



OCT 09 2014

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

RE: Whitehall Manor
License #: 216650

Dear Ms. Kapoor-Atiyeh:

As a result of the Department of Public Welfare's licensing inspection on August 14, 2014, 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 must be maintained.

Your regular license for the period October 24, 2014 to October 24, 2015 was issued on July 9, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director

5/1

Enclosure
License Inspection Summary

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

PCH Name: WHITEHALL MANOR		License Number: 216650
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		
I-1	C-2 LP	
03/07/2014	06/19/2006	
Whitehall Township	L&I	
Staffing Hours		
Resident Support: Mon	Total Daily Staff: 238	Waking Staff: 179
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
08/14/2014: Novak, Ryan; Rushin, Julienne; Fotikes, Kimberli		
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: 164 Secured Dementia Care Unit in Home: Yes Area: N/A Secured Dementia Unit Capacity, if Applicable: 78 Number of Residents Served in Secured Dementia Care Unit, if applicable: 48 Number of Current Hospice Residents: 12 Number of Hospice Residents in past year: 46		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 164 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 74 Have a Physical Disability: 2

Violation Report: 21665 - 08/14/2014 - Novak, Ryan
 PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

The following items were noted in an unlocked cabinet in the home's MIP Family Room (SDU) and were accessible to residents: (1) 6oz. spray bottle of Sea Clens wood cleaner; (1) box (100 ct.) alcohol prep pads; and (1) first aid kit containing several alcohol prep pads. All the items were labeled with a warning to contact Poison Control if swallowed.

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.

Violation 2600.82 (c) was corrected at the time of the inspection. All items were removed from the cabinet and taken to the locked supply room. Please see the attached photo that ensures that this cabinet and all cabinets are kept locked as per the regulation. Maintenance has placed key locks on all cabinet doors. A sign has been placed on the door stating that the door must be locked at all times. All med aides and pca's will make sure that all cabinets are locked after each use. They will be checking all cabinets several times every shift. A sign off sheet has been prepared for the med aide, supervisors to sign off that all cabinets are locked during their shift. (Please see attached). In addition to the med aides and the pca's checking, Administration, maintenance and nursing supervisors will also be checking to ensure compliance every day.

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 - Admin President

Date *9/8/14*

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

The above plan of correction is approved as of

9-25-14
 (Date)

Plan of correction Implementation status as of

9-25-14
 (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 - 08/14/2014 - Novak, Ryan
 PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2500
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

At the time of the inspection of the medication cart in the regular C section, representatives reviewed 7 resident's glucometers and medication administration records.

The individual resident's glucometers memory did not match the recorded glucometer reading in the resident's medication administration record on 14 occasions during the time period 8/1/14 through 8/14/14.

The glucose level recorded in the resident's medication administration record did not have a corresponding blood glucose monitoring in the individual resident's glucometer memory on 19 occasions during the time period 8/1/14 through 8/14/14.

On 8/3/14 staff person A used resident #1's glucometer for the 8pm blood glucose monitoring of resident #2.

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.

This violation was immediately corrected following inspection on 8-14-2014. We completed an internal audit and ensured that each resident had their own individual glucometer and that the evening readings for 8-14-14 were 100 percent accurate. We immediately met with Sacred Heart Pharmacy on 8-15-2014 (please see attached letter.) 3. Blood Sugar readings: A call was placed to Nipro Diagnostics (manufacturer of True Track meters) on 08-15-2014 at 3:15 p.m. to investigate a possible cause of the un-matched reading between the meters & what was on the E-MAR. Nipro will look into this matter further & report their findings to us. At this time, a possible cause is unknown.

Respectfully we cannot agree with this entire violation until we hear from Nipro and the pharmacy as to the case of the unmatched readings in the glucometers.

Please see attached statement from staff member A. She assured us that she will be checking and double checking all documentation and that she is using the correct glucometer for each resident. Please note though she used resident #1's glucometer for resident #2 on 8-3-14 at 8 p.m. she never compromised sanitary conditions. She and all direct care staff only use single use lancets for all residents who have glucometers. (Please see next page for continue plan of correction)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/21/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nimita Kapoor - Co-Admin*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nimita Kapoor - Atyeh Co-Adminstrator PRESIDENT* Date *9-8-14*

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The above plan of correction is approved as of 10-6-14
 (Date)

See next page.

