

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

September 24, 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 07/23/2026 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: 55

Waking Staff: 41

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint

Exit Conference Date: 07/23/2026

Inspection Dates and Department Representative

07/23/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 78

Residents Served: 50

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 49

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 5

Have Physical Disability: 3

Inspections / Reviews

07/23/2026 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 08/22/2026

Inspections / Reviews (*continued*)

09/04/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/08/2026

09/24/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

121a - Unobstructed Egress**1. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At 9:10 a.m., 2 blankets were laying across the entire threshold by the double doors at exit 4, blocking immediate egress.

Plan of Correction

Accept [REDACTED] - 09/04/2026)

Upon notification on 7/23/26 during inspection, I, [REDACTED] Personal Care Home administrator, immediately confirmed with [REDACTED] designee who did the initial facility walk-through with DHS inspector that the two blankets that were found across exit 4 were removed. [REDACTED] confirmed they were removed and thrown away.

Immediately post exit conference on 7/23/26, all Stairways, hallways, doorways, passageways and egress routes were audited by myself [REDACTED] to make sure they were clear and safe for emergency exit if needed.

All staff were counseled and received education by [REDACTED] Personal Care Home Administrator, on 7/28/26, 7/29/26 and 7/30/26 in regard to 121a Unobstructed Egress with Emphasis of education on the safety of a clear exit path during an emergency.

I, [REDACTED] Personal Care Home administrator, started audits of all Stairways, hallways, doorways, passageways and egress routes on 7/24/26.

Audits will be done daily for 2 weeks, then will continue randomly three times weekly for 8 weeks. Audits will be completed by [REDACTED] Personal Care Home Administrator or designee.

Audits will be reviewed by the administrator and action taken if any findings are identified.

[REDACTED] Personal Care Home Administrator, is responsible for full ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/22/2026

Implemented [REDACTED] 09/24/2026)

161d - Dietary Needs**2. Requirements**

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

On [REDACTED] resident [REDACTED] was prescribed a mechanical soft diet which was noted on the resident's medical evaluation dated [REDACTED]. Through interviews with staff of the home it was confirmed that the resident was not served a mechanical soft diet from [REDACTED] through [REDACTED].

161d - Dietary Needs (continued)

Plan of Correction

Accept [REDACTED] - 09/04/2026)

Upon notification on 7/23/26 during inspection, I, [REDACTED] Personal Care Home administrator, immediately added a RASP addendum for dietary change and made staff and kitchen aware.

Immediately post exit conference on 7/23/26, I confirmed with Senior Life dietary status of Resident [REDACTED]. RN case manager stated [REDACTED] was on a regular diet per their records. I then spoke to the Speech therapist with Senior Life and confirmed dietary status on medical evaluation was in error and the doctor was contacted for correction. Speech therapist also faxed over documentation regarding [REDACTED] last evaluation and current regular diet status. Doctor with Senior Life sent over an order correcting the error on medical evaluation and stated diet as regular. RASP addendum was updated and all staff were made aware.

All residents DME's and RASPs were audited by [REDACTED] Personal Care Home administrator and [REDACTED] on 7/24/26 and 7/27/26 to make sure all dietary needs were correct and properly documented in RASP. All found to be in compliance.

I, [REDACTED] Personal Care Home administrator, have been counseled and received education on 161d Dietary Needs.

I, [REDACTED] Personal Care Home administrator and designee will audit all new, annual and status change DME's and RASP to make sure correct documentation is in RASP.

Audits will be done when a new, annual or status change DME's is available, then RASP will be audited when completed. Audits will be completed by [REDACTED] Personal Care Home Administrator or designee for a period of 3 months.

Audits will be reviewed by the administrator and action taken if any findings are identified.

[REDACTED] Personal Care Home Administrator, is responsible for full ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/22/2026

Implemented [REDACTED] - 09/24/2026)

225c - Additional Assessment

3. 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] physician noted the resident would need a mechanical soft diet which was indicated on the resident's medical evaluation dated [REDACTED]. Resident [REDACTED] assessment, dated [REDACTED] was not updated to include the resident's dietary change.

Resident [REDACTED] most recent assessment was completed on [REDACTED]. The assessment indicated the resident was independent with ambulating. However, through staff interviews it was confirmed the resident used a rollator walker

225c - Additional Assessment (continued)

and on bad days, a wheelchair.

Resident [REDACTED] most recent assessment was completed on [REDACTED]. The assessment indicated the resident was independent with transferring in/out of bed/chair. On [REDACTED], Staff assisted resident into bed with the assist of a sit to stand. It is not documented that the resident needed this device.

Plan of Correction**Accept [REDACTED] 09/04/2026)**

Upon notification on 7/23/26 during inspection, I [REDACTED] Personal Care Home administrator, immediately added a RASP addendum for dietary change and made staff and kitchen aware for Resident [REDACTED]. Resident [REDACTED] moved out of the facility on July 16, 2026.

Immediately post exit conference on 7/23/26, I confirmed with Senior Life dietary status of Resident [REDACTED]. RN case manager stated [REDACTED] was on a regular diet per their records. I then spoke to the Speech therapist with Senior Life and confirmed dietary status on medical evaluation was in error and the doctor was contacted for correction. Speech therapist also faxed over documentation regarding [REDACTED] last evaluation and current regular diet status. Doctor with Senior Life sent over an order correcting the error on medical evaluation and stated diet as regular. RASP addendum was updated and all staff were made aware.

Resident [REDACTED] moved out of the facility on 7/16/2026. Unable to change or update RASP documentation.

All residents DME's and RASPs were audited by [REDACTED] Personal Care Home administrator and [REDACTED] on 7/24/26 and 7/27/26 to make sure all dietary needs/mobility needs were correct and properly documented in RASP. All found to be in compliance with new additional addendums added for use of wheelchair/sit to stand as needed for "bad days".

I, [REDACTED] Personal Care Home administrator, have been counseled and received education on 225c Additional Assessment.

I, [REDACTED] Personal Care Home administrator and designee will audit all new, annual and status change DME's and RASP to make sure correct documentation is in RASP.

Audits with staff will be done twice weekly, indefinitely for any mobility updates or declines they are seeing. Audits will be done when a new, annual or status change DME's is available, then RASP will be audited when completed. Audits will be completed by [REDACTED] Personal Care Home Administrator or designee for a period of 3 months.

Audits will be reviewed by the administrator and action taken if any findings are identified.

[REDACTED] Personal Care Home Administrator, is responsible for full ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/22/2026

Implemented [REDACTED] - 09/24/2026)