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

May 26, 2026

[redacted]
ALEXANDRIA MANOR OF ALLENTOWN, INC.
[redacted]

RE: ALEXANDRIA MANOR OF ALLENTOWN - BETHLEHEM CAMPUS
3534 LINDEN STREET
BETHLEHEM, PA, 18017
LICENSE/COC#: 21456

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/26/2026 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 OF ALLENTOWN - BETHLEHEM CAMPUS* **License #**: *21456* **License Expiration**: *06/12/2026*

Address: *3534 LINDEN STREET, BETHLEHEM, PA 18017*

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**: *04/04/2006* **Issued By**: *Dept of L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *39* **Waking Staff**: *29*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *03/26/2026*

Inspection Dates and Department Representative

03/26/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *58* **Residents Served**: *38*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *38*

Diagnosed with Mental Illness: *4* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *1* **Have Physical Disability**: *3*

Inspections / Reviews

03/26/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/23/2026*

Inspections / Reviews *(continued)*

05/14/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/22/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *05/21/2026*

05/26/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/22/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

16c - Written Incident Report

1. 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

Resident [redacted] is prescribed [redacted] tablet daily, [redacted] tablet daily, and [redacted] tablet daily. The medication was not available and not administered as prescribed from [redacted] to [redacted]. These medication errors were not reported to the department.
Resident [redacted] was prescribed [redacted] tablet twice daily. The medication was not available and not administered as prescribed from [redacted] to [redacted]. The home did not report the medication error to the department.

Repeat Violation: [redacted].

Plan of Correction ***Accept [redacted] - 05/14/2026)***

Upon becoming aware of the medication error on 3/26/2026 via inspector on site, [redacted] personal care home co-administrator, who is the responsible person to fix the lack of reporting issue, notified the Department of Human Services on 3/26/2026 via written report of the incident via email communication.

The immediate solution was verifying the med error and proper notification to the Department of Human Services. This is the responsibility of the personal care home administrator. During times of absence of the administrator a person will be designated by the personal care administrator who will be responsible for this action- specifically to written incident report.

This is effective as of 3/26/2026. The designated person in the absence of the administrator will be responsible for notifying the Department of Human Services and notifying the personal care administrator as soon as possible. The designated person will be made aware of this responsibility each time the administrator is not available to assure the designated person is aware of this responsibility during [redacted] absence.

At the time of this occurrence the administrator had designated [redacted] to be the responsible party. [redacted] neglected to follow this direction. [redacted] was educated on the importance of proper and timely written incident reporting in regard to regulation 16c on 3/26/2026 by Personal care home administrator [redacted]

All future designees by the personal care home administrator will be educated on their role to include expectations related to 16 c Written Incident Report. As of 5/22/2026 all staff have been educated by [redacted] personal care home administrator and [redacted] assistant to administrator including maintenance, kitchen/housekeeping and DCS on 16 c Written Incident Report and the importance of reporting any incidents to the personal care home administrator or their designee in their absence and what are reportable incidents and explaining policy regarding reports to management so they may properly report to DHS. DCS staff were also educated on the need to include these reportables upon completion of shift report.

An audit will be completed after any reportable incident to ensure timely and accurate notification is made and follow up with regulation 16C for a period of 6 months. The audits will be performed by the personal care home administrator and assistant to administrator.

16c Written Incident Report (continued)

Audits of the shift reports will also be completed daily x one month and monthly x 6 months for the purpose of identifying any potential reportable incidents. Audits will be completed by the personal care home administrator, [redacted] and/or [redacted] assistant to administrator. Personal care home administrator is responsible for full ongoing compliance.

Licensee's Proposed Overall Completion Date: *05/14/2026*

Implemented [redacted] 05/26/2026)

187a - Medication Record

2. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
13. Date and time of medication administration.

