



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 April 7, 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,

Bob Bisignani
Regional Licensing Director

Enclosure
Licensing Inspection Summary

Violation Report: 21665 - 04/07/2015 - 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 2/11/15 resident #1 was discharged from the hospital. The discharge instructions state, "Congestive Heart Failure-If you have been diagnosed with Heart Failure, weigh yourself daily. Call your doctor if you have: a weight gain of 2 or more pounds in one day or 3 or more pounds in a week, worsening shortness of breath or swelling in your feet or ankles."

On 2/12/15 the home updated the resident's RASP with the description of services needed or change as "daily weights" and the plan to meet the newly identified service need or change as, "Resident is to be weighed daily. Observe for signs and symptoms of shortness of breath, fluid build-up, chest pain, edema, weight gain. Notify Dr. and follow orders given." Frequency and responsible party, "daily-direct care staff".

On 2/12/15 the resident was seen by the Cardiologist and the physician visit orders stated, "2) monitor for CHF-Daily weights, watch for signs symptoms"

On 2/27/15 the resident was seen by the Primary Care Physician and the hospital discharge instructions were reviewed from 2/11/15. Per the primary care physician there was no order written to discontinue the order for daily weights and those orders should have been followed.

Per the resident's Medication Administration Record (MAR) the resident had an order originating on 2/11/15 for Weight Check-weigh daily, call MD if weight gain of 2 or more lbs. in 1 day or 3 or more lbs. in 1 week, worsening SOB, or swelling in your feet or ankles. On 2/13/15 the resident's weight was 140.2lbs and on 2/14/15 the resident's weight was 144.1lbs. This was a 3.9lb weight gain. During the 7 days from 2/12/15 through 2/18/15 the resident gained 4.6lbs. From 2/12/15 through 2/28/15 the resident had a 9lb weight gain. On 3/18/15 the resident's weight was 151.5lbs and on 3/19/15 the resident's weight was 154lbs. This was a 2.5lb weight gain. On 3/20/15 the resident's weight was 154.1lbs and on 3/21/15 it was 156.5lbs. This was a 2.4lb. weight gain. During the 7 days from 3/15/15 through 3/21/15 the resident gained 3.7lbs. From 3/1/15 through 3/26/15 the resident gained 11.6lbs. From 2/12/15 through 3/26/15 the resident had an 18.4lb. weight gain. The physicians were not notified of this weight gain.

On 3/26/15 at 12:30pm resident #1 was sent out to the hospital to be evaluated. Per the home's internal incident report the resident's legs were very swollen and oozing. The resident was short of breath and complaining that they couldn't walk. The resident was admitted to the hospital. According to the Death Certificate the resident expired on 3/28/15 at 7:30am in Lehigh Valley Hospital. The cause of death was a) Shock likely cardiogenic, b) Systole Congestive Heart Failure, c) Acute on Chronic Hypercapnic Respiratory Failure, d) Acute Renal Insufficiency.

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 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)			
Nimita Kapoor - Atiyeh - Co-Admin - PRes			Date 5/20/15

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Consistent with the scope of its licensure and the aforementioned rights of each resident, this personal care home consistently provided personal care services to Resident #1 in accordance with the directions of prescribing physicians. Specifically, Resident #1 was readmitted to this personal care home after discharge from the hospital on Wednesday, February 11th, subsequent to an admission for chest pain and accelerated hypertension. At the time of readmission, the discharge instructions received from the hospital included the following: (i) instructions to schedule a follow-up appointment with treating physician in one week; and (ii) instructions to call the treating physician if the resident experienced a weight gain of 2 or more pounds in one day or 3 or more pounds in a week., or worsening shortness of breath or swelling in the feet or ankles.

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)

Nimita Lopez

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nimita Lopez - Admin Rep.</i>	Date <i>5/30/15</i>
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Consistent with the hospital discharge instructions, this personal care home assisted the resident with both the scheduling of, as well as transportation to and from, a follow-up appointment with the primary care physician on February 27, 2015. The resident's complete medication administration record ("MAR"), including documentation of all daily weights, was sent with the resident to this appointment for the physician's review. As of this visit, the resident's treating primary care physician did not note any signs or symptoms of congestive heart failure, such as worsening shortness of breath or swelling in the feet or ankles.

