



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: August 4, 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 Public Welfare's licensing inspection on January 15, 2015 February 4, 2015 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,

A handwritten signature in black ink, appearing to read "Bob Bisignani", with a long horizontal flourish extending to the right.

Bob Bisignani
Regional Licensing Director

Enclosure
Licensing Inspection Summary

Violation Report: 21665 - 01/15/2015 - Foulkes, Kimberli
 PCH Name: Whitehall Manor

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 12/20/14 at 4:40pm, Resident #1 hit resident #2 over the head with a vase causing injury to resident #2. Resident #2 was sent to the ER and was discharged with a diagnosis of hematoma.

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.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code § 20 et seq. and § 2600.263.

As a preliminary matter, this personal care home objects to the Department of Human Services' (the "Department") administration of the licensing inspection, as this personal care home was not afforded an exit conference in accordance with the Department's Regulatory Compliance Guide. See pp. 252-253 of the Regulatory Compliance Guide.

This personal care home provides licensed personal care services, including assistance and/or supervision in ADL or IADL (or both), consistent with and in furtherance of each resident's rights, as outlined in 55 Pa. Code § 2600.42, including, but not limited to, each resident's right not to be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way, as required by 55 Pa. Code § 2600.42(b). Pursuant to the Regulatory Compliance Guide, § 2600.42(b) prohibits, among other things, the infliction of injury on a resident by staff or other residents.

Please see continued response on Page 2A.

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)			Date
Nimta Kapral - Admin			1/19/15
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of	7/14/15 (Date)	Plan of correction implementation status as of	7/30/15 (Date)
The above plan of correction was approved by	B.B. (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	

Violation Report: 21665 - 01/15/2015 - Foulkes, Kimberli
PCH Name: Whitehall Manor

1. REGULATION 55 Pa.Code §2600

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In the present instance, an incident of resident-to-resident abuse occurred within this personal care home's secured dementia care unit. Each of the residents involved have a primary diagnosis of Alzheimer's disease or other dementia. Consistent with the personal care home licensure regulations and the Regulatory Compliance Guide, immediately upon identifying this incident of resident-to-resident abuse, this personal care home initiated the following corrective actions:

1. Immediately reported the suspected abuse to the Lehigh County Area Agency on Aging, in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.101 - 10225.5102) and 6 Pa. Code Sections 15.21 - 15.27.2.
2. Reported the suspected abuse to the Department in accordance with § 2600.16, including the plan to supervise Resident #1, as the alleged perpetrator of the resident-to-resident abuse. The initial report was made to the Department on December 21, 2014, and supplemented as of December 24, 2014. This personal care home did not receive any notification from the Department that the submitted supervision plan was not acceptable.
3. Immediately reported the allegation of abuse to the resident and the resident's designated person, as well as each affected resident's treating physician.
4. The co-administrator(s) began an internal investigation of the abuse.

Please see continued response on Page 2B

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Handwritten Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Pres - Co Admin</i>	Date	<i>5/19/15</i>
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The above plan of correction is approved as of 7/14/15
(Date)

The above plan of correction was approved by B.S.
(Initials)

Plan of correction implementation status as of 7/30/15
(Date)

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

Violation Report: 21665 - 01/15/2015 - Foulkes, Kimberli
PCH Name: Whitehall Manor

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As way of background, with respect to Resident #1, the Resident's Resident Assessment Support Plan ("RASP") identified that the Resident was diagnosed with psychosis and dementia with behavioral disturbances secondary to Aricept. The support plan to meet these psychological needs included observing for signs and symptoms of pacing, picking at his skin, aggressive behavior, resident wanting to be alone or tearful. Upon admission on November 11, 2014, aggression was not currently a problem. From the time of resident's admission up to and until the within incident of resident-to-resident abuse, the staff of this personal care home observed a single instance of aggressive behavior against a personal care home staff member attempting to administer daily medications on or about November 14, 2014, which involved the resident slapping medications out of the hands of a staff member. The resident was immediately redirected and was noted to be calm shortly after the incident, without further incident for the remainder of the day. Additionally, the resident's primary care physician was notified and acknowledged the incident. Thereafter, on December 20, 2014, the staff of this personal care home observed an instance of resident-to-resident abusive behavior, as well as other aggressive behavior towards staff members, which was immediately reported in the manner identified above. Immediately following the instance of resident-to-resident abusive behavior, the affected residents were separated and Resident #1 was placed on one-to-one supervision until he was sent to the hospital for evaluation on the same day. Additionally, all vases were removed from the secured dementia care unit. Upon evaluation at the hospital, diagnostic testing was found to be suspicious for acute to subacute ischemic CVA or ischemic stroke, which may have been a contributing factor to this unpreventable behavior, as neurobehavioral sequela such as agitation and aggression are associated with stroke, as supported by the consultation completed by the resident's treating psychiatrist. A diagnosis of multi-infarct dementia was subsequently also

