



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
Mailing Date: February 9, 2017

Ms. Nimita Kapoor-Atiyeh, President
Whitehall Manor, Inc.
1177 Sixth Street
Whitehall, Pennsylvania 18052

RE: Whitehall Manor
License #216650

Dear Ms. Kapoor-Atiyeh:

As a result of the Department of Human Services' licensing inspection on October 5, 2016 and November 9, 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21665 - 10/05/2016 - Dumas, Gerald
 PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600

2600.44(e) - Within 2 business days after the submission of a written complaint, a status report shall be provided by the home to the complainant. If the resident is not the complainant, the resident and the resident's designated person shall receive the status report unless contraindicated by the support plan. The status report must indicate the steps that the home is taking to investigate and address the complaint.

2a. DESCRIPTION OF VIOLATION

On 8/23/16, daughter of resident # 1 sent a written complaint to the facility requesting a response to concerns regarding the mothers mouth care and transferring/toileting care. The home did not respond to the daughters complaint.

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.

WE STRONGLY DISAGREE with regulation 2600.44e. All verbal/ written complaints that were given from resident #1's daughters were answered in a timely manner as specified in the regulation.

To ensure continue compliance with regulation 2600.44e. The home will continue to respond within 2 business days after receiving a written complaint, a status report will be provided by the home to the complaint and the resident's designated person will receive a status report unless contraindicated by the resident's support plan. The status report will specify the steps that the home is taking to investigate and to deal with the complaint. All written complaint will be addressed to Administration who will be responsible for making sure all written complaints are responded to according to regulation 2600.44e. The Administrator will make sure all complaints are filed in the resident's file and complaint log book.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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* Date *1/19/17*

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

The above plan of correction is approved as of 1-20-17
 (Date)

Plan of correction implementation status as of 1-20-17
 (Date)

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

The above plan of correction was approved by 
 (Initials)

Violation Report: 21665 - 10/05/2016 - Dumas, Gerald
 PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident # 1's initial medical evaluation (D.M.E.) dated [redacted] 16 was a fax/photocopied document. The D.M.E. had pen and ink changes under section (4) Needs Addendum for special health needs, stating "assist with all ADL's special care dining room." The home did not know who made these changes. The content of the D.M.E. cannot be altered without the consent of the person who performed the evaluation.

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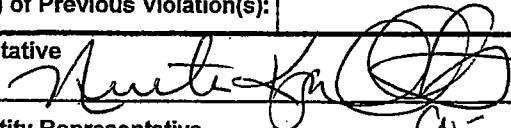
To ensure continued compliance with regulation 2600.141(a) upon resident's admission the Resident Care Coordinator will check and recheck that all the proper information is complete on the medical evaluation. The R.N. or L.P.N. will notify the resident's Primary Care Physician to obtain permission to complete any unanswered sections on the medical evaluation. Administration will be checking all medical evaluations on a daily basis prior to being filed, and will also be checking on weekly basis during state day.

Any unanswered sections, or other issues that require attention, will be signed or initialed by the licensed employee making that change, and the date it is being updated/amended/corrected. P. 1-20-17

Repeat Violation: No

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Violation Report: 21665 - 10/05/2016 - Dumas, Gerald
 PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

On 8/24/2016, staff person A was assigned to the home's feeding room. Staff person A incorrectly delivered the the wrong diet of a meat riblet which caused the resident to cough and turn red. The resident is prescribed a soft diet with ground meat.

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

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As per Resident #1's request her/his meal choice was delivered by Staff person A. Staff person A cut the riblet into tiny pieces. Resident was monitored throughout the entire meal.

To ensure continued compliance all diets will be followed as per physician orders. The Director of nursing will continue to educate direct care/ dietary staff on various diets. Director of Nursing / Resident Care Coordinator will monitor that the ordered diets are being followed during all meals times. The home will continue to conduct trainings annually on various diets/ dysphasia . The home will continue to educate residents and families of the importance of following the diet ordered by the Primary Care Physician. Nursing will notify the Primary Care Physician when a resident choses not to follow the ordered diet.

