

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

December 11, 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 11/05/2025 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:** 03/24/2026  
**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:** 94 **Waking Staff:** 71

## Inspection Information

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint **Exit Conference Date:** 11/05/2025

## Inspection Dates and Department Representative

11/05/2025 **On Site:** [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 93 **Residents Served:** 80

## 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:** 78  
**Diagnosed with Mental Illness:** 5 **Diagnosed with Intellectual Disability:** 3  
**Have Mobility Need:** 14 **Have Physical Disability:** 1

## Inspections / Reviews

11/05/2025 - Partial

**Lead Inspector:** [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 12/06/2025

Inspections / Reviews *(continued)*

12/08/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/11/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/13/2025

12/11/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/11/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 15a - Resident Abuse Report

## 1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

## Description of Violation

On [REDACTED] the family member of resident [REDACTED] reported to the home's administrator that resident [REDACTED] had told them staff member A grabbed the resident's toothbrush while the resident was brushing their teeth and threw the toothbrush. Resident [REDACTED] reported to their family member that they didn't like staff person A because they were not nice to them. The home's administrator responded to the concern by removing staff person A as a caregiver to resident [REDACTED]. This allegation of verbal abuse was not reported to the Area Agency on Aging as required.

## Plan of Correction

Accept [REDACTED] - 12/08/2025)

The Administrator, [REDACTED] and Assistant Administrator, [REDACTED] are responsible to immediately report suspected abuse of a resident and to comply with requirements regarding restrictions on all staff persons. Both, the Administrator and Assistant Administrator re-educated themselves in regulations 15a-d, along with facility policy and procedure regarding complaints and allegations to further comply with DHS regulations. The Administrator and Assistant Administrator have scheduled a Resident Council Meeting with all residents on Wednesday, December 17, 2025 to ensure needs are met and responsibilities of all staff are within compliance. Any and all findings will be taken back to Facility scheduled Quality Management Meeting on Friday, December 19, 2025, to discuss, develop, and implement appropriate policies, procedures, and take any course of action to effectively comply with current regulations, specific to reporting appropriately and accurately to the Department. Starting, Monday, December 8, 2025, the Administrator and/or Assistant Administrator will conduct resident interviews weekly x 4, bi-weekly x 4, then monthly thereafter, to ensure operations related to regulations 15a-d are in accordance with the Older Adult Protective Services Act. The Administrator and Assistant Administrator will meet daily via in person or by phone where applicable to discuss any and all incidents that may require follow-up action.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [REDACTED] 12/11/2025)

## 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 [REDACTED] the family member of resident [REDACTED] reported to the home's administrator that resident [REDACTED] had told them staff member A grabbed the resident's toothbrush while the resident was brushing their teeth and threw the toothbrush. Resident [REDACTED] reported to their family member that they didn't like staff person A because they were not nice to them. The home's administrator responded to the concern by removing staff person A as a caregiver to resident [REDACTED]. The home did not report this incident to the department.

## Plan of Correction

Accept [REDACTED] - 12/08/2025)

The Administrator, [REDACTED] and Assistant Administrator, [REDACTED] are responsible to immediately report suspected abuse of a resident and to comply with the guidelines written in regulations 16b-f. Both, the

**16c Written Incident Report (continued)**

Administrator and Assistant Administrator re educated themselves in regulations 16b f, along with facility policy and procedure regarding complaints and allegations to further comply with DHS regulations. The Administrator and Assistant Administrator have scheduled a Resident Council Meeting with all residents on Wednesday, December 17, 2025 to ensure needs are met and responsibilities of all staff are within compliance. Any and all findings will be taken back to Facility scheduled Quality Management Meeting on Friday, December 19, 2025, to discuss, develop, and implement appropriate policies, procedures, and take any course of action to effectively comply with current regulations, specific to reporting appropriately and accurately to the Department. Starting, Monday, December 8, 2025, the Administrator and/or Assistant Administrator will conduct resident interviews weekly x 4, bi weekly x 4, then monthly thereafter, to ensure operations related to regulations 16b f are in accordance with the Older Adult Protective Services Act. The Administrator and Assistant Administrator will meet daily via in person or by phone where applicable to discuss any and all incidents that may require follow up action.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [REDACTED] - 12/11/2025)

**23a - Activities of Daily Living Assistance****3. Requirements**

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

**Description of Violation**

The assessment and support plan dated [REDACTED] for resident [REDACTED] indicates the resident requires assistance getting to and from and off and on the toilet. On [REDACTED] Staff person B assisted resident [REDACTED] to the bathroom in the activity room. According to the home's administrator, staff person B had left at the end of their shift without assisting resident [REDACTED] off of the toilet and as a result, resident [REDACTED] waited until staff person C found the resident when it was time to administer medications to resident [REDACTED]. Also, on [REDACTED] resident [REDACTED]'s family was visiting the resident and reported that resident [REDACTED] had not received any toileting or brief changing checks during the hours that they were visiting. It was confirmed through staff interview with staff person D that resident [REDACTED]'s brief had not been changed or checked since the 3rd shift hours of 6:30 p.m. to 6:30 a.m.

**Plan of Correction**

Accept [REDACTED] 12/08/2025)

All staff and management are responsible to ensure all residents receive services properly documented in the residents assessment and support plan. All DCS staff received interactive hands on training in Caring for Residents on Hospice Services on 11/21/2025 by Administrator, [REDACTED] and Assistant Administrator, [REDACTED]. Staff persons B and D will be re educated in Regulation 23a with emphasis on the availability and location of resident support plans on Monday, December 8, 2025, by Administrator, [REDACTED]. The Administrator and Assistant Administrator have scheduled a Resident Council Meeting with all residents on Wednesday, December 17, 2025 to ensure needs are met and responsibilities of all staff are within compliance. The Administrator, Assistant Administrator, and Med Tech Supervisor audited the residents assessments and support plans in order to develop and implement an AM/PM Care Sheet for all staff, including new hires upon orientation and training, to be better equipped with the knowledge needed to perform effectively and further meet the residents needs in correlation with the residents assessment and support plan. Starting, Monday, December 8, 2025, the Administrator and/or Assistant Administrator will conduct resident interviews weekly x 4, bi weekly x 4, then monthly thereafter, to ensure operations related to regulation 23a are within compliance and maintained by all staff.

23a Activities of Daily Living Assistance *(continued)*

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [REDACTED] - 12/11/2025)