Please see continued response on 2C page

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Also on February 12, 2015, the day immediately following readmission, Resident #1 was evaluated by her treating cardiologist, whose assessment noted that the resident was negative for chest pain, shortness of breath and edema. The cardiologist prescribed two additional medications, including Furosemide and Potassium Chloride. All prescribed medications were administered daily in accordance with the orders of the prescribing physicians. The staff of this personal care home generally consistently performed daily weights of the resident in accordance with the cardiologist's order for same. Specifically, the order of the resident's treating cardiologist stated: continue current medical therapy, monitor for [congestive heart failure] - daily weights, watch for signs / symptoms". Further, the cardiologist noted that the resident's

Please see continued response on page 2D

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nimta Kapoor - Admin PR	CO-Admin PR	Date 5-20-15
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daily weights and blood pressure should be reviewed with the primary care physician at the resident's next visit. See supporting documentation. Consistent with this order, the direct care staff of this personal care home monitored for signs and symptoms, including shortness of breath or swelling and, as above, provided the primary care physician with a record of the resident's daily weights upon her next visit on February 27, 2015, as well as by fax on March 23, 2015. Further, on March 11, 2015, the resident was noted to having swelling in her left hand and both the treating physician and the resident's family were notified. Again, consistent with the cardiologist's order to monitor for signs and symptoms of congestive heart failure, as of March 26, 2015, Resident #1 was noted by the staff of this personal care home to have increased swelling of the legs and the resident was sent out to the hospital to be evaluated. Resident #1
Please see continued response on page 2 E

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was admitted to the hospital as of March 26, 2015. As such, this personal care home respectfully refutes this citation and requests that it be rescinded.

This personal care home provided personal care services to Resident #1 in a manner that sought to promote and protect each resident right outlined in 55 Pa. Code § 2600.42 and in no manner infringed upon the 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).

Please see continued response on Page 2F

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Signature of Legal Entity Representative
(Required on EVERY Page) *Nimita Kapore*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Nimita Kapore - Adm. Director* Date *5/20/15*

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<p><i>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.</i></p> <p>To ensure continued compliance with regulation 42b this personal care home will complete audits of resident's RASP, Medication log (EMAR's), entire file by 06/30/2015, and going forward audits will occur monthly on the weights. In addition this personal care home will reeducate all RN's, LPN's, Med-Aide's, on following all Physician orders. This personal care home have designated the responsibility of checking the EMAR (medication log) on a daily basis to the Nursing Director. The Nursing Director will make sure all physician orders are being followed on a daily basis by checking and rechecking the EMAR. This personal care home is also seeking to implement modification to the tracking system of weight gain and /or loss for those residents with physician orders for weights, through the MAR, and is working on with the EMAR third-party vendor on potential options for modification, if any. Additionally, for all such</p> <p><i>Please see Continual Response on pg. 2 G</i></p>	
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	

Violation Report: 21665 - 04/07/2015 - 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 2/11/15 resident #1 was discharged from the hospital. The discharge instructions state, "Congestive Heart Failure-If you have been diagnosed with Heart Failure, weigh yourself daily. Call your doctor if you have: a weight gain of 2 or more pounds in one day or 3 or more pounds in a week, worsening shortness of breath or swelling in your feet or ankles."

On 2/12/15 the home updated the resident's RASP with the description of services needed or change as "daily weights" and the plan to meet the newly identified service need or change as, "Resident is to be weighed daily. Observe for signs and symptoms of shortness of breath, fluid build-up, chest pain, edema, weight gain. Notify Dr. and follow orders given." Frequency and responsible party, "daily-direct care staff".

On 2/12/15 the resident was seen by the Cardiologist and the physician visit orders stated, "2) monitor for CHF-Daily weights, watch for signs symptoms"

On 2/27/15 the resident was seen by the Primary Care Physician and the hospital discharge instructions were reviewed from 2/11/15. Per the primary care physician there was no order written to discontinue the order for daily weights and those orders should have been followed.