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

Plan of correction implementation status as of 10-6-14
 (Date)

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

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Continued from page 3 of 8

To ensure that violation 2600.85 (a) will not occur again to the best of our ability.

Each med aide is checking on a daily basis the accuracy of each glucometer. Any glucometer not functioning properly will be sent to the pharmacy for same day replacement. They will also be checking and rechecking that each resident will be tested with their own glucometer. Each med aide will be checking the results of each glucometer reading. They will also be checking that the documentation on the MAR matches the glucometer.

We are continuing to check each glucometer on a regular basis and conducting random audits of all 3 shifts. Audits are based on accurate documentation on the Mar against individual glucometer readings. All med aides have been verbally spoken to on the importance of proper usage of resident's individual glucometers.

The Director of Nursing and the Assistant Director of Nursing will be performing the audits and on a regular basis as indicated above.

Each med aide has had the required Diabetic training. We as a facility have decided to expand upon this training and have requested our Diabetic trainer to hold a class exclusively reviewing all facets of the glucometer and its usage. This training will be held prior to ~~December 31, 2014.~~ on 10/22/14 as per Adm/Dir Ms Kapoor.

UKCQ

9/8/14

10-06-14

Violation Report: 21685 - 08/14/2014 - Novak, Ryan
 PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600
 2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION
 A door in the main dining room which leads to the exterior of the home is not marked with an exit sign.

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.

We respectfully disagree with this violation and so does our Fire Safety Expert, Fire Chief [redacted] of the Whitehall Fire Department. Please see the attached letter and photos.

We sent you a copy of this letter from August 15, 2014 so you can contact Fire Chief [redacted]. The door in question has never been a required exit and he wanted us to place this is not an exit sign above the door. The attached photos show that we are in compliance with his request. Please note that there is an exit door on the same wall within several feet that is an exit door. Our maintenance and administration teams will continue to check daily to make sure all doors that are exits do have exits signs on them. We will always strive to be in compliance with 2600. 133 (a) (1).

The home has placed signs on above the door "This is not an EXIT" and placed a large room darkening drape in front of this door.

p200 reference. CD

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 CO - Administrator & President* Date *9-8-14*

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

The above plan of correction is approved as of 10-6-14 (Date)

Plan of correction implementation status as of 10-06-14 (Date)

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

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

Violation Report: 21685 - 08/14/2014 - Novak, Ryan
 PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

On 8/5/14 from 7am-2pm and 8/10/14 from 7am-3pm, staff person B administered medications to residents. Staff person B is not a medical professional and has not successfully completed the Department's medication administration training.

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.

The facility medication trainer was unaware that the grade average was suppose to be 90 percent and above. Staff person (B) had a score of 85.99. When staff person B took the test remediation it did not appear on the computer. Med Trainer did contact the Medication Administration Hotline several times because of having technical difficulties with the Medication Administration Web Site. The Med Trainer remediated staff person B and staff person B passed with a score of 90.94 on August 18, 2014. (Please see the attached test). The Med Trainer was unable to complete the remediation any sooner due to technical difficulties on the part of the Medication Administration Web Site.

To ensure compliance in the future with 2600.182, (b) the Med Trainer will make sure all trainees have a grade average of 90 percent and above and have completed all training and requirements of the Medication Administration Course. To double check the Med Trainer will also contact the Medication Administration Hotline to make sure that the trainees have a grade of 90 percent and above. The Med Trainer completed an audit and all med aides who are administering medication on the floor and they all have a grade of 90 percent and above.

The med trainer or designee will retain all testing data for each person that passes medications @ the home to maintain ongoing compliance

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


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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nimita Kapoor - Atueh + President* Date *9-8-14*

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 (Date)

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9/25/14

Violation Report: 21665 - 08/14/2014 - Novak, Ryan
 PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 Resident #3 resides in a double occupancy room with a roommate. Resident #3's Triamcinolone .1% cream was unlocked and accessible in the medicine cabinet in the shared bathroom.

