

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

October 15, 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 08/13/2025 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:** 07/09/2026  
**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:** Interim **Exit Conference Date:** 08/13/2025

## Inspection Dates and Department Representative

08/13/2025 **On 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:** 11

## Number of Residents Who:

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 73  
**Diagnosed with Mental Illness:** 1 **Diagnosed with Intellectual Disability:** 3  
**Have Mobility Need:** 11 **Have Physical Disability:** 0

## Inspections / Reviews

## 08/13/2025 - Partial

**Lead Inspector:** [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 09/22/2025

Inspections / Reviews *(continued)*

10/07/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/09/2025

10/15/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 Record Confidentiality

1. 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

Between 9:30 a.m. and 10:00 a.m. Resident check lists, resident hospice lists, resident hospice lists, resident toileting and catheter lists were posted on a bulletin board in the kitchenettes on the 1st, 2nd, and 3rd floors. Although the doors were locked, the lists were viewable by any passerby through the picture window from the common area, making them unattended and accessible to anyone.

Repeat violation [redacted] et al

Plan of Correction

Accept [redacted] - 10/07/2025)

All Resident Checklists removed from sight at time of onsite inspection by [redacted] Assistant Administrator. All Management, Med Tech's and PCA's are responsible for ensuring all Resident Checklists are filed in appropriate binders, binders are secured inside a cabinet (unless in use), inside a locked room. All Med Tech's who may update such information will ensure the above is maintained upon the updating of such information. Starting 9/1/2025, Administrator, [redacted] will perform daily audits Monday-Friday on all area's privacy information may be kept ensuring ongoing compliance. All findings will be immediately addressed with staff. On 9/22/2025, Administrator, [redacted] purchased window film for all kitchenette windows to ensure record confidentiality will be maintained at all times. Window film to arrive 9/24 and will be adhered to windows on 9/25/2025. Administrator, [redacted] will continue daily audits Monday-Friday x four weeks training all PCA personnel to continue daily per shift x 4 weeks. Documentation of Daily Record Confidentiality Audits submitted-HSmith, Administrator.

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented [redacted] - 10/15/2025)

83b Air Conditioner/Fans

2. Requirements

2600.

83.b. If a home does not provide air conditioning, fans shall be made available to residents when the indoor temperature exceeds 80°F.

Description of Violation

At approximately 10:35 a.m. the indoor air temperature in the common area on the 2nd floor in the home was 81.1 degrees Fahrenheit. At 2:30 p.m. the indoor air temperature in the common area on the 2nd floor in the home was 82.0 degrees Fahrenheit. The home has an air conditioner in the area, but it does not work. The home did not make fans available to the residents in that area.

## 83b Air Conditioner/Fans (continued)

**Plan of Correction**

Accept [REDACTED] - 10/07/2025)

At time of onsite inspection, Owner, [REDACTED], notified and purchased 2 air conditioner remote controls for the wall unit in the 2nd floor common area. [REDACTED], Maintenance Department, programmed initial remote control and ensured the wall unit in the 2nd floor common area is functioning properly and effectively. All management and staff are responsible to maintain temperature settings between 68-72 degrees at all times. Starting 9/1/2025, Administrator, [REDACTED] will perform daily Monday-Friday temperature logs of all common areas x 4 weeks. Thereafter, Administrator, [REDACTED] will train Med Tech Supervisors of shift to maintain daily temperature logs x 4 weeks and as needed to further maintain compliance. Documentation of daily temperature logs submitted. [REDACTED] Administrator

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented [REDACTED] - 10/15/2025)

## 85a - Sanitary Conditions

**3. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

At approximately 9:45 a.m. the freezer in the 2nd floor kitchenette had a brown/black substance about 4 inches by 4 inches and 1/2 inch deep, on the bottom of the freezer. It appeared as if something was spilled and froze to the bottom of the freezer.

At approximately 10:30 a.m., an unlabeled back brush for use while bathing was found in the shared bathroom of room [REDACTED].

**Plan of Correction**

Accept [REDACTED] - 10/07/2025)

(1) At time of onsite inspection, the freezer was cleaned by Housekeeper, [REDACTED] kitchen personnel are responsible for the inspection and cleaning of all refrigeration/freezer equipment with monthly cleaning/defrosting logs. All kitchen staff will now be responsible to inspect/clean all refrigeration/freezer equipment weekly x 2 months then monthly thereafter. Administrator, [REDACTED] will monitor compliance weekly to ensure regulations are met. Documentation of weekly and monthly cleaning logs submitted. [REDACTED], Administrator.

(2) At time of onsite inspection, the shower brush was labeled with name and room number of resident by Med Tech, [REDACTED]. Administrator, assistant Administrator, Med Techs and PCA's are responsible for ongoing compliance. Starting 9/22/2025, Administrator, [REDACTED] will perform audits of all shared rooms weekly x 4 weeks and monthly thereafter, when [REDACTED] will adequately train med tech's and pca's to continue the performance of such audits weekly x 4 weeks, monthly x 4 and as needed thereafter. Picture documentation of labeled shower brush, and (2) completed shared audits submitted. [REDACTED] Administrator.