Per the resident's Medication Administration Record (MAR) the resident had an order originating on 2/11/15 for Weight Check-weigh daily, call MD if weight gain of 2 or more lbs. in 1 day or 3 or more lbs. in 1 week, worsening SOB, or swelling in your feet or ankles.

On 2/13/15 the resident's weight was 140.2lbs and on 2/14/15 the resident's weight was 144.1lbs. This was a 3.9lb weight gain. During the 7 days from 2/12/15 through 2/18/15 the resident gained 4.6lbs. From 2/12/15 through 2/28/15 the resident had a 9lb weight gain. On 3/18/15 the resident's weight was 151.5lbs and on 3/19/15 the resident's weight was 154lbs. This was a 2.5lb weight gain. On 3/20/15 the resident's weight was 154.1lbs and on 3/21/15 it was 156.5lbs. This was a 2.4lb weight gain. During the 7 days from 3/15/15 through 3/21/15 the resident gained 3.7lbs. From 3/1/15 through 3/26/15 the resident gained 11.6lbs. From 2/12/15 through 3/26/15 the resident had an 18.4lb. weight gain. The physicians were not notified of this weight gain.

On 3/26/15 at 12:30pm resident #1 was sent out to the hospital to be evaluated. Per the home's internal incident report the resident's legs were very swollen and oozing. The resident was short of breath and complaining that they couldn't walk. The resident was admitted to the hospital. According to the Death Certificate the resident expired on 3/28/15 at 7:30am in Lehigh Valley Hospital. The cause of death was a) Shock likely cardiogenic, b) Systole Congestive Heart Failure, c) Acute on Chronic Hypercapnic Respiratory Failure, d) Acute Renal Insufficiency.

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.

residents, the personal care home will continue to send copies of completed MAR's to include documented daily weights, with each resident upon attendance at all physician appointments.

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):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Nimta Kapora-Atyeh Co. Ass. Res.			3/20/15

Violation Report: 21665 - 04/07/2015 - 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.

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)

- Fully Implemented
- 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 - 04/07/2015 - Foulkes, Kimberli
 PCH Name: Whitehall Manor

1. REGULATION 55 Pa.Code §2600

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 2/11/15, resident #1 was discharged from the hospital with a diagnosis of Congestive Heart Failure. The resident had a physician's order indicating that the resident is to have a, "Weight Check-weigh daily, call MD if weight gain of 2 or more lbs. in 1 day or 3 or more lbs. in 1 week, worsening SOB, or swelling in your feet or ankles".

On 2/13/15 the resident's weight was 140.2lbs and on 2/14/15 the resident's weight was 144.1lbs. This was a 3.9lb weight gain. During the 7 days from 2/12/15 through 2/18/15 the resident gained 4.6lbs. From 2/12/15 through 2/28/15 the resident had a 9lb weight gain. On 3/18/15 the resident's weight was 151.5lbs and on 3/19/15 the resident's weight was 154lbs. This was a 2.5lb weight gain. On 3/20/15 the resident's weight was 154.1lbs and on 3/21/15 it was 156.5lbs. This was a 2.4lb. weight gain. During the 7 days from 3/15/15 through 3/21/15 the resident gained 3.7lbs. From 3/1/15 through 3/26/15 the resident gained 11.6lbs. From 2/12/15 through 3/26/15 the resident had an 18.4lb. weight gain. The physicians were not notified of this weight gain.

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

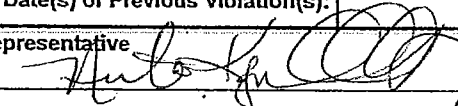
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

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 continued response on Pg. 4A

Repeat Violation: No	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)	<i>Nimita Kapox Atiyeh - President</i>	<i>Co-Admin</i>	Date	<i>5-20-15</i>
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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 - 04/07/2015 - Foulkes, Kimberli
PCH Name: Whitehall Manor

1. REGULATION 55 Pa.Code §2600
2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
On 2/11/15, resident #1 was discharged from the hospital with a diagnosis of Congestive Heart Failure. The resident had a physician's order indicating that the resident is to have a, "Weight Check-weigh daily, call MD if weight gain of 2 or more lbs. in 1 day or 3 or more lbs. in 1 week, worsening SOB, or swelling in your feet or ankles".
On 2/13/15 the resident's weight was 140.2lbs and on 2/14/15 the resident's weight was 144.1lbs. This was a 3.9lb weight gain. During the 7 days from 2/12/15 through 2/18/15 the resident gained 4.6lbs. From 2/12/15 through 2/28/15 the resident had a 9lb weight gain. On 3/18/15 the resident's weight was 151.5lbs and on 3/19/15 the resident's weight was 154lbs. This was a 2.5lb weight gain. On 3/20/15 the resident's weight was 154.1lbs and on 3/21/15 it was 156.5lbs. This was a 2.4lb. weight gain. During the 7 days from 3/15/15 through 3/21/15 the resident gained 3.7lbs. From 3/1/15 through 3/26/15 the resident gained 11.6lbs. From 2/12/15 through 3/26/15 the resident had an 18.4lb. weight gain. The physicians were not notified of this weight gain.

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, and will continue to ensure that Resident Assessment and Support Plans are both reviewed and updated, as necessary.

It is always our goal to be in compliance with all DHS regulations and exceed their expectations as well as our own higher expectations. All med aides will continue to be reminded to follow all prescriber's orders. This is being checked daily at every med pass by the Med Aides and checked daily by Nursing Supervisors and reinforced by Med Trainer/Practicum observers during the quarterly observations all med aides will get a refresher course on following prescribers orders 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: 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 - Ativch		Co-Admin	Date 5-20-15

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.S.</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

K.F.

Violation Report: 21665 - 04/07/2015 - 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

On 2/11/15 resident #1 was discharged from the hospital. The discharge instructions state, "Congestive Heart Failure-If you have been diagnosed with Heart Failure, weigh yourself daily. Call your doctor if you have: a weight gain of 2 or more pounds in one day or 3 or more pounds in a week, worsening shortness of breath or swelling in your feet or ankles."

On 2/12/15 the home updated the resident's RASP with the description of services needed or change as "daily weights" and the plan to meet the newly identified service need or change as, "Resident is to be weighed daily. Observe for signs and symptoms of shortness of breath, fluid build-up, chest pain, edema, weight gain. Notify Dr. and follow orders given." Frequency and responsible party, "daily-direct care staff".

On 2/12/15 the resident was seen by the Cardiologist and the physician visit orders stated, "2) monitor for CHF-Daily weights, watch for signs symptoms"

On 2/27/15 the resident was seen by the Primary Care Physician and the hospital discharge instructions were reviewed from 2/11/15. Per the primary care physician there was no order written to discontinue the order for daily weights and those orders should have been followed.

Per the resident's Medication Administration Record (MAR) the resident had an order originating on 2/11/15 for Weight Check-weigh daily, call MD if weight gain of 2 or more lbs. in 1 day or 3 or more lbs. in 1 week, worsening SOB, or swelling in your feet or ankles.

On 2/13/15 the resident's weight was 140.2lbs and on 2/14/15 the resident's weight was 144.1lbs. This was a 3.9lb weight gain. During the 7 days from 2/12/15 through 2/18/15 the resident gained 4.6lbs. From 2/12/15 through 2/28/15 the resident had a 9lb weight gain. On 3/18/15 the resident's weight was 151.5lbs and on 3/19/15 the resident's weight was 154lbs. This was a 2.5lb weight gain. On 3/20/15 the resident's weight was 154.1lbs and on 3/21/15 it was 156.5lbs. This was a 2.4lb weight gain. During the 7 days from 3/15/15 through 3/21/15 the resident gained 3.7lbs. From 3/1/15 through 3/26/15 the resident gained 11.6lbs. From 2/12/15 through 3/26/15 the resident had an 18.4lb. weight gain. The physicians were not notified of this weight gain.

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

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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 pg. 5A*

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)	<i>[Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Nimita Kaper Arner Pres - Co-Admin</i>	Date	<i>5-20-15</i>
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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)
<i>B.B.</i>	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>K.F.</i>

Violation Report: 21665 - 04/07/2015 - 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

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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 the balance of this violation to be rescinded in regards to Resident #1 due to the following reasons. In Review of medication log blood pressure was stable for a person with congestive heart failure. Resident did follow up with cardiology as ordered, and reviewing Resident #1 weights as whole. Resident #1 did not gain weight drastically but gradually, Dr.'s orders were followed, cardiologist stated CHF-monitor daily weights, observe for signs and symptoms, and when Resident #1 was sent out to the hospital it was due to displaying signs and symptoms. The personal care home was observant to the signs and symptoms to resident #1 which was the reason direct-care-staff sent resident out to the hospital for further evaluation.

Please see Page 5 B

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 Kapoor - Admin Pres

Date 5-20-15

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) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress K.F.
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Violation Report: 21665 - 04/07/2015 - Foulkes, Kimberli
PCH Name: Whitehall Manor

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

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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 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.

Please see continued response on 3C

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/14/2014
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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 Kapoor Ativel - Pres* Date *5-20-15*

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

The above plan of correction is approved as of <u>2/14/15</u> (Date)	Plan of correction implementation status as of <u>7/30/15</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>K.F.</i>
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Violation Report: 21665 - 04/07/2015 - 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
 On 2/11/15 resident #1 was discharged from the hospital. The discharge instructions state, "Congestive Heart Failure-If you have been diagnosed with Heart Failure, weigh yourself daily. Call your doctor if you have: a weight gain of 2 or more pounds in one day or 3 or more pounds in a week, worsening shortness of breath or swelling in your feet or ankles."
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 On 2/12/15 the resident was seen by the Cardiologist and the physician visit orders stated, "2) monitor for CHF-Daily weights, watch for signs symptoms"
 On 2/27/15 the resident was seen by the Primary Care Physician and the hospital discharge instructions were reviewed from 2/11/15. Per the primary care physician there was no order written to discontinue the order for daily weights and those orders should have been followed.
 Per the resident's Medication Administration Record (MAR) the resident had an order originating on 2/11/15 for Weight Check-weigh daily, call MD if weight gain of 2 or more lbs. in 1 day or 3 or more lbs. in 1 week, worsening SOB, or swelling in your feet or ankles. On 2/13/15 the resident's weight was 140.2lbs and on 2/14/15 the resident's weight was 144.1lbs. This was a 3.9lb weight gain. During the 7 days from 2/12/15 through 2/18/15 the resident gained 4.6lbs. From 2/12/15 through 2/28/15 the resident had a 9lb weight gain. On 3/18/15 the resident's weight was 151.5lbs and on 3/19/15 the resident's weight was 154lbs. This was a 2.5lb weight gain. On 3/20/15 the resident's weight was 154.1lbs and on 3/21/15 it was 156.5lbs. This was a 2.4lb. weight gain. During the 7 days from 3/15/15 through 3/21/15 the resident gained 3.7lbs. From 3/1/15 through 3/26/15 the resident gained 11.6lbs. From 2/12/15 through 3/26/15 the resident had an 18.4lb. weight gain. The physicians were not notified of this weight gain.

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.
 It is always our goal to be in compliance with all DHS regulations and exceed their expectations as well as our own higher expectations. All med aides will continue to be reminded to follow all prescriber's orders. This is being checked daily at every med pass by the Med Aides and checked daily by Nursing Supervisors and reinforced by Med Trainer/Practicum observers during the quarterly observations all med aides will get a refresher course on following prescribers orders 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 Kapur - Admin* *Atyeh President* Date *5-20-15*

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) <i>K.F.</i>
	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress

Violation Report: 21665 - 04/07/2015 - Foulkes, Kimberli PCH Name: Whitehall Manor	
1. REGULATION 55 Pa.Code §2600 2600.187(d) - The home shall follow the directions of the prescriber.	
The above plan of correction was approved by <u> B.B. </u> (Initials)	<input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented