med Tech's in charge of the shifts, Assistant Administrator, [redacted] and Administrator, [redacted] (Both who have completed Prevention of Abuse and Neglect DHS Training on [redacted] and will incorporate learned knowledge in day to day practices)(Attached). to ensure and maintain compliance with DHS Regulations. Any and all findings will be discussed and evaluated for immediate response if so needed.

Licensee's Proposed Overall Completion Date: 02/01/2025

Implemented [redacted] - 02/03/2025)