Please see continued response on page 2C → 2C

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(Initials)

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documented by the resident's treating physician, based upon CT scan. Alternatively, the hospital discharge noted a potential diagnosis of lewy body dementia, which is characterized by symptoms, including, but not limited to psychiatric disturbances "[which] may include systematized delusions, aggression and depression." See <http://www.lbda.org/node/14#sthash.oVj27bkZ.dpuf>. See also supporting documentation.

The report submitted to the Department included the plan to supervise Resident #1 and this personal care home did not receive notification from the Department that such plan was not acceptable. See supporting documentation and Regulatory Compliance Guide at p. 181. Specifically, upon the resident's readmission to this personal care home after admission to the older adult behavioral medicine unit of the hospital as of December 23, 2014, this personal care home initiated 15 minute checks for a one week period from December 23 through December 30, 2014. During this time frame, the Resident was noted to have tearful periods; however, was successfully redirected by staff arranging for the resident to speak and/or visit with his wife, which calmed him. Absent any noted aggressive behavior during this time period, supervision was then modified to 30 minute checks from December 31, 2014 through January 4, 2015. Again, during this time frame, the Resident was noted to have tearful periods; however, was redirected by staff arranging for the resident to speak and/or visit with his wife, which continued to calm him. Thereafter, absent any aggressive behavior during this time period, supervision was modified to hourly checks from January 5 through January 10, 2015.

Please see continued response on 2 D

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) Nimble Kapani - Adm - Cert Date 5/19/15

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PCH Name: Whitehall Manor

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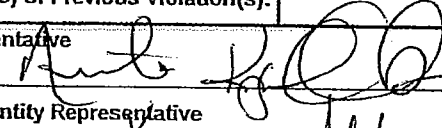
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Resident #1 was also referred to and evaluated by a psychiatrist as of January 2, 2015, with follow-up on January 13, 2015 and January 20, 2015. Additional aggressive behaviors were reported on January 7, 2015, March 18, 2015 and April 6, 2015, in each case involving staff members. Further, upon each such occurrence, the resident's treating psychiatrist and/or physician was notified of such aggressive behavior and as above, following the aggressive incident on January 7, 2015, the resident was again seen by the treating psychiatrist on January 13, 2015.

It is the policy of this personal care home to provide personal care services to all residents in accordance with 55 Pa. Code § 2600.42. This personal care home provided personal care services to both Resident #1 and Resident #2 in a manner that sought to promote and protect each resident right outlined in 55 Pa. Code § 2600.42 and the personal care home will continue its current practice of providing personal care services in a manner that both promotes and protects each of its resident's rights, consistent with 55 Pa. Code § 2600.42. The personal care home currently has a policy in place regarding mandatory abuse reporting, which is reviewed annually, and on an as needed basis. Further, to prevent resident-to-resident abuse, this personal care home generally institutes the following care plan measures for aggressive residents: engaging activities to provide social support and contact and offer relief from discomfort and distress; redirection of the aggressive or combative resident; 15, 30, or hourly checks, as needed; update to the resident RASP to ensure that all direct care staff is aware of behavior; notifying the appropriate treating physician of the behavior; complying with adjustments to medication, as per physician orders; and potentially admission for inpatient care, if necessary, as per physician orders.

Please see continued response on page 2 E

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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	
	
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
Nimita Kapoor - Adm. Asst.	5/19/15

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Violation Report: 21665 - 01/15/2015 - Foulkes, Kimberli
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As this personal care home continually seeks to improve upon and heighten its ongoing compliance with the personal care home licensing standards, the personal care home will continue to review the requirements of 55 Pa. Code § 2600.42 with all direct care staff during employee orientation and at least annually thereafter. In 2014, this personal care home completed in-service trainings that addressed (i) caring for residents with dementia, (ii) strategies for understanding and responding to challenging behaviors, including aggression, and (iii) resident-to-resident abuse. Subsequent to this incident, the personal care home has further completed additional targeted in-service trainings for direct care staff, including training as of January 7, 2015, regarding resident rights and mandatory abuse training and reporting, as well as training as of February 4, 2015, regarding safe management of challenging behaviors, including, but not limited to aggression. See attached supporting documentation.

