

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WHITEHALL MANOR, INC.

LEGAL ENTITY

To operate WHITEHALL MANOR

NAME OF FACILITY OR AGENCY

Located at 1177 SIXTH STREET, WHITEHALL, PA 18052

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 195
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa. Code §§ 2600.231-239 - Capacity 78

This certificate is granted in accordance with the Public Welfare 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 1, 2012 until October 24, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **216650**

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAR 13 2012

PHONE: (717) 783-3670
FAX: (717) 783-5662

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 January 20, 2012 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

In order to coordinate both Personal Care and Assisted Living licenses your personal care home license with expire on October 24, 2012.

Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky" followed by the year "1108".

Ronald Melusky
Director

Enclosures
License
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) 01/20/2012		REGIONAL REPRESENTATIVE Betty Bloch, Leslie Patton, Florence Babiarz	
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 + President</i> <i>Monica Burger - Co-Administrator</i>			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Nimita Kapoor - Attych</i> <i>Monica Burger</i>	<i>2/3/12</i> <i>2/3/12</i>	<i>Chene Graziano</i>	<i>2-15-12</i>

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
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The phone number of the personal care home complaint hotline was listed incorrectly in resident rooms C31, C32, and C55. The current personal care home complaint hot line phone number is 877-401-8835. <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> FEB 08 2012 SCRANTON FIELD OFFICE Adult Residential Licensing			

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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 - Atiyeh - Co - Administrator and President.</i> <i>Monica Burger - Co - Administrator</i>			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Nimita Kapoor - Atiyeh</i> <i>Monica Burger</i>	<i>2/3/12</i> <i>2/3/12</i>	<i>Orlene Hagan</i>	<i>2-15-12</i>



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
183a1 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.	"Berkley and Jenson Advanced Formula" brand multi-vitamins and "Pharmassure" brand Calcium 600 with vitamin D prescribed to resident #1 had been removed from their original container and placed into used pharmacy bottles.	<i>1/20/12</i> <i>corrected at the time of inspection</i>	<i>This was corrected at inspection. All items for Resident #1 not in original containers were safely discarded. New bottles were put in for Resident #1. All items were in original containers. Please see attached memo that all med aides are to sign and ensure future compliance. The Director of wellness and nursing supervisors will check on this daily.</i>	<i>2-15-12</i>


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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Nunita Kapoor - Atty - President - Co-Administrator</i> <i>Runice Acosta - Director of Wellness</i> <i>Monica Burger Co-Admin</i>			
SIGNATURE OF LEGAL ENTITY <i>Nunita Kapoor Atty</i>	DATE <i>2-7-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ornella Graziano</i>	DATE <i>2-15-12</i>

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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	<p>The January 2012 medication administration record (MAR) of resident #2 did not specify the diagnosis or purpose of the following medications: Namenda 5mg, Metoprolol Tart 25mg, Ceravite Senior tab, Ferrous Sulfate 325mg, Gabapentin 300mg, Gabapentin 100mg, Lisinopril 10mg, Temazepam 15mg, Lorazepam 1mg, Seroquel 25mg, Seroquel 50mg, Aspirin 81mg, Exelon 4.6 mg, Hydralazine 10mg, Simvastin 20mg, Bisacodyl 5mg, MAPAP 325mg, Bisac-Erac 10mg, Tramadol HCL 50mg, and Lorazepam .5mg</p> <p>The January 2012 medication administration record for resident #3 was not initialed by staff person A, who administered the 8:00 pm dose of Mirtazapine 30mg tab to the resident on 1/6/12</p> <p>Staff did not sign or initial the January 2012 medication administration record of resident #4, on 1/20/12 to indicate that the following medications had been administered:</p> <p>20mg of Omeprazole at 7:00am 10mg of Norvasc at 8:00am 81mg of Aspir-Low at 8:00am</p>	<p><i>1/20/12 corrected at time of inspection</i></p> <p><i>2/20/12 corrected at time of inspection</i></p> <p><i>1/20/12 corrected at time of inspection</i></p>	<p><i>This was corrected at the time of inspection. Please see the attached MARs for resident #2, #3, + #4. Also please see the attached memo to med aides, that all med aides must sign to ensure compliance. The nursing supervisors and Director of Wellness will check daily to ensure compliance w/ the Regulation 187a.</i></p>	<p><i>ADJ</i> <i>2-15-12</i></p>

