



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]  
MAILING DATE: March 10, 2015

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 Human Services' licensing inspection on December 9, 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.

Sincerely,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

**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 1-1 03/07/2014 LABOR AND INDUSTRY		
Staffing Hours Resident Support: 0                      Total Daily Staff: 260                      Working Staff: 195		
Type of Inspection: Partial                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 12/09/2014: 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: <del>195</del> 215 Number of Residents Served: 178 Secured Dementia Care Unit in Home: <del>No</del> <i>yes</i> Area: Secured Dementia Unit Capacity, if Applicable: 78 Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: <del>50</del> 3 Number of Hospice Residents in past year: <del>3</del> 51	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 178 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 82 Have a Physical Disability: 1	

Violation Report: 21665 - 12/09/2014 - Dumas, Gerald  
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

The Assessment and Support Plan Updates and Changes for Resident # 1 did not specify the Responsible Party. The Support Plan Update involving a resident-to-resident altercation on 11/08/14 involving Resident # 1 must be specific as to whom the responsible party is to conduct the 15 minute checks, i.e. Direct Care Staff.

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 note that we are submitting a plan of correction for this violation report strictly for compliance purposes and this is no way an admission of guilt. It is our goal to always be in compliance with the Department of Human Services and exceed their expectations as well as our own higher expectation.

Incidents that occur and require the direct care staff to complete a certain time check on the resident are completed by the Direct Care Staff. Once a time check of a resident is necessary it is initiated by the Unit Coordinator. The RASP will be updated to meet the needs of the resident. The update will ensure that each resident's needs are met, and that accountability for meeting those needs is firmly established. The time checks and the updates to the RASP will be checked on a dally basis, by the Assistant Administrator and Administrator.

Adm Designee will perform random reviews of Resident Assessments & Support Plans periodically to ensure ongoing compliance. CP. 3/9/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Nimita Kapur*

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

Nimita Kapur - Adminstrator Date 3-9-15

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

The above plan of correction is approved as of

3-10-15  
(Date)

Plan of correction implementation status as of

3-10-15  
(Date)

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

The above plan of correction was approved by

*CP*  
(Initials)