To ensure continued compliance with regulation 42b this personal care home will continue to follow all guidelines for separation, assessing for medical attention, and will ensure checks are initiated and followed through by direct care staff. Direct care staff will continue to follow the chain of command when reporting resident-to-resident incidents. In addition, (to our annual training) all staff will be attending a mandatory training on OAPS, Mandatory Act 13 and the prevention of neglect and abuse on June 16, 2015 at 2:00 p.m.

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)

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

Date

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7/14/15
(Date)

Plan of correction implementation status as of

7/30/15
(Date)

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

K.F.

The above plan of correction was approved by

B.B.
(Initials)

Violation Report: 21665 - 01/15/2015 - Foulkes, Kimberli
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
Resident #1 is prescribed Lorazepam 0.5mg every 4 hours as needed for anxiety. On 12/27/14, this medication was administered to the resident at 8:23am and 11:45am.

On 11/28/14, resident #3 was seen by the physician after being discharged from the hospital. The resident was prescribed knee hi compression stockings, apply 12 hours on 12 hours off, worn 8am-8pm. The resident did not have compression stockings in the home. This order was not indicated on the Medication Administration Record or in the Resident's Assessment or Support Plan.

Resident #3 has multiple orders for use of a CPAP machine at night. It is on the resident's DME, dated 2/12/14, and on the resident's hospital discharge paperwork from 11/27/14. According to resident #3's assessment and support plan, dated 12/2/14, the summary and determination section states that the resident is to have a CPAP at night when sleeping due to sleep apnea. Per interview with staff person A, the resident was not wearing a CPAP machine when found unresponsive. **B.S. 5/26/15**

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

We are respectfully asking for the balance of this violation to be rescinded in regards to Resident #3 due to the following reasons. Physician visited resident in the personal care home's secure dementia unit on Friday, evening 11-28-2014. The physician then wrote an order on 12-1-2014 to discharge resident #3 from the secure dementia unit due to not being a wander risk. Please see attached physician's order. Even though, we were told by licensing representative at DHS at 12:05 p.m. on 12-2-2014 that we did not need a new medical evaluation. We went ahead and obtained a new medical evaluation to be in compliance with DHS regulations. Please see attached medical evaluation that does not state an order for compression stockings. This order supersedes any previous orders.

In regards to the CPAP machine for resident #3 this is clearly not a violation and we are asking for it to be rescinded. See the attached resident #3's Resident Assessment and Support Plan (RASP) page 6. Medical diagnosis-physical clearly states (obstructive sleep apnea) which indicates plan to meet resident's CPAP needs. Resident will use on his own, staff will just make sure he has it on while asleep. Frequency and Responsible party is clearly stated as daily/ Direct Care Staff. Keeping in mind resident has the right to remove any assistive medical equipment. Summary page is to summarize the Resident
Please see Page 3B for continued response

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/14/2014
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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 Admin. Pres.	Date 5-19-15
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Violation Report: 21665 - 01/15/2015 - Foulkes, Kimberli
PCH Name: Whitehall Manor

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Resident #3 has multiple orders for use of a CPAP machine at night. It is on the resident's DME, dated 2/12/14, and on the resident's hospital discharge paperwork from 11/27/14. According to resident #3's assessment and support plan, dated 12/2/14, the summary and determination section states that the resident is to have a CPAP at night when sleeping due to sleep apnea. [REDACTED] Per interview with staff person A, the resident was not wearing a CPAP machine when found unresponsive.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Assessment and Support Plan. The CPAP machine was irrelevant to resident # 3 being unresponsive as per resident #3 primary care physician

To ensure continued compliance with 187d all med aides will get a refresher course on 187d during their quarterly observations. This will be conducted by the med trainer and the practicum observer. This will also be checked and adhered to at every med pass.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/14/2014
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Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nimita Kapcoz, Admin. President Date 5-19-15

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Violation Report: 21665 - 01/15/2015 - Foulkes, Kimberli
 PCH Name: Whitehall Manor

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

Resident #1's RASP was not updated to include positive interventions to address this resident's aggressive behaviors. Resident #1 is prescribed Lorazepam 0.5mg to be administered every 4 hours as needed for anxiety. This medication was administered on 11/28/14 at 8:05pm, reason given "very aggressive". This medication was administered on 12/27/15 at 8:23am, 11:45am, and 4:11pm. According to the homes 15 minute check sheet, from 12/27/15, resident #1 from 8:15am to 8:30am was "flipping out in room". This medication was administered on 1/7/15 at 12:30am. According to the home's hourly check sheet, from 1/7/15, it states, "12am-I tried to put the resident to bed but the resident got aggressive."