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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 - President - Co-Administrator, Eunice Acosta - Director of wellness, monica Burger - Co-Administrator</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 2/7/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-15-12



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
187d The home shall follow the directions of the prescriber.	On the day of the inspection, resident #4 was administered Terazosin 2mg capsule that had been discontinued on 12/4/11. Staff person <i>C</i> who is the administrator, verbalized the medication was discontinued on 12/4/11. <i>med aide supervision (nka) 2/7/12</i>	<i>1/20/12 corrected at the time of inspection</i>	<i>This was corrected at the time of inspection. Please see attached Employee Warning Notice for staff person C, to emphasize the importance of following regulation 187d. To ensure compliance, other supervisors in nursing will audit this med cart weekly, and the Director of wellness will as well.</i>	 2-15-12

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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 - Atiyeh - Co Administrator - President</i> <i>monica BURGER - Co-Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor - Atiyeh</i> <i>Monica Burger</i>	DATE <i>2/3/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Grozier</i>	DATE <i>2-15-12</i>

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228h The only grounds for discharge or transfer of a resident from a home are for the following conditions: (1) If a resident is a danger to himself/herself or others. (2) If the legal entity chooses to voluntarily close the home, or a portion of the home. (3) If a home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person	Resident #5 was discharged from the home on 1/18/12 and admitted to the hospital. The home is not readmitting the resident to the home upon discharge from the hospital. Staff person B, who is the administrator, stated the home cannot meet resident #5's needs. Resident #5 did not receive a 30-day discharge notice by the administrator. The home did not provide resident #5 with the required 30-day notice.	<i>1/20/12</i> <i>corrected at the time of inspection</i>	<i>This was corrected at the time of inspection. Resident #5 was discharged due to the quality of life of other residents being negatively affected by the bowel smells that the family and resident were not letting medical doctors treat. Both administrators will ensure future compliance with Regulation #228h by following the guidelines. We will check on this regularly as administration</i>	<i>Steps have been taken to correct violation; full compliance is not probable</i> <i>2-15-12</i> <i>R</i> <i>DATE</i> <i>INITIALS (IMP)</i>

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SIGNATURE OF LEGAL ENTITY 	DATE <i>2/3/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>2-15-12</i>

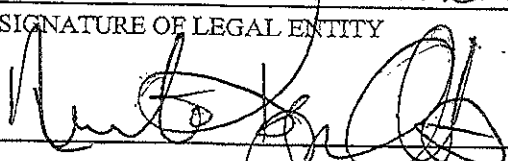
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<p>disagrees with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate</p>		<p><i>1/20/12</i> <i>corrected at the time of inspection.</i></p>	<p><i>to ensure compliance, we will work with all Residents physicians to meet needs of all Residents, except in the case of a Doctor's determination that we cannot meet a Resident's higher level of needs.</i></p> <p><i>we will ensure compliance with the 30 day required notice. And check on this daily.</i></p>	<p style="text-align: center;">Steps have been taken to correct violation, full compliance is now verifiable <i>02/15/12</i> <i>OR</i> Date: _____ (initials) (D/M/Y)</p>

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SIGNATURE OF LEGAL ENTITY <i>Nimita Kapoor - Attyea</i>	DATE <i>2/7/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Onna Kroznow</i>	DATE <i>2-15-12</i>

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local agencies, such as the area agency on aging, county mental health/mental retardation program or drug and alcohol program, for assistance. The administrator shall also contact the Department's personal care home regional office. (4) If meeting the resident's needs would require a fundamental alteration in the home's program or building site, or would create an undue financial or programmatic burden on the home. (5) If the resident		<i>1/20/12</i>	<i>This was corrected at time of inspection -</i>	

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SIGNATURE OF LEGAL ENTITY 	DATE <i>2/7/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Geozian</i>	DATE <i>2-15-12</i>

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has failed to pay after reasonable documented efforts by the home to obtain payment. (6) If closure of the home is initiated by the Department. (7) Documented, repeated violation of the home rules.		<i>1/20/12</i>	<i>This was corrected at the time of inspection</i>	

RECEIVED

FEB 08 2012

SCRANTON FIELD OFFICE
Adult Residential Licensing