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

October 13, 2026

[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 08/19/2026 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* **License #**: *21064* **License Expiration**: *03/24/2027*

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *90* **Waking Staff**: *68*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *08/19/2026*

Inspection Dates and Department Representative

08/19/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *93* **Residents Served**: *74*

Secured Dementia Care Unit

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

Hospice

Current Residents: *12*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *73*

Diagnosed with Mental Illness: *4* **Diagnosed with Intellectual Disability**: *3*

Have Mobility Need: *16* **Have Physical Disability**: *1*

Inspections / Reviews

08/19/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/21/2026*

10/05/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/12/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *10/12/2026*

Inspections / Reviews *(continued)*

10/13/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/12/2026*

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

17 - Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 9:20 a.m. the Toujeo Insulin pen belonging to resident [redacted] was observed on top of the medication cart and was unlocked, unattended, and accessible.

Plan of Correction ***Accept [redacted] - 10/05/2026)***

The Med Tech on duty responsible for the medication cart received a written warning and re-education in Regulation 17 on 8.21.2026, by Administrator, [redacted] All Med Techs are responsible to maintain compliance within Regulation 17 pertaining to the confidentiality of resident records. All Med Techs received re-education in Regulation 17 on 8.21.2026, by Administrator, [redacted] Administrator, [redacted] will perform med tech/medication cart audits during specific med pass times to ensure Regulation 17 is properly maintained and compliance upheld weekly x 4; bi-weekly x 4; then monthly x 4 thereafter beginning Monday, 9/21/2026. [redacted] Administrator.

Licensee's Proposed Overall Completion Date: *10/12/2026*

Implemented [redacted] - 10/13/2026)

82c - Locking Poisonous Materials

2. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At approximately 10:28 a.m. Lysol, with a manufacture's label indicating "hazardous to humans: contact poison control center for doctor's advise if ingested", was unlocked, unattended, and accessible to resident [redacted] in the resident's bathroom. Resident [redacted] medical evaluation dated [redacted] does not indicate the resident has been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Accept [redacted] - 10/05/2026)***

The Lysol was immediately removed from Resident [redacted] bathroom. Resident [redacted] was re-assessed for the use and avoidance of poisonous materials by Administrator, [redacted] on and by [redacted] CRNP on. A new order was received; Resident [redacted] can safely use and avoid poisonous materials on. An addendum to Resident [redacted]s Rasp was documented and implemented on by Administrator, [redacted] All staff are responsible to maintain Regulation 82c. A sticker system is implemented informing the staff of a Residents ability to safely use and avoid poisonous materials. This information is documented on the Residents Demographic Form and the Residents door name tag. Administrator, [redacted] will perform room and chart audits for the use and avoidance of poisonous materials to ensure proper documentation is maintained and compliance in Regulation 82c is upheld beginning Monday, 9/21/2026, weekly x 4; bi-weekly x 4; monthly x 4 thereafter. [redacted] Administrator.

Licensee's Proposed Overall Completion Date: *10/12/2026*

82c Locking Poisonous Materials *(continued)*

Implemented [redacted] ***- 10/13/2026)***

183b Meds and Syringes Locked

3. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At approximately 9:20 a.m., the medication cart located in the lower level common room of the home was unlocked, unattended, and accessible to residents seated in the common area. The narcotics drawer of the lower level medication cart was observed to be open and the key to the drawer was observed in the keyhole. A [redacted] *belonging to resident* [redacted] *was observed on top of the medication cart.*

Plan of Correction ***Accept*** [redacted] ***- 10/05/2026)***

The Med Tech on duty responsible for the medication cart received a written warning and re-education in Regulation 183b on 8.21.2026, by Administrator, [redacted] *All Med Techs are responsible to maintain compliance within Regulation 183b pertaining to medications kept in a locked area/container. All Med Techs received re-education in Regulation 183b on 8.21.2026, by Administrator,* [redacted] *Administrator,* [redacted] *will perform med tech/medication cart audits during specific med pass times to ensure Regulation 183b is properly maintained and compliance upheld weekly x 4; bi-weekly x 4; then monthly x 4 thereafter beginning Monday, 9/21/2026.* [redacted] *Administrator.*

Licensee's Proposed Overall Completion Date: *10/12/2026*

Implemented [redacted] ***- 10/13/2026)***

224a Preadmission Screen Form

4. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted] *was admitted to the home on* [redacted]*; however, the resident's preadmission screening form was not completed.*

Plan of Correction ***Accept*** [redacted] ***- 10/05/2026)***

The Marketing Director, [redacted]*, responsible for the evaluation and pre-admission screening of all Residents, immediately documented Resident #* [redacted] *Preadmission Screening and received re-education in Regulation 224a on 8.21.2026 by Administrator,* [redacted] *Administrator,* [redacted] *also re-educated herself in Regulation 224a on 8.21.2026. Marketing Director,* [redacted] *will maintain responsibility in the evaluation and preadmission screening of all Residents admitted into the home and Administrator,* [redacted] *will perform Resident chart audits on all Residents currently residing in the home to be performed daily x 5 until complete and all new admissions upon admission beginning Monday, 9/21/2026 to maintain and uphold Regulation 224a.* [redacted] *Administrator.*

Licensee's Proposed Overall Completion Date: *10/12/2026*

224a Preadmission Screen Form *(continued)*

Implemented [redacted] - 10/13/2026)