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

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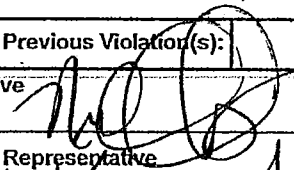
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As a preliminary matter, this personal care home objects to the Department of Human Services' (the "Department") administration of the licensing inspection, as this personal care home was not afforded an exit conference in accordance with the Department's Regulatory Compliance Guide. See pp. 252-253 of the Regulatory Compliance Guide.

Please see continued response on Page 4A.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
 Nimita Kapoor - Asst. Dir. 5-19-15

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- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

Resident #1's RASP was not updated to include positive interventions to address this resident's aggressive behaviors. Resident #1 is prescribed Lorazepam 0.5mg to be administered every 4 hours as needed for anxiety. This medication was administered on 11/28/14 at 8:05pm, reason given "very aggressive". This medication was administered on 12/27/15 at 8:23am, 11:45am, and 4:11pm. According to the homes 15 minute check sheet, from 12/27/15, resident #1 from 8:15am to 8:30am was "flipping out in room". This medication was administered on 1/7/15 at 12:30am. According to the home's hourly check sheet, from 1/7/15, it states, "12am-I tried to put the resident to bed but the resident got aggressive."

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

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To ensure continued compliance, as this personal care home continually seeks to improve upon and heighten its ongoing compliance with the personal care home licensing standards, the personal care home will continue to review the requirements, with all direct care staff during employee orientation and at least annually thereafter. The personal care home completed several targeted in-service trainings for direct care staff, including training as of January 7, 2015, regarding resident rights and mandatory abuse training and reporting, as well as training as of February 18, 2015, regarding assessment as it relates to the dementia resident please see attached training and topics.

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 Rajciv - Asst. Pres Date 5/19/15

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

The above plan of correction is approved as of 7/14/15 (Date)

The above plan of correction was approved by B.B. (Initials)

Plan of correction implementation status as of 7/30/15 (Date)

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

Violation Report: 21665 - 01/15/2015 - Foulkes, Kimbri
 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 #1's initial assessment dated 11/13/14 indicated that the resident had no issues with agitation or aggression even though the resident's preadmission screening form dated 11/5/14 indicated the resident had a history of physical violence towards others.
 An assessment was completed on 11/15/14 for resident #1 indicating that the resident slapped medications out of the Med Tech's hand and refused medications twice. An assessment was completed on 12/21/14 for resident #1 indicating that the resident refused medication on 12/20/14 and slapped the Med Tech's hand and spit in the Med Tech's face. Both time the resident's support plan was not revised indicating the plan to address the residents needs and the responsible party to meet these needs.
 Resident #1 had an assessment completed on 12/21/14 indicating that on 12/20/14 the resident had an incident involving hitting another resident with a vase, throwing juice at another resident and Med Tech, and hitting a personal care aide. The resident was sent to the hospital and more updates were to follow upon discharge from the hospital. The resident was discharged from the hospital on 12/20/14. As of 1/15/15 the support plan was not updated as to how the home was going to meet the resident's needs and who the responsible party would be to meet these needs.
 On 12/23/14 resident #1 was discharged from the hospital. The home's plan upon discharge was to initiate 15 minute checks for one week, then increase them to ½ hour, then eventually 1 hour checks. The 1 hour checks ended on 1/8/15. This plan was not updated on the assessment. The resident also continued to have issues during the checks and they were still discontinued. On 12/27/15 the 15 minute check sheet indicated that from 8:15am-8:30am the resident was "flipping out in room". On 12/30/15 from 1:45pm to 2:30pm the resident was "walking around getting irritated". On 1/7/15 the resident was on hourly checks and at 12am it states "I tried to put the resident to bed but the resident got aggressive." The resident was seen by the psychiatrist on 1/13/15. The resident had medication changes and the psychiatrist stated if the resident displays any more agitation or aggressive behavior inpatient hospitalization is required. The home has not completed a new assessment of the resident's needs to reflect these changes.

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.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code § 20 et seq. and § 2600.263.

