pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **ALEXANDRIA MANOR OF ALLENTOWN INC**
LEGAL ENTITY

To operate **ALEXANDRIA MANOR**
NAME OF FACILITY OR AGENCY

Located at **7 SOUTH NEW STREET, NAZARETH, PA 18064**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **93**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **March 24,** **2026** until **March 24,** **2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **210640**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Pennsylvania
Department of Human Services

Emailing Date: May 19, 2026

[redacted]
Alexandria Manor of Allentown Inc
7 South New Street
Nazareth, Pennsylvania 18064

RE: Alexandria Manor
License #: 210640

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing's (Department) licensing inspections on January 7, 2026, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

March 5, 2026

[redacted]
ALEXANDRIA MANOR OF ALLENTOWN INC
7 SOUTH NEW STREET
NAZARETH, PA, 18064

RE: ALEXANDRIA MANOR
7 SOUTH NEW STREET
NAZARETH, PA, 18064
LICENSE/COC#: 21064

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/07/2026 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *ALEXANDRIA MANOR* **License #:** *21064* **License Expiration:** *03/24/2026*

Address: *7 SOUTH NEW STREET, NAZARETH, PA 18064*

County: *NORTHAMPTON* **Region:** *NORTHEAST*

Administrator

[redacted]

Legal Entity

Name: *ALEXANDRIA MANOR OF ALLENTOWN INC*

Address: *7 SOUTH NEW STREET, NAZARETH, PA, 18064*

Phone: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *05/17/1994* **Issued By:** *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *78* **Waking Staff:** *59*

Inspection Information

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

Reason: *Renewal, Incident* **Exit Conference Date:** *01/07/2026*

Inspection Dates and Department Representative

01/07/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *93* **Residents Served:** *67*

Secured Dementia Care Unit

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

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *66*

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

Have Mobility Need: *11* **Have Physical Disability:** *1*

Inspections / Reviews

01/07/2026 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *02/14/2026*

Inspections / Reviews *(continued)*

03/03/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *03/04/2026*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *03/08/2026*

03/05/2026 - Document Submission

Submitted By [redacted] **Date Submitted:** *03/04/2026*

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

42c - Treatment of Residents

1. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 12/28/2025 at 5:40pm, Resident #1 and Resident #2 were arguing. Resident #1 walked into Resident #2's room and slapped them in the face. Resident #2 then pushed Resident #1, resulting in Resident #1 falling. There were no injuries sustained by either resident.

Plan of Correction ***Accept [redacted] - 03/02/2026)***

The Administrator, [redacted] all staff and residents, are responsible to treat all residents residing at Alexandria Manor with dignity and respect. Resident #1 and #2 were immediately separated and placed on continuous checks. Residents #1 and #2 were placed on 1:1 staff supervision when crossing different sections throughout the facility and during scheduled activities which both residents are in attendance. Resident #1 was issued a 30-day notice for alternate placement. As part of the facility's quality assurance and compliance program, starting Monday, February 16, 2026, the Administrator/Designee will conduct a weekly unannounced observational audit to monitor resident interactions during meals, activities, and communal gatherings to ensure compliance with resident Rights regulations, specifically the right to be treated with dignity and respect by peers and staff. Any and all finding will be immediately addressed. [redacted] have scheduled a Dignity and Respect Informational Class for all residents residing at Alexandria Manor on Thursday, February 26, 2026 at 10am. [redacted] have scheduled a Dignity and Respect Resident Interaction Class with all staff of Alexandria Manor on February 26, 2026 at 9am & 4pm, to educate in best practices and de-escalation techniques in identifying, resolving, and preventing poor resident interactions to further maintain compliance with DHS regulations.

Licensee's Proposed Overall Completion Date: *02/26/2026*

Implemented [redacted] - 03/05/2026)

64c - Annual Training

2. Requirements

2600.
64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person A, who is the [redacted] had only 16 of the required 24 hours of administrator training for the year 2025.

Plan of Correction ***Accept [redacted] 03/02/2026)***

[redacted] is responsible to uphold 24 hours of annual training relating to job duties. Staff person A, [redacted] has completed two-2 hour continuing education courses through the Long-Term Care Learning Center in relation to Falls and Infectious Diseases. Staff person A is currently enrolled and almost completed the Practicum Observer Course through DHS. Staff person A is also registered for eight, three hour classes through Northampton Community College and two, six hour courses through Temple University, totaling a minimum of 30 education hours for 2026. [redacted] will maintain at minimum 24 annual education hours annually, moving forward, and to maintain compliance with DHS regulations. Documentation of completed

64c - Annual Training (continued)

Certificates and registrations attached- [redacted]

Licensee's Proposed Overall Completion Date: *02/10/2026*

Implemented [redacted] - 03/05/2026)

100b - Removal Snow/Obstructions

3. Requirements

2600.
100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On 1/7/2026 at 9:40 a.m., there was an approximate half inch accumulation of ice at the bottom of the exit from the Second Floor dining room. At 10:02 a.m., there was an approximate half inch accumulation of ice outside the exit from the dining room of the First Floor.

Plan of Correction ***Accept [redacted] - 03/02/2026)***

[redacted] *are responsible to ensure ice, snow, and obstructions are removed from all outside walkways, ramps, and steps. The snow and ice from the second floor dining area and first floor common area were immediately cleared of snow and ice by the maintenance department.* [redacted] *were re-educated in Regulation 100B Snow/Ice Removal on 1/12/2026 by* [redacted] *will start conducting weekly egress audits for ice/snow on Monday, February 16, 2026. these audits will continue weekly x 4; bi-weekly x 4; then monthly thereafter. Any and all findings will be immediately addressed. During inclement weather, the weekly audit will be increased to daily from start top finish of the inclement weather, returning to weekly thereafter to ensure all egresses are clear and safe in case of an emergency and to maintain compliance with DHS Regulations. Re-education Documentation attached-* [redacted]

Licensee's Proposed Overall Completion Date: *02/16/2026*

Implemented [redacted] - 03/05/2026)

103i - Outdated Food

4. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At 9:50 a.m., there was a dented can of tomato soup in the downstairs pantry.

