



NOV 01 2012

Ms. Nimita Kapoor-Atiyeh, Co-Administrator/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 (Department) licensing inspection on September 17, 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 Human Services Licensing so that compliance can be verified.

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

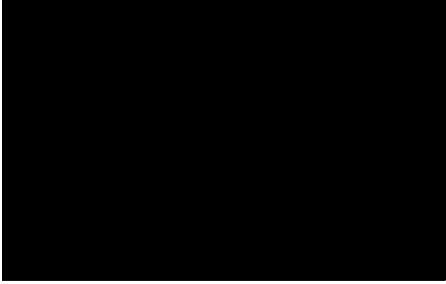
Sincerely,

A handwritten signature in black ink that reads "Ronald Melusky 1/12/12".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: WHITEHALL MANOR		License Number: 218650
Address: 1177 SIXTH STREET, WHITEHALL, PA 18052		County: Lehigh
Administrator: Monica Burger <i>and Nimita Kapoor-Atyeh</i>		Region: NORTH
Legal Entity Name: WHITEHALL MANOR INC		
Legal Entity Address: 1177 SIXTH STREET, WHITEHALL, PA 18052		
Certificate(s) of Occupancy		
C-2 LP 06/19/2006 Department of L&I	C-2 LP 10/07/2002 Department of L&I	C-2 LP 05/28/2002 Department of L&I
Staffing Hours		
Resident Support: 76	Total Daily Staff: 325	Waking Staff: 244
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/17/2012: Hummel, Jesse; Dumas, Gerald; Harvey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 195 Number of Residents Served: 173 Secured Dementia Care Unit in Home: No <i>YES</i> Area: Secured Dementia Unit Capacity, if Applicable: <i>78</i>		Number of Residents who: 

10-17-12

Nimita Kapoor-Atyeh 10/16/12

Violation Report: 21665 - 09/17/2012 - Hummel, Jesse
PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600
2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
Department Representatives observed a heavy accumulation of lint approximately 1/4 inch thick behind the home's clothing dryer located in the basement. The lint was accumulated on the back of the dryer, the dryer vent hoses as well as the dryer electrical wires located behind the dryer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed. Please see attached photos to show compliance. This was corrected at the time of inspection by our maintenance department. To ensure future compliance, laundry personnel will check daily for any lint, and will notify maintenance immediately to clean. This will also be checked weekly and monthly by maintenance and administration to ensure future compliance with 2600.105(g)(2). Please see attached memo, and attached daily cleaning schedule.

Repeat Violation: No Date(s) of Previous Violation(s):


Signature of Legal Entity Representative
(Required on EVERY Page) *Nimita Kapoor - Admin*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Nimita Kapoor - Active & Administrator President Date 10/16/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10-17-12
(Date)

Plan of correction implementation status as of 10-17-12
(Date)

The above plan of correction was approved by 
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21665 - 09/17/2012 - Hummel, Jesse
PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 9/17/12 the home had 173 residents residing in the facility. The home is required to have at least 519 gallons of emergency water on hand. On 9/17/12 the home had only 200 gallons of water on hand in the event of an emergency. The home has a letter from Nestle Waters North America Inc dated 8/30/12 that states water will be delivered within 24 hours of request, however the letter does not state that emergency water will be delivered even in the event of a regional general emergency.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Respectfully, we disagree on this violation, but we will always comply with your requests. See attached letter that was on fax machine during the inspection, just not presented to DPW inspectors. This letter keeps up in compliance with Regulation 2600.107(c). We always have access to water in all emergencies. Our sister facility will also send us water when needed. To ensure future compliance, Administration, Maintenance and Dietary will check our water supply at a minimum of weekly. We will also keep our contract with Nestle waters intact guaranteeing water within 24 hours. We will have a minimum of 519 gallons on site within 2 months, as we are making space for this.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Nimta Kapoor - Admin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nimta Kapoor - Admin* Date *10/16/12*

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Plan of correction implementation status as of 10-17-12 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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Violation Report: 21665 - 09/17/2012 - Hummel, Jesse
 PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600
 2800.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed that while in the "Florida Room" of the home the exit or the path to reach the exit is not immediately visible. Department Representatives observed that the home does not have any signs or directions to indicate the direction of travel to the exits.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attached photos that were immediately placed at the time of inspection, we did have one but it was blocked by a lighting fixture, and the lighting fixture will be moved by an electrician. In the meantime we have placed move exit signs (see photo) so it is always visible.

To ensure future compliance with 2600.133(a)(2) the lighting fixtures will not ~~block~~ block the EXIT signs.

Administration and Maintenance will walk the building weekly to ensure - all EXIT signs are visible.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Nimita Kaper*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nimita Kaper, Administrator & President* Date *10/16/12*

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The above plan of correction is approved as of 10-17-12 (Date)

Plan of correction implementation status as of 10-17-12 (Date)

The above plan of correction was approved by *CS* (Initials)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21665 - 09/17/2012 - Hummel, Jesse
PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Olanzapine 5mg, one tablet daily. On 9/15/12 at 8 pm the Medication Administration Record for resident #1 was not initialed to indicate that the medication was administered as prescribed.

* Respectfully Disagree

Resident #2 is prescribed Cephalexin 250mg, one capsule 3 times per day. On 9/22/12 at 2:00pm the Medication Administration Record for resident #2 was not initialed to indicate that the medication was administered as prescribed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attached Medication Administration Record for Resident #1. This was corrected at the time of inspection, once verified medication was given. Please see attached Medication Administration Record for Resident #2. This was also corrected at the time of inspection, once verified medication was given. To ensure future compliance the Director of Wellness, and Assistant Director of Wellness added a 3 part checklist to the MAR book to remind med aides to initial Mars after giving each medication. This will be checked on every shift, daily, and again monthly by nursing when all Mars are reviewed.

*Please note error on part of APW, how would we give medication on 9/22/12 - when our inspection was 9/17/12? But we did comply.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Nimita Karpase-Ativch*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nimita Karpase-Ativch, President & Administrator Date 10/16/12

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The above plan of correction is approved as of 10-17-12 (Date)

Xerra - The date on the MAR was 09-16-12. 09-10-12.

The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 10-17-12 (Date)

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Violation Report: 21065 - 09/17/2012 - Hummel, Jesse
PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the facility on 8/14/12. Resident #4's support plan dated 8/27/2012 did not address the surgery completed on 8/15/2012 for Basal Cell cancer located on top of the resident's head or the wound care instruction and prescription medication provided by the doctor. Care instructions stated to clean wound with antibacterial soap, apply medication to the wound site and repeat cleaning every day until the sutures are removed or if there are no sutures clean wound until completely healed, Tylenol or non-aspirin pain reliever to control pain, elevate head on two pillows, resident must avoid heavy lifting, bending or stretching and mild bleeding can be controlled by applying firm, steady pressure with a clean gauze pad.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed. As DPW is aware all treatments were completed on Resident #4, as documented on the MAR (Medication Administration Record) we did not put on original Support Plan, but see Attached RASP (Completed as indicated by state) and summary area. To ensure future compliance all treatments will be on MAR and RASP (Support plans). This will be checked by the unit clerk and nursing completing RASP forms, and by the Resident Administration will also be checking support plans weekly.


Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Nimita Kapoor*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Nimita Kapoor - Atiyeh, Administrator, President* Date *10/16/12*

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