



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 23 2016

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 July 26, 2016 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 "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: WHITEHALL MANOR		License Number: 216650
Address: 1177 SIXTH STREET, WHITEHALL, PA 18052		County: Lehigh
Administrator: Monica Burger / <i>Nimita Kapoor Atiyeh</i>		Region: NORTHEAST
Legal Entity Name: WHITEHALL MANOR INC		
Legal Entity Address: 1177 SIXTH STREET, WHITEHALL, PA 18052		
Certificate(s) of Occupancy		
I-1 03/07/2014 Whitehall Township	C-2 LP 06/19/2006 L&I	
Staffing Hours		
Resident Support: Mon	Total Daily Staff: 265	Waking Staff: 199
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
07/26/2016: Novak, Ryan; Yellenic, Cindy; Dumas, Gerald		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 195 Number of Residents Served: 184 Secured Dementia Care Unit In Home: Yes Area: N/A Secured Dementia Unit Capacity, if Applicable: 78 Number of Residents Served in Secured Dementia Care Unit, If applicable: 54 Number of Current Hospice Residents: 14 Number of Hospice Residents in past year: 41	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 184 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 81 Have a Physical Disability: 2	

Violation Report: 21665 - 07/26/2016 - Novak, Ryan

PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #1, date of admission [redacted] 16, did not sign the home's contract.

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. Please see attached lease. Resident #1 lease had been signed by the Guardian at the time of admission or if the resident refuses it will be documented and initialed. Resident #1 refused to sign the lease at the time of admission and was signed at the time of the inspection.

To ensure continued compliance with regulation 2600.25(b) the facilities' marketing team will make sure all leases are signed prior to admission or within 24 hours of admission. Administration will be checking all leases of new admissions on a weekly basis.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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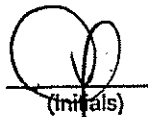
Signature of Legal Entity Representative
(Required on EVERY Page) *Nimita Kapose-Atiyeh*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Nimita Kapose-Atiyeh - Co-Admin, President* Date *8/5/16*

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

The above plan of correction is approved as of 10-4-16
(Date)

Plan of correction implementation status as of 10-4-16
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 21665 - 07/26/2016 - Novak, Ryan

PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Direct care staff person B hired [redacted] 16, Pennsylvania State Police Criminal Background check was incomplete on 5/11/16. The background check came back record for control.

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.

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We respectfully disagree with this violation. Staff member B criminal background check was processed on 5-11-2016. Please see attached. Another criminal background check was processed on 7-26-2016. Please see attached.

To ensure continued compliance with regulation 2600.51 we will continue to process all criminal background checks as indicated in this regulation. This will be checked weekly by Human Resources at orientation. In addition Administration and Human Resources will audit the personnel files regularly to ensure compliance.


Staff member B has a background check completed on 5-12-16, however, the criminal history is dated 08-02-16. The violation stands. Cf. 10-4-16.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page) *Nimta Kapoor - Atiyeh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nimta Kapoor - Atiyeh* *Co-Admin* Date *8/5/16* *President*

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The above plan of correction was approved by  (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 - 07/26/2016 - Novak, Ryan

PCH Name: WHITEHALL MANOR

1. REGULATION, 55 Pa. Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A's initial medication administration training did not include dates the 4 initial medication observations were completed.

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

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Staff member A was observed by the practicum observer. The facilities' observer did not sign off to the observation. Please see attached to ensure compliance.


To ensure continued compliance with regulation 2600.182 (b) the practicum observer will check that all observations are signed and dated. The facility med trainer will check for signatures and dates while overseeing the day observations are completed and the quarterly observations.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 - Cp-Admin Resident* Date *8/5/16*

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Violation Report: 21665 - 07/26/2016 - Novak, Ryan

PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #2 has a physician's order for Metoprolol. The medication expired 7/23/16.

Resident #3 has a physician's order for Advair 250/50. The inhaler was opened on 6-16-16 and was still available for use in the medication cart. The medication has a shelf life of one month after being opened for use.

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

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The violation was corrected at the time of inspection. Resident #3's expired medication was properly disposed of. The new Advair was seen by the licensing representative and was put into use. The Advair was dated with an open date and discard date. Please see attached photo for ensuring compliance.

Resident's #2's Metroprolol was expired and disposed of properly. Resident #2's Metroprolol was reordered on 7-26-2016 by the med aide. Please see attached photo for ensuring compliance.

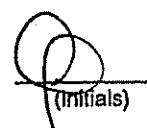
To ensure continued compliance with regulation 2600.183 (d) all med aides will check and recheck on daily basis that all inhaler's are dated with and open date and discard date. The med aides will also check and recheck on a daily basis for expired medications. The Director of Nursing will oversee on a Bi-weekly basis checking that inhaler's are dated and for expired medications.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 - President* Date *8/5/16*

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