



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
Mailing Date: January 13, 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 December 12, 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 - 12/12/2016 - Hummel, Jesse
 PGH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the facility on [redacted] 16. The facility noted that the resident had bruising to the face and arms. The resident's appearance and hygiene were very poor. Feces was noted under the resident's finger nails. The facility had concerns of neglect, however failed to submit a mandatory abuse report to the local Area Agency on Aging until 12/1/16.

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 respectfully disagree with this violation. Resident Care Coordinator notified Crisis (this person also worked for Area Agencies on Aging) via phone. Crisis was immediately notified of the resident's poor condition and behaviors upon admission from another personal care facility. Resident Care Coordinator was NOT directed to complete a written report as it is usually instructed to do so. Due to the home's concerns of resident #1 poor condition upon admission from another personal care facility, the home performed proper care on resident #1 and within two hours of Resident #1's admission, Resident #1 was sent out by the home to the hospital for further evaluation. Due to this being thanksgiving vacation the home notified The Director of Licensing after the holiday by phone.

To ensure continued compliance with regulation 2600.15a all staff will continue to follow the mandatory reporting Act 13. When calling in a report to Crisis/Area Agencies on Aging and not being instructed to complete the Act 13 reporting as it occurred in this case, going forward home will continue to complete written report, and will call Department Of Human Services via phone and complete written report within 24 hours. Administration will complete the written report.

Mandatory reporting training is completed with all new hires, annually and as needed. January 6, 2017 the facility will be conducting their reportable incident reporting for Department of Human Service and mandatory Act 13 reporting for all staff.

Montal heads of 1-12-17

Administrator will oversee to ensure on going compliance. CP 1-12-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nimita Kapoor - Attych, Admin* Date *12/12/16*

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

The above plan of correction is approved as of 1-12-17 (Date)

Plan of correction implementation status as of 1-12-17 (Date)

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

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

REGULATION 55 Pa.Code §2600

300.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the facility on [redacted] 16. The facility noted that the resident had bruising to the face and arms. The resident's appearance and hygiene were very poor. Feces was noted under the resident's finger nails. The facility had concerns of neglect, however failed to submit an incident report to the Department until 12/1/16.

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. Resident Care Coordinator notified Crisis (this person also worked for Area Agencies on Aging) via phone. Crisis was immediately notified of the resident's poor condition and behaviors upon admission from another personal care facility. Resident Care Coordinator was NOT directed to complete a written report as it is usually instructed to do so. Due to the home's concerns of resident #1 poor condition upon admission from another personal care facility, the home performed proper care on resident #1 and within two hours of Resident #1's admission, Resident #1 was sent out by the home to the hospital for further evaluation. Due to this being thanksgiving vacation the home notified The Director of Licensing after the holiday by phone.

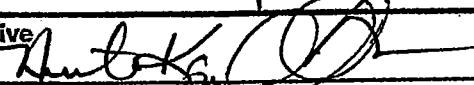
Mounted
 health
 CL
 1-12-17

To ensure continued compliance with regulation 2600.16c all staff will continue to follow the mandatory reporting Act 13. When calling in a report to Crisis/Area Agencies on Aging and not being instructed to complete the Act 13 reporting as it occurred in this case, going forward home will continue to complete written report, and will call Department Of Human Services via phone and complete written report within 24 hours. Administration will complete the written report. Adm will oversee to insure ongoing compliance.

CL - 1-12-17

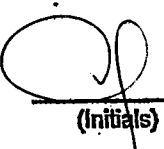
Mandatory reporting training is completed with all new hires, annually and as needed. January 6, 2017 the facility will be conducting their reportable incident reporting for Department of Human Service and mandatory Act 13 reporting for all staff.

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) *Nimita Kapoor-Atyee* *Cc-Adm* Date *12/30/16*

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

The above plan of correction is approved as of <u>01-12-17</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>1-12-17</u> (Date) <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
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1. REGULATION 55 Pa.Code §2600

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the facility on [redacted] 16, on a two week respite stay. The facility developed a contract on [redacted] 16 which expired on [redacted] 16. On the day of the inspection it was determined that the facility failed to develop an additional resident home contract as the previous respite contract expired.

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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The power of attorney renewed resident #1's respite lease on [redacted] 2016 for 30 days. Please see attached respite lease. To ensure compliance with regulation 2600.25(a)(1) marketing will be using a calendar to keep track of respite stays when they are to be renewed. Marketing and the administrative assistants will be checking the calendar on a daily basis checking to see who's lease needs to be renewed and following up with the resident and the power of attorney/guardian.


Adm will oversee to ensure ongoing compliance. Q. 1-12-17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nimita Kapoor Atty-in-Charge - Co Admin* Date *12/30/16*

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REGULATION 55 Pa. Code §2600

300.141(a)(2) - The medical evaluation must include the following: (1) through (10)

a: DESCRIPTION OF VIOLATION

The medical evaluation completed for resident #1 on [redacted] 16 does not include the resident's date of birth or the resident's Health status.

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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This violation was corrected at the time of the inspection. Please see attached medical evaluation. Resident #1 medical evaluation has been corrected by the home's L.P.N. with the permission of the resident's primary care physician.

To ensure continued compliance with regulation 2600.141 a2 upon admission the Resident Care Coordinator will check and recheck that all the proper information is checked off for each box on the medical evaluation. The R.N. or L.P.N. will notify the resident's doctor 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.

Administrator will oversee to ensure ongoing compliance. Op. 1-12-17

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 - Administrator

Date 12/30/16

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(Date)

Plan of correction implementation status as of 1-12-17
(Date)

The above plan of correction was approved by

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- Partially Implemented - Inadequate Progress
- Not Implemented

REGULATION 55 Pa.Code §2600

600.187(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

The Medication Administration REcord (MAR) for resident #1 doe snot indicate a diagnosis or purpose for the following medications: Quetiapine Fumarate 50mg, Simvastatin 20mg or Lorazepam .5mg.

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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This violation was corrected at the time of inspection. Please see attached MAR. Resident #1 pharmacy was notified of three medications: Simvastatin 20 mg, lorazepam 0.05 g tablet and Quetiapine Fumarate 50 mg Tab that did not have diagnosis's on resident #1 MAR. December 12, 2016 the pharmacy added the diagnosis's to resident #1 MAR. Administrator will insure a process is in place to have dx/purpose noted on all resident MARs for every R ordered. 1-12-17 This will assist in ensuring ongoing compliance. 01-12-17

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 - Atty-in-fact Date 12/30/16

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Plan of correction implementation status as of 1-12-17 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

I. 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

The Medication Administration Record (MAR) for resident #1 does not indicate a diagnosis or purpose for the following medications: Quetiapine Fumarate 50mg, Simvastatin 20mg or Lorazepam .5mg.

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 with regulation 2600.187a upon admission and on a daily basis the EMAR Administrator will check and recheck the EMAR prepared by the pharmacy that all medications are listed per doctor orders and that each medication contains all the information in regulation 2600.187a. The med aide will check the EMAR on a daily basis that each medication contains all information in regulation 2600.187a.

Adm will conduct periodic reviews of mar's to ensure ongoing compliance. DE 1-12-16

Repeat Violations No.	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nimita Kapoor - Adm* Date *12/30/16*

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The above plan of correction is approved as of _____ (Date)

See page 6 of 7

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of _____ (Date)

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- Partially Implemented - Inadequate Progress
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1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the facility's secured dementia care unit on [redacted] 16. The resident's Medical evaluation completed on [redacted] 16 does not indicate the resident requires secured care.

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

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This violation was corrected at the time of the inspection. Please see attached medical evaluation. Resident #1 medical evaluation has been corrected by facilities L.P.N. with the permission of the resident's primary care physician.

To ensure continued compliance with regulation 2600.231(b) upon admission the Resident Care Coordinator will check and recheck that all the proper information is checked off for each box on the medical evaluation. The R.N. or L.P.N. will notify the resident's doctor to obtain permission to complete any unanswered sections on the medical evaluation. Administration will be checking all medical evaluations prior to being filed.

The Administrator will oversee to ensure ongoing compliance. CP, 1-12-17

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 Kora - Admin Date 12/30/16

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Plan of correction implementation status as of 1-12-17 (Date)

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