



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
100 LACKAWANNA AVENUE
ROOM 330, SCRANTON STATE OFFICE BUILDING
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209
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Sent via email to: [REDACTED]
MAILING DATE: February 17, 2012

Ms. Nimita Kapoor-Atiyeh, President
Whitehall Manor, Inc.
Whitehall Manor
1177 Sixth Street
Whitehall, Pennsylvania 18052

Dear Ms. Kapoor-Atiyeh:

As a result of the Department of Public Welfare's licensing inspection on December 22, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.



All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.


Sincerely,

Aime Graziano
Regional Licensing Administrator

Enclosure
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME WHITEHALL MANOR, 1177 SIXTH STREET WHITEHALL, PA 18052		CURRENT LICENSE NUMBER 216650	
INSPECTION DATES (Include all dates of the inspection) 12/22/2011		REGIONAL REPRESENTATIVE James Jesse Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Nimita Kapoor-Atiyeh - Co Administrator & President Souhina Wahbeh-Younes - Unit Coordinator			
SIGNATURE OF LEGAL ENTITY 	DATE 1/18/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 02-16-12

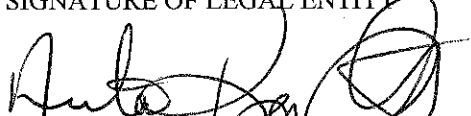

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION -- (include a step-by-step plan to correct the specific violation; as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
234b The support plan shall identify the resident's physical, medical, social, cognitive and safety needs.	The assessment dated 10/31/11 completed for resident #1 states the resident has a history of poor judgement and depression, both of which effect the residents every day functioning. The support plan dated 10/31/11 completed for resident #1 does not address these specific resident needs or how the home will provide care to the resident to meet these specific needs.	12/23/11 Corrected see attached updated support plan.	Please see the attached updated support plan that does address these specific needs. We will (through marketing, nursing, and administration) make sure all this on the medical evaluation assessment is followed through on all residents support plans. To ensure future compliance, nursing and administration will communicate all needs verbally and make sure they are documented as well. This will be checked on a weekly basis.	 02-16-12


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SCRANTON FIELD OFFICE
Adult Residential Licensing

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 PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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INSPECTION DATES (Include all dates of the inspection) 12/22/2011		REGIONAL REPRESENTATIVE James Jesse Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Nimita Kapoor - Attych - Co Administrator + Resident</i> <i>Soulima Wankhch Youngs - Unit Coordinator</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 1/18/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 02-16-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
234d The support plan shall be revised at least annually and as the resident's condition changes.	On 12/8/11 at 8:20pm resident #1 was observed choking resident #2. The residents were separated. Both residents were evaluated, however did not require any medical attention. Resident #1 has not exhibited any type of physical aggressive behavior prior to this incident. The home has not updated the support plan for resident #1 to address this significant change in the residents behavior and how they plan on providing care to meet these needs.	12/23/11 corrected see attached updated support plans	Even though the support plan was not updated, we proceeded to follow Department of Aging's request and did 15 min. checks on both resident #1, and resident #2. These were conducted from 12/8/11 - 12/14/11, at which time it was stopped as resident #2 went to the hospital. Upon return [redacted] was assessed and monitored as was resident #1. Nursing and Administration will continue to communicate at our daily meetings and also	 02-16-12

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indicate those items to be addressed in support plans. Nursing + Administration will check to ensure compliance