

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

June 9, 2026

[REDACTED]
ALEXANDRIA MANOR OF ALLENTOWN INC
[REDACTED]

RE: ALEXANDRIA MANOR II
313 S. WALNUT ST.
BATH, PA, 18014
LICENSE/COC#: 20526

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/14/2026 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 II **License #:** 20526 **License Expiration:** 10/17/2026
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:** 60 **Waking Staff:** 45

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 04/14/2026

Inspection Dates and Department Representative

04/14/2026 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 78 **Residents Served:** 56

Secured Dementia Care Unit

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

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 55
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 4 **Have Physical Disability:** 3

Inspections / Reviews

04/14/2026 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 05/15/2026

Inspections / Reviews *(continued)*

06/01/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/03/2026

06/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Interviews with staff confirmed that resident [REDACTED] has a history of being verbally aggressive with staff and residents of the home. On [REDACTED] at approximately 4:00 p.m. resident [REDACTED] was assisting resident [REDACTED] with turning down the television. As per interviews with staff and the residents, resident [REDACTED] grabbed on to the arms of resident [REDACTED] during a dispute over the television remote control, causing a scratch on resident [REDACTED]'s left forearm and a scratch and bruise on webbing of the resident's finger. Staff stated that resident [REDACTED] was visibly shaken after the incident and was sent out for evaluation at St Luke's hospital. Resident [REDACTED] was charged with harassment by the Pennsylvania State Police because of the resident-to-resident incident

Plan of Correction

Accept [REDACTED] - 06/01/2026)

Upon notification on 4/4/26, I [REDACTED] Personal Care Home administrator immediately implemented supervision plan for both residents which consisted of 15 min checks and a staff member present when both residents were in the dining room or any common room together while investigation was pending. Supervision plan was put into place indefinitely following the conclusion of investigation.

Immediately following supervision plan, physicians for both residents were notified, no POA to contact for either resident as both are of sound mind and handle their own affairs. Report was also called in and sent via fax to OAPS on 4/5/26. Written report was sent to DHS on 4/5/26.

Resident [REDACTED] returned from the hospital in the late evening of 4/4/26.

The owner of Alexandria Manor and myself spoke with resident [REDACTED] and explained the reason a 30-day notice was being given. Resident [REDACTED] expressed that [REDACTED] understood and would seek alternative placement.

Supervision plan was in place until resident [REDACTED] moved to first floor, opposite side of facility on 4/6/26 to a private room.

Activity supervision plan was in place until resident [REDACTED] moved out of the facility on 5/6/26.

Personal Care Home administrator review of resident [REDACTED]'s stay reveal no prior evidence of any physical aggression behaviors. This was the first time any physical aggression was displayed.

All resident records were audited on 4/6/26 for possible behaviors and monitored daily for dignity and respect. All were found to be in compliance. All staff were educated during shift change on 4/8/29 and 4/9/26 regarding monitoring, documenting and communicating daily resident behaviors or changes in behavior to medtech on duty, administrator or designee.

I, [REDACTED] Personal Care Home administrator, started random daily audits of supervision plan on 4/5/26.

42b Abuse (continued)

Audits of activity supervision plan ended on 5/6/26 when resident [REDACTED] move out of the facility.

I, [REDACTED] personal care home administrator, am responsible for full ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/15/2026

Implemented ([REDACTED] 06/09/2026)

95 - Furniture and Equipment**2. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [REDACTED] at approximately 11:00 a.m. the shower head in the bathroom of resident's [REDACTED] room was missing and only the hose remained.

Plan of Correction

Accepted ([REDACTED] - 06/01/2026)

Upon notification on 4/14/26 while inspector was on site, I, [REDACTED] Personal Care Home administrator immediately contacted maintenance department to make them aware.

Maintenance stated they had some in the maintenance closet. I, [REDACTED] replaced the shower hose with a brand new shower hose and head unit on 4/14/26.

All resident bathrooms and common bathrooms with showers were audited on 4/16/26 to make sure all shower heads were in place and in good repair. All were found to be in compliance. All staff were educated during shift change on 4/17/26 and 4/18/26 regarding monitoring, documenting and communicating any maintenance issues with medtech, administrator or designee.

Resident bathroom and common bathroom shower audits take place twice weekly starting on 4/16/26 for four weeks and then weekly times 8 weeks.

I, [REDACTED] personal care home administrator, am responsible for full ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/15/2026

Implemented ([REDACTED] - 06/09/2026)