Description of Violation

Resident [redacted] is prescribed [redacted] tablet daily, [redacted] tablet daily, and [redacted] tablet daily. The medication was not available in the home to be administered to the resident beginning [redacted] but the Medication Administration Record indicates the resident refused or received the medication periodically from [redacted], through [redacted]
Resident [redacted]'s prescription for [redacted] tablet twice daily was discontinued on [redacted] The resident's Medication Administration Record indicates the resident received the medication on [redacted] and from [redacted] to [redacted] The medication was not present in the home and unable to have been administered.

Plan of Correction ***Accept ([redacted] 05/14/2026)***

Upon becoming aware of the medication error on 3/26/2026 via inspector on site, [redacted] personal care home co administrator, who is the person responsible to fix the issue, notified Resident [redacted] physician immediately while inspector was still on site along with Resident [redacted] POA.

The immediate solution was verifying the med error and proper notification to the resident physician for reorder of medication and verification of discontinue order. Resident [redacted] physician refused to reorder medication due to Resident [redacted] non compliance with appointments.

Resident [redacted] transitioned to in house physician [redacted] on [redacted], medication record has been reconciled and medications are in compliance.

Audits of all facility MARs and med carts were completed by [redacted] personal care home

187a - Medication Record (continued)

administrator and [redacted] assistant to administrator on 4/3/2026 and found to be in compliance.

All med techs were educated by 4/4/26 in regard to reg 187a Date and time of medication with importance of understanding that administration with explanation on how medication records shall be kept to include the following for each resident for whom medications are administered.
(1) Resident's name.
(2) Drug allergies.
(3) Name of medication.
(4) Strength.
(5) Dosage form.
(6) Dose.
(7) Route of administration.
(8) Frequency of administration.
(9) Administration times.
(10) Duration of therapy, if applicable.
(11) Special precautions, if applicable.
(12) Diagnosis or purpose for the medication, including pro re nata (PRN).
(13) Date and time of medication administration.
(14) Name and initials of the staff person administering the medication.

All medications carts and MARs will be audited weekly for the next 3 months by either [redacted] personal care home administrator, [redacted] assistant to administrator or [redacted] assistant to administrator.

Personal care home administrator is responsible for full ongoing compliance.

Licensee's Proposed Overall Completion Date: *05/14/2026*

Implemented ([redacted] - 05/26/2026)

187d - Follow Prescriber's Orders

3. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] tablet daily, [redacted] tablet daily, and [redacted] tablet daily. The medication was not available and not administered as prescribed from [redacted] to [redacted].
Resident [redacted] was prescribed [redacted] tablet twice daily. The medication was not available and not administered as prescribed from [redacted] to [redacted]

Repeat Violation: [redacted]

187d Follow Prescriber's Orders (continued)

Plan of Correction ***Accept [redacted] 05/14/2026)***

Upon becoming aware of the medication error on 3/26/2026 via inspector on site, [redacted] personal care home co administrator, who is the person responsible to fix the issue, notified Resident [redacted] physician immediately while inspector was still on site along with Resident [redacted] POA,

The immediate solution was verifying the med error and proper notification to the resident physician for reorder of medication.

Resident [redacted] physician refused to reorder medication due to Resident [redacted]s non compliance with appointments.

Resident [redacted] transitioned to in house physician [redacted] on 4/3/2026, and medications are in compliance.

Audits of all facility MARs were completed by [redacted] personal care home administrator and [redacted] assistant to administrator on 4/3/2026 and found to be in compliance.

All med techs were educated by 4/4/26 in regard to reg 187d Follow Prescriber's Orders, how to identify and follow the directions of the prescriber.

All medications carts and MARs will be audited weekly for the next 3 months by either [redacted] personal care home administrator, [redacted] assistant to administrator or [redacted] assistant to administrator.

Personal care home administrator is responsible for full ongoing compliance.

Licensee's Proposed Overall Completion Date: *05/14/2026*

Implemented [redacted] - 05/26/2026)