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented [REDACTED] - 10/15/2025)

**86b Bathroom****4. Requirements**

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

**Description of Violation**

The bathroom in room [REDACTED] does not have an operable window and the exhaust fan is inoperable.

**Plan of Correction**

Accept [REDACTED] 10/07/2025)

At time of onsite inspection, [REDACTED] Maintenance Department, replaced exhaust fan and found in working condition. It is the responsibility of all management, staff, and Maintenance Personnel to ensure ongoing compliance is maintained. Since inspection, staff report to maintenance if an exhaust fan is found inoperable and maintenance has fixed 8 exhaust fans to date. Starting 9/23/2025, Administrator, [REDACTED] will perform room audits on all resident rooms and ancillary rooms to ensure ongoing compliance., weekly x 4 then monthly thereafter. Upon completion of audits, [REDACTED] will inform the Maintenance Department of any and findings/repairs in need. Administrator, [REDACTED] will then train two PCA's to continue audits monthly and as needed to maintain ongoing compliance. Administrator, [REDACTED] will monitor and review all audits and repairs as received. Documentation of Manitenance/Repairs List submitted. [REDACTED], Administrator.

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented [REDACTED] - 10/15/2025)

**91 Telephone Numbers****5. Requirements**

2600.

91. Emergency Telephone Numbers Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**Description of Violation**

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the kitchen of the home.

**Plan of Correction**

Accept [REDACTED] 10/07/2025)

At the time of onsite inspection, the emergency telephone number list was placed next to the phone int [REDACTED] kitchen with an outside line. All Management, Med techs, and PCA's are responsible to maintain on going compliance. Starting 9/22/2025, Administrator, [REDACTED] will perform room audits (resident & ancillary) weekly x 4, then monthly thereafter to ensure all emergency telephone numbers are posted appropriately. Upon completion of monthly audits, Administrator, [REDACTED] will train two PCA's to continue monthly and as needed audits and review and manage any and all findings. Picture documentation of emergency telephone numbers in kitchen and ancillary room audits submitted. [REDACTED] Administrator.

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented [REDACTED] - 10/15/2025)

**103f Refrigerator/Freezer Temps**

6. 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

There was no thermometer in the freezer in the 3rd floor kitchenette.

Plan of Correction

Accept [redacted] - 10/07/2025)

Upon ancillary room audits on 9/22/2025, Administrator [redacted] placed a thermometer in the freezer and refrigerator of the 3rd floor kitchenette. All staff are responsible for ensuring ongoing compliance. Administrator, [redacted] will continue ancillary room audits weekly x 4, then monthly thereafter. upon monthly audits, [redacted] will train two PCA's to continue weekly x 4 audits, then monthly and as needed thereafter and review and manage any and all findings to ensure ongoing compliance. Picture documentation of thermometers documentation of ancillary rooms audits submitted

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented [redacted] - 10/15/2025)

182c Medication Administration

7. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

Resident [redacted] was interviewed and indicated on several occasions staff have left the resident's evening medication in the room if the resident is not present in the room. Staff did not ensure the resident took the medication. The resident is not able to self-administer medication per the Medical Evaluation dated [redacted] and requires assistance from staff to take all prescribed medications.

Resident [redacted] was interviewed and indicated on several occasions medication was left in the room, and staff did not ensure the resident took their medication. The resident is not able to self-administer medication per the Medical Evaluation dated [redacted]

Plan of Correction

Accept [redacted] - 10/07/2025)

All Med techs will be re-educated in Regulation 182C with emphasis on statements made in regard to the leaving of medication to be administered later without monitoring and without sufficient orders on 9/23/2025 and 9/25/2025 by Administrator, [redacted] Administrator, [redacted] and Assistant Administrator, [redacted] will begin conducting interviews with Residents from all floors on 9/26/2025 weekly x 4 then monthly thereafter, to ensure Regulation 182c is followed and maintained. Together, [redacted] and [redacted] will review any and all findings and evaluate as such. It is all Med Techs responsibility to follow the regulations and steps in medication administration. [redacted] Administrator.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented [redacted] - 10/15/2025)

185a Implement Storage Procedures

8. Requirements

**185a - Implement Storage Procedures (continued)**

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 blood glucose readings daily at 6:00 a.m. The resident had a blood glucose reading of [REDACTED] which was observed in the resident's glucometer at 6:00 a.m. on [REDACTED]. The resident's blood glucose reading was recorded on the Medication Administration Record as [REDACTED].

Resident [REDACTED] has a PRN order for an [REDACTED], [REDACTED], and Tussin DM. The medications were not available.

Resident [REDACTED] has a PRN order for [REDACTED] tablets. The medication was not available.