As a preliminary matter, this personal care home objects to the Department of Human Services' (the "Department") administration of the licensing inspection, as this personal care home was not afforded an exit conference in accordance with the Department's Regulatory Compliance Guide. See pp. 252-253 of the Regulatory Compliance Guide.

Please see 5A. for Continued Response

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/09/2014
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Nimita Kapoor - Admin		5/19/15

Violation Report: 21665 - 01/15/2015 - Foulkes, Kimberli
 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

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An assessment was completed on 11/15/14 for resident #1 indicating that the resident slapped medications out of the Med Tech's hand and refused medications twice. An assessment was completed on 12/21/14 for resident #1 indicating that the resident refused medication on 12/20/14 and slapped the Med Tech's hand and spit in the Med Tech's face. Both time the resident's support plan was not revised indicating the plan to address the residents needs and the responsible party to meet these needs.

Resident #1 had an assessment completed on 12/21/14 indicating that on 12/20/14 the resident had an incident involving hitting another resident with a vase, throwing juice at another resident and Med Tech, and hitting a personal care aide. The resident was sent to the hospital and more updates were to follow upon discharge from the hospital. The resident was discharged from the hospital on 12/20/14. As of 1/15/15 the support plan was not updated as to how the home was going to meet the resident's needs and who the responsible party would be to meet these needs.

On 12/23/14 resident #1 was discharged from the hospital. The home's plan upon discharge was to initiate 15 minute checks for one week, then increase them to ½ hour, then eventually 1 hour checks. The 1 hour checks ended on 1/8/15. This plan was not updated on the assessment. The resident also continued to have issues during the checks and they were still discontinued. On 12/27/15 the 15 minute check sheet indicated that from 8:15am-8:30am the resident was "flipping out in room". On 12/30/15 from 1:45pm to 2:30pm the resident was "walking around getting irritated". On 1/7/15 the resident was on hourly checks and at 12am it states "I tried to put the resident to bed but the resident got aggressive." The resident was seen by the psychiatrist on 1/13/15. The resident had medication changes and the psychiatrist stated if the resident displays any more agitation or aggressive behavior inpatient hospitalization is required. The home has not completed a new assessment of the resident's needs to reflect these changes.

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 way of background, with respect to resident #1, the resident's Resident Assessment and Support Plan ("RASP") identified that the Resident was diagnosed with psychosis and dementia with behavioral disturbances secondary to Aricept. The support plan to meet these psychological needs included observing for signs and symptoms of pacing, picking at his skin, aggressive behavior, resident wanting to be alone or tearful. Upon admission on November 11, 2014, aggression was not currently a problem. In our 24hour observation resident #1 did not display aggressive behavior, irritability occurred when resident #1 did not see his/ her spouse, which clearly indicates the redirection method, and who is responsible on the Resident Assessment and Support Plan. Please see attached page 9.

Please see continued response on page 5B

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/09/2014
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Nimita Kapoor - Adm. Asst.		5/19/15

Violation Report: 21665 - 01/15/2015 - Foulkes, Kimberli
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.

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Resident #1 had an assessment completed on 12/21/14 indicating that on 12/20/14 the resident had an incident involving hitting another resident with a vase, throwing juice at another resident and Med Tech, and hitting a personal care aide. The resident was sent to the hospital and more updates were to follow upon discharge from the hospital. The resident was discharged from the hospital on 12/20/14. As of 1/15/15 the support plan was not updated as to how the home was going to meet the resident's needs and who the responsible party would be to meet these needs.

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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.

To ensure continued compliance the Assistant Administrator will continue to update resident's Resident Assessment and Support Plan to ensure each resident's needs are met as those needs change, and that accountability for meeting those needs is firmly established in each resident assessment support plan, this personal care home has designated the responsibility for initiation, completion and review of all resident assessment and support plans to the assistant administrator who follows a detailed process to gather necessary information regarding the resident, as set forth in the attached supporting information

Please see continued response on page 5C

Repeat Violation: Yes	Date(s) of Previous Violation(s): 12/09/2014		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Nimta Lopez, Adm. Asst.			5/19/15

Violation Report: 21665 - 01/15/2015 - Foulkes, Kimberli
PCH Name: Whitehall Manor

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On 12/23/14 resident #1 was discharged from the hospital. The home's plan upon discharge was to initiate 15 minute checks for one week, then increase them to ½ hour, then eventually 1 hour checks. The 1 hour checks ended on 1/8/15. This plan was not updated on the assessment. The resident also continued to have issues during the checks and they were still discontinued. On 12/27/15 the 15 minute check sheet indicated that from 8:15am-8:30am the resident was "flipping out in room". On 12/30/15 from 1:45pm to 2:30pm the resident was "walking around getting irritated". On 1/7/15 the resident was on hourly checks and at 12am it states "I tried to put the resident to bed but the resident got aggressive." The resident was seen by the psychiatrist on 1/13/15. The resident had medication changes and the psychiatrist stated if the resident displays any more agitation or aggressive behavior inpatient hospitalization is required. The home has not completed a new assessment of the resident's needs to reflect these changes.