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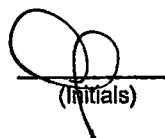
Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Nimita Kapoor - Atiyeh ^{CO} Asst. Dir. Date 1/19/17

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Violation Report: 21665 - 10/05/2016 - Dumas, Gerald
 PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident # 1 was prescribed Solanpas. On 7/28/16 the medication administration record for resident # 1 apply patch to lower back daily- (On for 12 hours, off for 12 hours) was not initialed. The Solanpas was not removed at 8:00 p.m.


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Once a patch is discontinued prior to its removal time the EMAR system does not allow for the med aide to initial for the removal time.

To ensure continued compliance with regulation 187 (a) the med-aide will follow all discontinued orders and a progress note will be written within the EMAR System reflecting the time of the patch removal. Med-aide will continue to check the EMAR on a daily basis and on all shifts. The EMAR Administrator will check and recheck all doctor's orders on weekly basis.

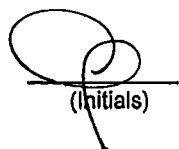
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Nimita Kapoor ^{CN} Atty or Admin Date 1/19/17

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Violation Report: 21665 - 10/05/2016 - Dumas, Gerald
 PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident # 1's initial assessment and support plan (R.A.S.P.) dated [redacted]/16 incorrectly indicated that resident # 1 is using a brace on the right leg rather than the left leg.

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

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Respectfully we strongly disagree, there was a minor typographical error on page 11. Throughout the RASP the accurate information is there. With the correct information about the leg brace. Even the licensed representative concurred that this was a typographical error. All information was correct throughout the Rasp and as well as on the resident #1 assignment sheet.

To ensure continued compliance with regulation 2600.225(a) the Resident Care Coordinator will continue to complete the RASP and continue to check and recheck all information in the RASP.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Nimita Kapoor - Admin

Printed Name and Title of Legal Entity Representative
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Nimita Kapoor - Admin

Date *1/19/17*

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Violation Report: 21665 - 10/05/2016 - Dumas, Gerald
PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600
2600.228(h) - The only grounds for discharge or transfer of a resident from a home are for the following conditions:
 (1) If a resident is a danger to himself/herself or others.
 (2) If the legal entity chooses to voluntarily close the home, or a portion of the home.
 (3) If a home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person disagrees with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/mental retardation program or drug and alcohol program, for assistance. The administrator shall also contact the Department's personal care home regional office.
 (4) If meeting the resident's needs would require a fundamental alteration in the home's program or building site, or would create an undue financial or programmatic burden on the home.
 (5) If the resident has failed to pay after reasonable documented efforts by the home to obtain payment.
 (6) If closure of the home is initiated by the Department.
 (7) Documented, repeated violation of the home rules.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 was admitted to the home on [redacted] 16. The Assessment performed by the home upon admission described the resident as "total assist with daily care and a 2 person assist with transfers". On 08/24/16 the home notified the resident in writing of a 30 notice to discharge the resident due to "several care issues as per your request that are contrary to your doctor's orders".
 There is no evidence of any requests made by the resident or the family that are contrary to doctors' orders.
 There is also no evidence that the complexity of the resident's care changed between the completion of the Resident Assessment and Support Plan completed on 07/04/16 and the date of the 30 day notice, or that the home could no longer meet his/her needs. At the time of the resident's discharge, the care described in the home's "Care Plus Services" described the care the resident was assessed to need and the care the resident was actually receiving.
 The home did not meet any one of the seven criteria described in the regulation as grounds for discharge by the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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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 Admin.* Date *1/25/17*

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The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
<i>See p 7B g 7.</i>	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by _____ (Initials)	

Violation Report: 21665 - 10/05/2016 - Dumas, Gerald
PCH Name: WHITEHALL MANOR

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 (4) If meeting the resident's needs would require a fundamental alteration in the home's program or building site, or would create an undue financial or programmatic burden on the home.
 (5) If the resident has failed to pay after reasonable documented efforts by the home to obtain payment.
 (6) If closure of the home is initiated by the Department.
 (7) Documented, repeated violation of the home rules.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 was admitted to the home on [redacted] 16. The Assessment performed by the home upon admission described the resident as "total assist with daily care and a 2 person assist with transfers". On 08/24/16 the home notified the resident in writing of a 30 notice to discharge the resident due to "several care issues as per your request that are contrary to your doctor's orders".
 There is no evidence of any requests made by the resident or the family that are contrary to doctors' orders.
 There is also no evidence that the complexity of the resident's care changed between the completion of the Resident Assessment and Support Plan completed on 07/04/16 and the date of the 30 day notice, or that the home could no longer meet his/her needs. At the time of the resident's discharge, the care described in the home's "Care Plus Services" described the care the resident was assessed to need and the care the resident was actually receiving.
 The home did not meet any one of the seven criteria described in the regulation as grounds for discharge by 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 include dates by which the steps will be completed.
WE STRONGLY DISAGREE though the 30 day notice did not specify all the reasons for discharge. there were several care meetings with the POA's where these issues were discussed. For example, resident #1 was assessed as a two person assist. Resident #1 was persuaded by the POA to transfer with the assist of one staff. This was brought to the home's attention, this is a very unsafe practice and could have resulted in a serious injury to resident #1 and /or staff members. The second example resident #1

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The above plan of correction is approved as of <u>2-3-17</u> (Date)	Plan of correction implementation status as of <u>2-3-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

Violation Report: 21665 - 10/05/2016 - Dumas, Gerald
PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600

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2a. DESCRIPTION OF VIOLATION

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There is no evidence of any requests made by the resident or the family that are contrary to doctors' orders.

There is also no evidence that the complexity of the resident's care changed between the completion of the Resident Assessment and Support Plan completed on 07/04/16 and the date of the 30 day notice, or that the home could no longer meet his/her needs. At the time of the resident's discharge, the care described in the home's "Care Plus Services" described the care the resident was assessed to need and the care the resident was actually receiving.

The home did not meet any one of the seven criteria described in the regulation as grounds for discharge by the home.

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was influenced not to follow his/her physician ordered diet. Resident #1 was fed inappropriate food by the POA which caused resident #1 to choke, resident #1 was again influenced by POA not to seek medical attention and signed the ambulance refusal form.

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Nimita Kapoor-Ativch Admin.		1/25/17

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Please see p 7B97	<input type="checkbox"/> Fully Implemented
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To ensure continue compliance after meeting with a resident and resident's POA and addressing the issue or issues / exhausting all efforts to resolve all issues that could lead to a 30 day notice to discharge. If the home is unable to resolve the issues or to meet the resident's care needs. The home will (as the home did in this instance called Area Agency on Aging and got advise), in addition the home will call

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2600.228(h) - The only grounds for discharge or transfer of a resident from a home are for the following conditions:

- (1) If a resident is a danger to himself/herself or others.
- (2) If the legal entity chooses to voluntarily close the home, or a portion of the home.
- (3) If a home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person disagrees with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/mental retardation program or drug and alcohol program, for assistance. The administrator shall also contact the Department's personal care home regional office.
- (4) If meeting the resident's needs would require a fundamental alteration in the home's program or building site, or would create an undue financial or programmatic burden on the home.
- (5) If the resident has failed to pay after reasonable documented efforts by the home to obtain payment.
- (6) If closure of the home is initiated by the Department.
- (7) Documented, repeated violation of the home rules.

2a. DESCRIPTION OF VIOLATION

Resident # 1 was admitted to the home on [redacted] 16. The Assessment performed by the home upon admission described the resident as "total assist with daily care and a 2 person assist with transfers". On 08/24/16 the home notified the resident in writing of a 30 notice to discharge the resident due to "several care issues as per your request that are contrary to your doctor's orders".

There is no evidence of any requests made by the resident or the family that are contrary to doctors' orders.

There is also no evidence that the complexity of the resident's care changed between the completion of the Resident Assessment and Support Plan completed on 07/04/16 and the date of the 30 day notice, or that the home could no longer meet his/her needs. At the time of the resident's discharge, the care described in the home's "Care Plus Services" described the care the resident was assessed to need and the care the resident was actually receiving.

The home did not meet any one of the seven criteria described in the regulation as grounds for discharge by 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.

Bureau of Human Services Licensing for any further ideas and will communicate with the resident's primary care physician. Administration and nursing will work together to ensure continued compliance with regulation 2600.228(h), this will be done on a regular basis.

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 Admin.

Date

1/25/17

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

The above plan of correction is approved as of 2-3-17
(Date)

Plan of correction implementation status as of 2-3-17
(Date)

The above plan of correction was approved by

[Handwritten initials]
(Initials)

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