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.

This violation was corrected at the time of inspection. A lock box was immediately taken to Resident #3's room and his cream was placed inside and locked. Please see the attached photo that shows the lock box. Resident #3 can use the cream as prescribed by his medical doctor.

To ensure compliance with 2600.183 (b) when the unit clerk receives an order for a self medicating medication she will immediately notify nursing and administration to take a lock box to the resident's room.

The home will also provide resident education regarding locking of the box and where keys will be kept (in a secure place or on resident's person) in order to insure current and ongoing compliance.

OP, 9-25-14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Nimita Kapoor - Atch, Co-Administrator Date 9/8/14

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 (Date)

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 (Date)

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 (Initials)

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Violation Report: 21665 - 08/14/2014 - Novak, Ryan
 PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(a) - 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 precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and Initials of the staff person administering the medication.

Adm Designee will provide assistance to reps from the Department in order to measure compliance by producing relevant screens or printing documents. QP

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #4 does not include the medication MPAP 325 mg tablet, take two tablets by mouth every 6 hours as needed. The medication was in the homes medication cart but not listed on the medication administration record.

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.

2600.187 (a): Though this was corrected immediately at the time of inspection. We respectfully do not agree with this violation. This medication for resident #4 is a PRN medication and has been given as ordered by the pcp. No doses were ever missed. As this is a PRN medication you have to go to a separate column in the E-MAR to see this was there. Please see the attached sheet showing where it was located. The DPW did not go to this area to see that we did have the medication. Please see the attached screen shot of the quick mar with the open prn screen proving that it was on her MAR but just in a different area. Also see the attached orders proving that we did have 2 refills. Please see the attached letter from Sacred Heart Pharmacy.

2. Resident #4: Acetaminophen 325 mg did not show in the resident's profile on the E-MAR despite being an active order. SH Pharmacy & Whitehall Manor recently moved to an electronic MAR. During this transition, it seems that there was a "Data Migration" issue specifically with this order between the Pharmacy software and the E-MAR software. SH Pharmacy will take steps to avoid such an error occurring again by working with the E-MAR software vendor to ensure that all orders (active & inactive) are reflected correctly in the E-MAR.

We will be working with the pharmacy on a daily basis to ensure compliance with this regulation. If we find any discrepancies we will immediately notify the pharmacy as we did the day of inspection. This communication will occur between our med aides, all nursing supervisors and the Pharmacists at Sacred Heart Pharmacy.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Nimita Kapoor - Atiyeh + President *Co-ADMINISTRATOR* Date *9-5-14*

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9-25-14
 (Date)

Plan of correction implementation status as of

9-25-14
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 21665 - 08/14/2014 - Novak, Ryan
 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
 Records for resident #5 contain a physicians order dated 7/30/14 indicating that Vitamin D, 1,000 units is to be stopped effective that date. The resident's MARs for August 2014 indicates that staff continued to administer the medication until 8/5/14.

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.

2600.187 (d) This violation was immediately addressed (please see the attached letter from Sacred Heart Pharmacy.

1. Resident 5: Whitehall Manor faxed an order for Vitamin D 50,000U on 08-01-2014 at 8:59 a.m. (as shown on the Fax transmission Journal). However, for unknown reasons, SH Pharmacy did not receive this order on 08-01-14 and the changes are done immediately. The Pharmacy's policy is to ensure all changes are done immediately. Our IT department is looking into a potential cause and a resolution. In this case, it appears that it was not an error on Whitehall Manor's part, but rather an issue involving fax transmission.

To ensure future compliance with this regulation the Director of Wellness will provide a copy of the doctor's orders for each resident which will be sent to each unit to be checked by the med aide to ensure all orders are transcribed onto the E-MAR by Sacred Heart Pharmacy on a timely basis. This will be checked by the med aides on every shift on a daily basis. The Director of Nursing will also be given a copy of doctor's order and will be checking on a regular basis.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/21/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nimita Karpose*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nimita Karpose - Attych - President* Date *9-8-14*

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

The above plan of correction is approved as of 9-25-14
 (Date)

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

Plan of correction implementation status as of 9-25-14
 (Date)

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