103i - Outdated Food *(continued)*

Plan of Correction ***Accept ([redacted] 03/02/2026)***

[redacted], are responsible to ensure we are not storing nor utilizing dented cans. Upon delivery from our proprietor, all deliveries will be inspected for damaged materials by the Head Cook on duty during the delivery. Any damaged materials found will be reported to the Administrator and to the proprietor for credit. and immediately removed from the facility. Starting 1/27/2026, Head [redacted] will conduct weekly audits of the food storage areas, not only to audit labeled and dated food, but to include any damaged materials. These audits will continue weekly x 8; bi-weekly x 4; then monthly thereafter to ensure quality assurance and compliance is maintained. Weekly food storage audits attached-[redacted]

Licensee's Proposed Overall Completion Date: *02/12/2026*

Implemented ([redacted] 03/05/2026)

125a - Combustible Storage

5. Requirements

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At 9:55 a.m. a dryer sheet was found behind a dryer approximately an inch from the vent.

Plan of Correction ***Accept [redacted] 03/02/2026)***

[redacted] are responsible to ensure all combustible and flammable materials are not located near heat sources and/or hot water heaters. [redacted] were re-educated in Regulation 125-Combustible Storage on 1/12/2026. On Monday, February 16, 2026, [redacted] will begin conduction of weekly audits of heat sources and hot water heaters to ensure areas are clean and free of hazards of any kind... These audits will continue weekly x 4; bi-weekly x4 then monthly thereafter. Housekeeping Department is instructed to clean the laundry area once daily during the day and nightshift staff instructed to clean the laundry area once during the night to further ensure compliance is maintained.

Licensee's Proposed Overall Completion Date: *02/16/2026*

Implemented [redacted] 03/05/2026)

183a - Original Containers and Injections

6. Requirements

2600.
183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

According to staff person B who passes medications, if a resident is leaving the facility with family members for a period of less than one day, medications for the resident are removed from the original containers and placed in a plastic bag and provided to the family member to administer to the resident while the resident is out of the facility.

183a - Original Containers and Injections *(continued)*

Plan of Correction ***Accept [redacted] - 03/02/2026)***

[redacted] *are responsible to ensure Medication Technician staff are educated, trained, and comply with the policies and procedures of Medication Administration and any and all regulations thereto. All Medication Technicians were re-educated in Regulation 183a pertaining to medication kept in original containers and not removed more than 2 hours in advance on 1/12/2026. All Medication Technicians will be randomly audited by either the [redacted] periodically but at minimum once weekly x 2; bi-weekly x 2; then monthly thereafter x 2, starting 2/16/2026, to ensure policies and procedures related to Resident leave of absences are learned and adhered to in order to maintain compliance with all related regulations. Re-education for Regulation 183a attached-[redacted]*

Licensee's Proposed Overall Completion Date: *02/16/2026*

Implemented [redacted] - 03/05/2026)

187a - Medication Record

7. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
6. Dose.
8. Frequency of administration.
11. Special precautions, if applicable.

Description of Violation

Resident #3 has an order for Insulin Lispro, inject per sliding scale three times daily with meals. The sliding scale was not listed on the January 2026 Medication Administration Record (MAR).
Resident #4 has an order for Metformin, one tablet with breakfast and dinner. On 1/5/26 at 08:00 a.m. the MAR indicates the medication was withheld per doctor order; the home verified that the medication was administered at this time but was incorrectly noted as not administered on the MAR.
Repeated violation 6/18/25.

Plan of Correction ***Accept [redacted] - 03/02/2026)***

All Medication Technicians are responsible to maintain and follow Regulation 187a. Resident #3's Sliding Scale was immediately integrated to the Medication Administration Record. The documentation error for Resident #4 was noted and adjusted as such on the Medication Administration Record. All Medication Technicians were re-educated in Regulation 187a on 1/12/2026. [redacted] will audit all medication carts and medication records weekly x 4; bi-weekly x 4; and monthly thereafter for continuum of following policies and procedures and any all pertaining regulations to maintain compliance. [redacted] will audit all Medication Carts, and Medication Administration Records, weekly x 4; bi-weekly x 4; then monthly thereafter, starting 2/16/2026, to initiate a two-factor authentication to further ensure compliance is maintained. Re-education Documentation attached. [redacted]

Licensee's Proposed Overall Completion Date: *02/16/2026*

Implemented [redacted] - 03/05/2026)

227a - Support Plan 30 Days

8. Requirements

2600.
227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #5 was admitted on [redacted]/2025; however, the resident's initial support plan was not completed.

Plan of Correction ***Accept [redacted] 03/02/2026)***

[redacted] is responsible for the completion and implementation of all resident support plans. [redacted] completed Resident #5's Support Plan on 1/8/2026. [redacted], was re-educated in Regulation 227a by [redacted] on 1/9/2026. [redacted] and [redacted] Administrator, Robyn Brown, audited all resident charts on 1/13/2026, and [redacted] developed a Support Plan list stating reason and due dates for all Support Plans. [redacted] will follow-up 5 days before completion of all resident support plans are due to ensure and maintain compliance with DHS Regulations. Completed Support Plan; Re-education documentation; and Rasp list documentation attached. [redacted]

Licensee's Proposed Overall Completion Date: *02/11/2026*

Implemented [redacted] - 03/05/2026)