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.

and will continue to ensure that resident assessment and support plans are both reviewed and updated, as necessary. The personal care home has and will continue to provide specific instructions relative to all direct care staff upon hire and annually thereafter, as well as on an individual basis upon new resident admissions and readmissions. (Irritability and Agitation- Ask Direct Care Staff if resident is easily upset. If so, what things upset him and what works to alleviate the irritability. Aggression- Ask Direct Care Staff if resident is verbally or physically violent. Does he threaten others, hit, throw things, bite, scratch? Check incident reports.

Please see continued response on page 5D.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/09/2014
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Nimita Kapoor, Adm		1/19/15

Violation Report: 21665 - 01/15/2015 - Foulkes, Kimberli
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.

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Resident #1 had an assessment completed on 12/21/14 indicating that on 12/20/14 the resident had an incident involving hitting another resident with a vase, throwing juice at another resident and Med Tech, and hitting a personal care aide. The resident was sent to the hospital and more updates were to follow upon discharge from the hospital. The resident was discharged from the hospital on 12/20/14. As of 1/15/15 the support plan was not updated as to how the home was going to meet the resident's needs and who the responsible party would be to meet these needs.

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We are respectfully asking for this violation to be rescinded, the checks ended due to resident not having resident-to-resident abuse. Direct Care Staff member that reminded resident of someone in resident #1 past was removed from the Secured Dementia Unit.

Please see continued response on Page 5E.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/09/2014
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Nimika Kapore - Admin - PCH		5/19/15

Violation Report: 21665 - 01/15/2015 - Foulkes, Kimberli
PCH Name: Whitehall Manor

1. REGULATION 55 Pa.Code §2600

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To ensure continued compliance Further, to prevent resident-to-resident abuse, this personal care home generally institutes the following care plan measures for aggressive residents, deescalating the situation, validating the residents feelings by giving them their personal space where they can express their fears, emotions, release anxiety without putting themselves or others in harms way, engaging activities to provide social support and contact and offer relief from discomfort and distress, redirection of the aggressive or combative resident, 15, 30, or hourly checks, as needed; update to the resident RASP to ensure that all direct care staff is aware of behavior; notifying the appropriate treating physician of the behavior; complying with if necessary, as per physician orders.

Please see continued response on Page 5F.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/09/2014	
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Nimita Kapur, Pres. Adm.			5/19/15

Violation Report: 21665 - 01/15/2015 - Foulkes, Kimberli
PCH Name: Whitehall Manor

1. REGULATION 55 Pa.Code §2600
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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 are respectfully asking for this violation to be rescinded. Resident #1 was discharged from hospital on December 23, 2014 a final report was completed reviewed and sent to DHS. Assistant Administrator was verbally told by DHS Licensing Representative, that it was okay to attach the final state report to the Resident Assessment and Support Plan, which would mean the RASP was updated.

Please see continued Response on
Pg. 56

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/09/2014		
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
				5/19/15

Violation Report: 21665 - 01/15/2015 - Foulkes, Kimberli
PCH Name: Whitehall Manor

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To ensure continued compliance the Assistant Administrator will continue to update resident's Resident Assessment and Support Plan to ensure each resident's needs are met as those needs change, and that accountability for meeting those needs is firmly established in each resident assessment support plan, this personal care home has designated the responsibility for initiation, completion and review of all Resident Assessment and Support Plans to the Assistant Administrator who follows a detailed process to gather necessary information regarding the resident, and will continue to ensure that Resident Assessment and Support Plans are both reviewed and updated, as necessary.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 12/09/2014
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date	

Violation Report: 21665 - 01/15/2015 - Foulkes, Kimberli
 PCH Name: Whitehall Manor

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 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.

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

The above plan of correction is approved as of	<u>7/14/15</u> (Date)	Plan of correction implementation status as of <u>7/30/15</u> (Date)
The above plan of correction was approved by	<u>B.B.</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