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

August 6, 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 07/08/2026 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**: *L & I*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *40* **Waking Staff**: *30*

Inspection Information

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

Reason: *Interim* **Exit Conference Date**: *07/08/2026*

Inspection Dates and Department Representative

07/08/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *58* **Residents Served**: *39*

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**: *39*

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

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

Inspections / Reviews

07/08/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/31/2026*

Inspections / Reviews *(continued)*

08/03/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/03/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/10/2026*

08/06/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/03/2026*

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

187d - Follow Prescriber's Orders

1. Requirements

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

Description of Violation

Resident [redacted] order states: If a.m. BS is < 100 retake after breakfast. If BS=>200 Inject 34U Sub-Q (DM). On [redacted] the 7:00 a.m. reading was [redacted] On [redacted] the 7:00 a.m. reading was [redacted], and on [redacted] the 7:00 a.m. reading was [redacted] The medication record does not indicate if the BS was retaken and there were no corresponding blood glucose levels on the resident's glucometer.

Plan of Correction ***Accept [redacted] - 08/03/2026)***

Medication Error involving resident [redacted] was immediately reported to DHS by [redacted] Assistant Administrator. (See Attached) CRNP Catherine Caruso was immediately contacted via telephone and notified of the medication Error, New orders from [redacted] were obtained changing the order to ensure One shift is responsible for the whole orders content and have been submitted into the Quick Mar System effective 7/9/2026 (see attached). On 7/9/2026 and 7/10/2026 All Insulin orders have been reviewed and remodified in the Quick Mar System to reflect amounts given for every insulin order and noted to ensure clarity by [redacted] Assistant Administrator (see attached) Insulin order Audits for all residents with insulin been completed on 7/28/2026 by [redacted] Assistant Administrator and [redacted] Med tech (see Attached). Audits include documented meter readings compared to actual meter readings, units documented and amounts ordered to ensure prescribers orders are being followed. Insulin orders Audits will continue every 7 days on Tuesdays indefinitely and will be completed by [redacted] Med Tech and [redacted] Assistant Administrator Med Tech, [redacted] has been assigned as Insulin Audit Designee if [redacted] or [redacted] are unavailable at any time. All Med Techs are responsible for ensuring doctors orders are followed and [redacted] assistant administrator is responsible for overseeing MedTech's and maintaining continued compliance.
Rbrown. Assistant Administrator 7/28/2026 See attached Documentation

Licensee's Proposed Overall Completion Date: *07/28/2026*

Implemented [redacted] - 08/05/2026)

225c - Additional Assessment

2. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] Assessment and Support Plan dated [redacted] does not indicate that the resident utilizes a wheelchair for ambulation.

Plan of Correction ***Accept [redacted] - 08/03/2026)***

[redacted] immediately began reassessing resident [redacted] to begin the completion of a new and updated RASP, New Annual Rasp for Resident [redacted] was finalized on 7/8/2026 (see attached documentation) A new Medical Evaluation

225c Additional Assessment (continued)

and MD assessment of resident [redacted] was completed on 7/9/2026, Resident Evaluated by CRNP [redacted] on 7/7/2026 and signed DME on 7/10/2026 (See Attached). RASP Audit forms were created to analyze where, when, and who was lacking in all residents current RAPS and determine what changes needed to be made. RASP Audits were started on 7/22/2026 (See Attached) by [redacted] Assistant Administrator and will continue daily until all Resident RASPS have been reviewed and updated with addition information. (See attached Chart Audits and Audit finding with documentation of Updates Made) Employees [redacted] Administrator and [redacted] Med Tech have been removed from RASP assessment and completion Duties. [redacted] will complete all resident RASP (Initial, Annual, and Status Changes) and additional need Addendums from this point forward. All staff are responsible for ensure updates in resident care needs are reported to [redacted] Assistant Administrator for RASP updates. [redacted] Assistant Administrator will be responsible to ensure continued compliance.
[redacted] Assistant Administrator 7/28/2026 See Attached Documents

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented [redacted] - 08/05/2026)