



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 20 2013

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 August 21, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period October 24, 2013 to October 24, 2014 was issued on July 10, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky", with a long, sweeping underline.

Ronald Melusky
Director

Enclosure
License Inspection Summary

Violation Report: 21665 - 08/21/2013 - Yellenic, Cindy
 PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

On 8-21-2013, at 10:15am, Department Representatives observed the cabinet, located in the main dining room of the 1st floor SDCU, unlocked. The cabinet contained the face sheets, which had confidential health information, for all the residents in the 1st floor SDCU.

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.

Corrected At The Time of Inspection. We immediately repaired the cabinet and locked it. Our maintenance Department has checked all cabinets throughout the building to ensure compliance with this Regulation. To Ensure continued compliance maintenance and Direct care staff will check daily. We take confidentiality very seriously and will continue to take all necessary precautions to make sure we are always in compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nimita Kapoor - Atiyeh, Administrator* Date *9/6/13*

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

The above plan of correction is approved as of 10-9-13 (Date)

Plan of correction implementation status as of 10-9-13 (Date)

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

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

Violation Report: 21665 - 08/21/2013 - Yellenic, Cindy
 PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 8-21-2013, at 4:15pm, Department Representative and Staff Person A found one glucometer, in the medication cart, for two residents with diabetes. The Department Representative and Staff Person A verified the glucometer was being shared by Resident #1 and Resident #2. The medication cart was located on the 1st floor in the back of the building.

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.

Corrected at the time of the inspection, We immediately distributed 1 of the 3 extra glucometers to resident #2 labeling it with his name. We respectfully agree that there will be no sharing of the meters but there are no sanitary issues due to the fact that each had their own Accu Chek Aviva Plus Strips. To ensure compliance of sanitary conditions and no sharing of glucometer the marketing department, med aides and the Director of Nursing will be checking all new admits to Whitehall Manor and the Unit Clerk will be checking all new orders for all residents making sure each and every resident has a meter for their own individual use and have their own supply. Accu Strips staying in compliance of regulation - 260085 (sanitary conditions shall be maintained). These checks will be conducted daily - by the Adm or designee.

OP 10-9-13

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 - Admin* Date *9/6/13*

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The above plan of correction is approved as of 10-9-13
 (Date)

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

Plan of correction implementation status as of 10-9-13
 (Date)

Fully Implemented
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 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 21685 - 08/21/2013 - Yellenic, Cindy
PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2800
2800.103(i) - Outdated or spoiled food or dented cans may not be used.

COPY

2a. DESCRIPTION OF VIOLATION

On 8-21-13, at 11:00am, a large white plastic bin, in the walk in refrigerator in the kitchen area, contained fish broth, dated 12/18/12

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.

Corrected at the time of inspection. As per our regulations this container was disposed of immediately. Our Dietary staff checks daily for outdated or spoiled food or dented cans. This item was located in the deep freeze in the freezer, NOT in the refrigerator. As per Serve Safe Guidelines it should have been disposed of on July 19th, 2013. It was never used and will never be overlooked again. Dietary and Administration will be checking and rechecking daily. And will check weekly at ^{food} delivery time and site inspections

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Nimita Kapone

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Nimita Kapone - Atiyeh, Co-Admin

Date 9/16/13

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The above plan of correction is approved as of 10-9-13 (Date)

Plan of correction implementation status as of 10-9-13 (Date)

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

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

Violation Report: 21665 - 08/21/2013 - Yellenic, Cindy
 PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 On 8-21-13, at 10:30am, Department Representatives observed a door leading to the upper patio C does not lead to an exit. The door does not designate that "this is not an exit".

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.

Corrected at the time of Inspection. The "This Is Not An Exit" was immediately hung. To ensure compliance with 2600.12(a) we will continue all daily and weekly facility walkthroughs to ensure all signs are accurately placed at the proper locations. Maintenance and Administration will be responsible daily and weekly to ensure compliance.

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


Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Nimta Kapcox - Admin Date: 9/6/13

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Violation Report: 21665 - 08/21/2013 - Yellenic, Cindy
PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
On 8-21-2013, at 4:15pm, Department Representative and Staff Person A did not find a glucometer for Resident #3 or Resident #4, in the medication cart located on the first floor at the back of the building. Both residents have a prescription from their doctors stating they are to have their blood sugar checked weekly.

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.

Corrected at the time of the inspection. We immediately distributed 2 of the 3 extra glucometers to the residents. One was labeled with resident #3's name and the other with the other resident #4's name. To ensure compliance of the regulation "following the directions of the prescribers" the marketing departments, med aides and the Director of Nursing will be checking all the new admits orders from their prescribers making sure they are followed through. Whitehall Manor and the Unit Clerk will be checking daily and all new orders that come through for all residents making certain that each and every resident's prescribers orders are completed staying in compliance with regulations 2600.187 d (The home shall follow the direction of the prescriber.)

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


Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Nimita Kapoor - Admin. Date 9/6/13

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Violation Report: 21665 - 08/21/2013 - Yellenic, Cindy
 PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
 The 1st floor courtyard off of the SDCU, does not have the keypad code posted. This keypad is for the gate that leads out ^{of} the courtyard.

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.

Corrected At the time of Inspection, This was immediately repasted and secured to wall by the keypad. It was secured so no resident will be able to remove it.

Direct Care Staff, Maintenance and Administration will check daily to ensure compliance with 2600.233(c), at this location and at all other locations throughout the secured Dementia Unit.

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

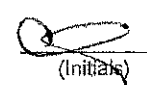
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Nimra Kapore-Atsich, Admin Date 9/6/13

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