Repeat violation: [REDACTED]

**Plan of Correction**

Accept [REDACTED] - 10/07/2025)

On 8/14/2025, Med Tech, [REDACTED] responsible for both 1st and 3rd medication carts, was written up and suspended without pay for shifts on 8/15 and 8/19/2025 by Assistant Administrator, [REDACTED]. Documentation error adjusted in the Quikmar system to document correct result on 8/13/2025 @ 6am by Administrator, [REDACTED] for Resident [REDACTED] along with all Med Techs (9/25/2025), will be re-educated in Proper Documentation and Regulation 185a on 9/23/2025 by Administrator, [REDACTED]. [REDACTED] will continue to be responsible for the auditing of the 3rd floor medication cart. Administrator, [REDACTED] will be responsible for the auditing of the 1st floor cart. [REDACTED] will be responsible for the auditing of the 2nd floor new side cart, and [REDACTED] will be responsible for the auditing of the 2nd floor old side cart. Administrator, [REDACTED] has begun auditing all medication carts, starting with 1st and 3rd floors on 8/18/2025. Administrator, [REDACTED] will start the auditing of the 2nd floor medication carts on 9/23/2025. Any and all finding will be reviewed and discussed with the Med Tech in charge of the medication cart. Resident [REDACTED] had [REDACTED] Albuterol, Senna, and Tussin delivered by [REDACTED] POA to the facility on 8/16/2025. Resident [REDACTED] had [REDACTED] Imodium delivered on 8/20/2025 by Newhard Pharmacy. A medication cabinet was purchased for the third-floor overflow medications, and all med techs will be responsible to sign them in when medication is delivered and sign them out when medications are in use. All overflow medications will be audited the same way for the 1st floor medications, however, will be kept in the 1st floor medication cart. All overflow medications for the 2nd floor medication carts will be audited the same after Administrator, [REDACTED] begins the medication cart audits on 9/23/2025. The development of this new overflow system will eliminate medications not being available with better tracking and communication during all cart audits. Documentation submission. [REDACTED], Administrator.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented [REDACTED] 10/15/2025)

**187d - Follow Prescriber's Orders****9. Requirements**

2600.

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

## 187d - Follow Prescriber's Orders (continued)

**Description of Violation**

Resident [REDACTED] has an order for [REDACTED] tablets to be administered at 8:00 a.m. and 8:00 p.m. The medication was not administered on [REDACTED] at 8:00 pm. Resident [REDACTED] also has an order for [REDACTED] [REDACTED], [REDACTED], [REDACTED] and [REDACTED] tablets to be administered daily at 8:00 p.m. The medications were not administered to the resident on [REDACTED] at 8:00 p.m.

Resident [REDACTED] is prescribed [REDACTED] take 1 tablet by mouth 2x daily, \*Hold if Systolic Blood Pressure < 110 or Heart Rate in < 55. However, resident [REDACTED] was administered [REDACTED] on [REDACTED] at 4:00 p.m. with a blood pressure of [REDACTED].

Repeat violation [REDACTED] et al

**Plan of Correction**

Accept [REDACTED] - 10/07/2025)

Med Tech, [REDACTED] responsible for Resident [REDACTED] received a written warning on 8/14/2025 and an unpaid suspension on 8/15/2025 and 8/19/2025. Med Tech, [REDACTED] responsible for Resident [REDACTED] received a written warning on 8/14/2025, was removed from med tech responsibilities, and an unpaid suspension on 8/22/2025. Assistant Administrator, [REDACTED] reported all omissions to DHS and Resident [REDACTED]'s & Resident [REDACTED]'s PCP. Administrator, [REDACTED] began independent medication cart audits on 8/18/2025 with the 1st and 3rd floor medication carts, monitoring medications and documentation and will continue independent audits twice weekly x 4 weeks, monthly thereafter. [REDACTED] will continue to be responsible for the auditing of the 3rd floor cart, [REDACTED] for 1st floor cart, [REDACTED] for 2nd new side cart, and [REDACTED] for old side cart. [REDACTED] was re-educated in Regulation 182c; 185a; and 187d by Administrator, [REDACTED] and Assistant Administrator to [REDACTED] on 9/15/2025 to initiate re-instatement of medication administration duties. [REDACTED] will also be conducting periodic exercise activities surrounding medication holds with daily MAR monitoring by Administrator/Asst. Administrator/Medication Train the Trainer. All Med Techs will receive re-education in Regulations, with emphasis on 182c; 185a; and 187d; proper documentation; new implementations and expectations on 9/23/2025 and 9/25/2025. All Med Techs are responsible to follow the orders as written by the prescriber and the Administrator and Assistant Administrator are responsible to ensure they have the necessary skills, knowledge, and tools to carry out their responsibilities. Documentation Submission [REDACTED] Administrator.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented [REDACTED] - 10/15/2025)