



pennsylvania

DEPARTMENT OF PUBLIC WELFARE

Sent via e-mail: [REDACTED]

Mailing Date: October 29, 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 (Department) licensing inspection on August 28, 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. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure

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

PCH Name: WHITEHALL MANOR		License Number: 21665
Address: 1177 SIXTH STREET, WHITEHALL, PA 18052		County: Lehigh
Administrator: Monica Burger		Region: NORTHEAST
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 PA L&I	C-2 LP 10/07/2002 PA L&I	C-2 LP 05/28/2002 PA L&I
Staffing Hours		
Resident Support: 0	Total Daily Staff: 218	Waking Staff: 164
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/28/2013: OHaire, Anne; Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable 09/04/2013: OHaire, Anne		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 195 Number of Residents Served: 166 - PC Secured Dementia Care Unit in Home: Yes Area: Secured Unit Secured Dementia Unit Capacity, if Applicable: 78 Number of Residents Served in Secured Dementia Care Unit, if applicable: 52 Number of Current Hospice Residents: 11 Number of Hospice Residents in past year: 28		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 166 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 52 Have a Physical Disability: 74

Violation Report: 21665 - 08/28/2013 - O'Haire, Anne PCH Name: WHITEHALL MANOR
1. REGULATION 55 Pa.Code §2600 2600.42(c) - A resident shall be treated with dignity and respect.
2a. DESCRIPTION OF VIOLATION Staff person "A" was observed by other staff at the facility to have teased and poked resident #1 on the evening of 08-05-13. Resident #1 was reported to have become extremely upset as a result of staff person "A" behavior.
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.

Staff person A was immediately asked to leave the building and punch out. The Department of Aging was immediately notified. Whitehall Manor has also followed all Department of Public Welfare guidelines. The facility handled the incident in a timely manner. Resident 1 designated person and their PCP were both notified of the incident. Staff person A is no longer employed at Whitehall Manor. Even though we have already completed an in-service on this topic we have repeated for it for staff. To ensure future compliance,

* Administration and the Nursing Supervisors will continue to go over Respect and Dignity with staff at the time of hire and on a quarterly basis with them. Please see the attached copy of the in-service information and the sign-in sheet for staff.

Repeat Violation: Yes	Date(s) of Previous Violation(s)
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Signature of Legal Entity Representative (Required on EVERY Page)
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10/29/13</u> (Date)	Plan of correction implementation status as of <u>10/29/13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented