



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 03 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' annual licensing inspection on August 6, 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 that reads "Matthew Jones".

Matthew J. Jones
Director

Enclosure
License 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		
C-2 LP	I-1	
06/19/2006	03/04/2015	
L&I	Township of Whitehall	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 305	Waking Staff: 229
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
08/06/2015: Harvey, Jason; Hummel, Jesse; Yellenic, Cindy		
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: 215	Number of Residents who:	
Number of Residents Served: 192	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 192	
Area: Lower level and first floor	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 78	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 57	Have a Mobility Need: 113	
Number of Current Hospice Residents: 11	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 11		

Violation Report: 21665 - 08/06/2015 - Harvey, Jason
 PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The menu located in the 1st floor secured dementia care unit only contained the current weeks menu and not the following weeks menu.

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 rights to appeal pursuant to § 55 Pa. Code 55 Pa. Code 20 et seq. and 2600.263.

The violation was corrected at the time of the inspection in front of the DHS licensing representative. The current menu and the one week advance menu were placed in the 1st floor secure dementia unit. All other 7 dining rooms were in compliance. To ensure continue compliance with 2600.162 (c) all menus in all dining rooms will be checked daily by all dietary staff and or the direct care staff to ensure that all menus are posted containing the current week and 1 week in advance. Administration will also be checking during their weekly walk-through that all menus are posted. Please see the attached photo to ensure compliance with 2600.162 (c).


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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nimita Kapoor - Atiya* *Co-Admin President* Date *9-8-15*

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

The above plan of correction is approved as of 9-9-15
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 9-9-15
 (Date)

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

Violation Report: 21665 - 08/06/2015 - Harvey, Jason
 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, has a diagnosis of Diabetes, and is on a sliding scale for insulin coverage. On the following dates and times the amount of insulin the resident received differed from the amount written in the physician's order for the sliding scale.
 8/5/15 at 7:00am - needed 4 units of insulin - received 6 units
 8/5/15 at 11:00am - needed 6 units of insulin - received 4 units
 8/6/15 at 7:00am - needed 4 units of insulin - received 6 units
 Resident #2 has a prescription for Pronethegan 25mg. suppositories as a PRN. The resident needed a refill, but there were no refills available. The Dr. wrote a new order on 8/3/15; however the prescription was not delivered to the home until 8/6/15.

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 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 rights to appeal pursuant to § 55 Pa. Code 55 Pa. Code 20 et seq. and 2600.263.

In regards to resident #1: Please see the attached following doctor's order that the pcp was notified and approves of the doses given for the sliding scale. Please note that he states that he approves the doses given for the past 4 days for the sliding scale.

To ensure continue compliance the E-MAR Administrator will match all sliding scale orders with the E-MAR and check for proper insulin administration and documentation on the E-MAR on a daily basis. In addition, all med aides were retrained to ensure continued compliance, please see attached training sheet. All orders for all existing and new residents will be followed on every med pass by all med aides.

The balance of the med aides completing the training will be completed within the week.

Admor Designee will perform periodic reviews of the EMars to ensure ongoing compliance. CP. 9-9-15

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Nimita Kone-Ahmed*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nimita Kone-Ahmed President* Date *9-8-15*

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

The above plan of correction is approved as of 9-9-15
 (Date)

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

Plan of correction implementation status as of 9-9-15
 (Date)

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

Violation Report: 21665 - 08/06/2015 - Harvey, Jason
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, has a diagnosis of Diabetes, and is on a sliding scale for insulin coverage. On the following dates and times the amount of insulin the resident received differed from the amount written in the physician's order for the sliding scale.

- 8/5/15 at 7:00am - needed 4 units of insulin - received 6 units
- 8/5/15 at 11:00am - needed 6 units of insulin - received 4 units
- 8/6/15 at 7:00am - needed 4 units of insulin - received 6 units

Resident #2 has a prescription for Pronethegan 25mg. suppositories as a PRN. The resident needed a refill, but there were no refills available. The Dr. wrote a new order on 8/3/15; however the prescription was not delivered to the home until 8/6/15.

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 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 rights to appeal pursuant to § 55 Pa. Code 55 Pa. Code 20 et seq. and 2600.263.

In regards to resident #2: We respectfully disagree with this violation, due to the paper that was given to the Department of Human Services Representative it was the pharmacist requesting a new order for the PRN suppository. (Please see the attached paper) The pharmacist received a verbal order from the physician on 8-6-2015. The PRN suppository was delivered on 8-6-2015 the same day the verbal order was given. Please note the resident #2 has several other suppositories for the same diagnosis. Though we respectfully disagree with this violation we will always ensure continued compliance with this regulation, by all med aides and med aide supervisors checking and rechecking that all medications are in the med cart at every med pass. *Violation remains.*

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Nimita Kapoor-Atiyeh, Co-Admin, President* Date *9-8-15*

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

The above plan of correction is approved as of 10-06-15
(Date)

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

Plan of correction implementation status as of 10-06-15
(Date)

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

Violation Report: 21665 - 08/06/2015 - Harvey, Jason
 PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission for resident #3(DOA [redacted]/2015) was completed on [redacted] 2015 more than 30 days prior to admission to the home.

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 rights to appeal pursuant to § 55 Pa. Code 55 Pa. Code 20 et seq. and 2600.263.

Though we respectfully disagree with this violation, as 20 records were thoroughly reviewed by the Department of Human Services Inspector and no other violations were found. To ensure continued compliance with 2600.224 (a) the admission team will be checking the dates so they are in the 30 day time period for all new move ins. Transfers into and out of the secure dementia unit will also be completed in the required time frame. This will be checked by Admissions and Administration on a daily basis or upon each move in or move around.

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 Kapork - Adm. Pres.* Date *9-8-15*

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

The above plan of correction is approved as of 9-9-15
 (Date)

Plan of correction implementation status as of 9-9-15
 (Date)

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

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