



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 11 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' annual licensing inspection on August 1, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "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: 21665
Address: 1177 SIXTH STREET, WHITEHALL, PA 18052		County: Lehigh
Administrator: Monica Burger/ Nimita Kapoor-Atiyeh		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	03/28/2017	
Department of L&I	Township of Whitehall	
Staffing Hours		
Resident Support: NM	Total Daily Staff: 267	Waking Staff: 200
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
08/01/2017: Hummel, Jesse; Foulkes, Kimberli; O'Haire, Anne		
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: 187 Secured Dementia Care Unit in Home: Yes Area: First Floor and Lower Level Wings Secured Dementia Unit Capacity, if Applicable: 78 Number of Residents Served in Secured Dementia Care Unit, if applicable: 53 Number of Current Hospice Residents: 28 Number of Hospice Residents in past year: 69		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 187 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 80 Have a Physical Disability: 2

Violation Report: 21665 - 08/01/2017 - Hummel, Jesse
 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
 Staff person A was hired on 2/23/17. The facility did not complete a Pennsylvania State Police Criminal History Background Check until 7/19/2017.

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.

Please see the attached document labeled 2A that Human Resources uses to ensure compliance with regulation 2600.51. (All other required documentation is checked on another form and completed prior to hire.) To ensure continued compliance with regulation 2600.51 the PA State Police Criminal History Background Check will be completed on all new hires prior to hire.

Administration and Human Resource will be checking weekly on all new hire background checks at orientation.

The Administrator will oversee to ensure ongoing compliance. Cp. 8-30-17

documents provided

Repeat Violation: Yes _____ Date(s) of Previous Violation(s): 07/26/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Nimita Kapra - Attych*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nimita Kapra - Attych, President* Date *8/16/17*

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

The above plan of correction is approved as of 8-30-17 (Date)

Plan of correction implementation status as of 8-30-17 (Date)

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

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

Violation Report: 21665 - 08/01/2017 - Hummel, Jesse

PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

Based on the number of residents residing at the facility, the facility is required to maintain a minimum of four staff working in the building at all times that have current training in First Aid and CPR. On 7/16/17 from 11:00pm to 7:00am the following day, the facility had only three people working in the building with current training in First Aid and CPR. On 7/19/17 from 11:00pm to 12:15am the following day, the facility had only three people working in the building with current training in First Aid and CPR.

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

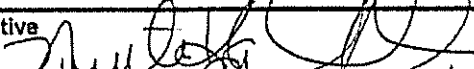
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

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To ensure continued compliance with regulation 2600.63 (a) the CPR instructor will setup a class as needed to make sure all direct care staff on the 11-7 shift are trained and certified. This will be checked on a daily basis by the Assistant Director of Nursing during schedule completion.

The Administrator will oversee to ensure ongoing completion. OP. 8-30-17

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)	Date
Nimra Kapor - President	8/16/17

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Violation Report: 21665 - 08/01/2017 - Hummel, Jesse
 PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed the courtyard gate located in the upper secured dementia care unit courtyard. The gate is equipped with a magnetic locking mechanism. The gate has a keypad to operate the magnetic lock, however the code/directions to operate the keypad is not posted at or near the device.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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This was corrected at the time of inspection. The code was changed and all locations were updated except that one, so we did it asap when it was brought to our attention.

To ensure continued compliance all the codes / directions will be immediately updated when the code is changed. Administration, maintenance and supervisors will be checking on a regular basis to ensure continued compliance with regulation 2600.233 (c).

The Administrator will oversee to ensure ongoing compliance. 8-30-17

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 - Atty-Admin / President* Date *8/16/17*

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