



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 21 2018

Ms. Nimita Kapoor-Atiyeh  
President  
Bethlehem Manor Senior Living LLC  
1177 Sixth Street  
Whitehall, Pennsylvania 18052

RE: Bethlehem Manor  
815 Pennsylvania Avenue  
Bethlehem, Pennsylvania 18018  
License #: 226840

Dear Ms. Kapoor-Atiyeh:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 24, 2018 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](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,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: BETHLEHEM MANOR		License Number: 22684
Address: 815 PENNSYLVANIA AVENUE, BETHLEHEM, PA 18018		County: Lehigh
Administrator: Monica Burger / <i>Megan Kholi (CMA) 5/8/18</i>		Region: NORTHEAST
Legal Entity Name: BETHLEHEM MANOR SENIOR LIVING LLC		
Legal Entity Address: 1177 SIXTH STREET, WHITEHALL, PA 18052		
Certificate(s) of Occupancy I-2 04/11/2017 L&I		
Staffing Hours	Total Daily Staff: 73	Waking Staff: 55
Resident Support: 0	BHA Docket Number:	Notice: Unannounced
Type of Inspection: Full		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/24/2018: Novak, Ryan; Foulkes, Kimberli		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 75 Number of Residents Served: 43 Secured Dementia Care Unit in Home: Yes Area: 2nd Floor Secured Dementia Unit Capacity, if Applicable: 36 Number of Residents Served in Secured Dementia Care Unit, if applicable: 14 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 43 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 30 Have a Physical Disability: 0	

Violation Report: 22684 - 04/24/2018 - Novak, Ryan  
 PCH Name: BETHLEHEM MANOR

**1. REGULATION 55 Pa. Code §2600**  
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

**2a. DESCRIPTION OF VIOLATION**

The laundry room located on the 2nd floor was unlocked and accessible at approximately 10:42am. The room contained 7 bottles of Clorox Clean up labeled "If swallowed contact the poison control center or doctor for treatment advice. 11 bottles of Pro Link Bowl cleaner labeled "harmful if swallowed." The residents reside on the homes secured dementia unit and are unable to safely identify and handle poisonous materials.

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

This was CORRECTED at the time of inspection. The door was immediately locked as it is normally locked.

To ensure continued compliance with regulation 2600.82 (c) all staff on all shifts will continue to check that the laundry door is locked at all times. A sign has been placed on the laundry door to ensure compliance with regulation 2600.82 (c). The staff will be checking daily on all shifts. Administration, maintenance and nursing supervisor will be also checking daily.

*The Administrator will oversee to ensure ongoing compliance. (Signature)*

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) <i>Nimita Kapoor - Director</i>	
Date	<i>5/8/18</i>

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

The above plan of correction is approved as of <u>5-17-18</u> (Date)	Plan of correction implementation status as of <u>5-17-18</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: 22684 - 04/24/2018 - Novak, Ryan  
 PCH Name: BETHLEHEM MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

**2a. DESCRIPTION OF VIOLATION**  
 On 4/24/18, at 10:47am, the temperature of the steam table in the SCDU dining area measured 145.9 degrees Fahrenheit. There were no protective guards in place to prevent residents from coming in contact with the steam table.

**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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CORRECTED at the time of inspection. The steam table was turned off. Protective steam table covers have been ordered to ensure compliance. In the mean time dietary, nursing and administration are checking the steam table at each meal to ensure compliance with the regulation 2600.84.

To ensure continued compliance with regulation 2600.84 the serving staff will check at all meals that all steam table are not left unattended and do not exceed 120 degrees. All steam tables will be covered with the protective steam table covers. Administration will be checking daily to ensure compliance with regulation 2600.84.

*Administration Administrator will oversee to ensure ongoing compliance. ☺*

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) <i>Nimita Kapoor - Atiyeh, President</i> Date <i>5/8/18</i>		
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
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Violation Report: 22684 - 04/24/2018 - Novak, Ryan  
 PCH Name: BETHLEHEM MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

**2a. DESCRIPTION OF VIOLATION**  
 2 windows were open in the 2nd floor dining room, the windows did not contain screens allowing for the penetration of insects.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**  
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CORRECTED at the time of the inspection. The window was immediately closed. The building is cooled by central air. Though the building is cooled by central air if a resident would like a window open window screens will be put in place.

To ensure continued compliance with regulation 2600.92 all staff will check daily that all windows are closed or that screens are in place for any open window. Administration will also check on a daily basis that all window are closed or that screens are in place for any open window to ensure compliance with regulation 2600.92.

*Administrator will oversee to ensure ongoing compliance. Q*

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

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 - Admin*      Date *5/8/18*

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 (Date)

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

Plan of correction implementation status as of 5-17-18  
 (Date)

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

Violation Report: 22684 - 04/24/2018 - Novak, Ryan  
 PCH Name: BETHLEHEM MANOR

1. REGULATION 55 Pa.Code §2600 -  
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The employee exit which exits to the parking lot does not immediately open when pushed upon after the magnetic lock is disengaged, preventing immediate egress in the event of an emergency.

The exit doors of the first floor of the building which is not a secured dementia unit has magnetic locks on the exit doors. The codes to operate the doors are posted near the keypads. Resident #1 and Resident #2 were unable to operate the keypads to exit the building, preventing immediate egress. It has been determined that the main exit of the building is locked after the receptionist leaves for the day around 5pm, the residents would have to operate the keypad to exit the building at this time.

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 on 4-26-2018 and an email with pictures ensuring compliance was sent to BHSL to the Northeast Regional Director. As requested, all mag locks on the lower level were disengaged allowing egress from all lower level doors in the building.

To ensure continued compliance with regulation 2600.121 (a) Administration and maintenance will check all doors daily ensuring that all egress routes from the building are unlocked.

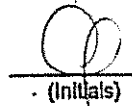
*Administrators will advise to ensure ongoing compliance. ☺*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nimita Kapre-Ativen*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Nimita Kapre-Ativen, President*      Date *5/8/18*

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Violation Report: 22684 - 04/24/2018 - Novak, Ryan  
 PCH Name: BETHLEHEM 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 #3's Aspirin expired 7/17.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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CORRECTED at the time of inspection. Resident #3's Aspirin was properly disposed of. Resident #3's Aspirin was reordered on 4-24-2018. Please see the attached invoice from Sacred Heart Pharmacy to ensure compliance.

To ensure continued compliance with regulation 2600.183 (d) all med aides will continue to check the medications of the residents on a daily basis. Administration will also check the med carts on a weekly basis to ensure continued compliance.

*Administration will oversee to ensure ongoing compliance. (D)*

*Please see page 6A -  
 supporting document not attached*

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) *William H. Kopyce - Atty, President*      Date *5/8/18*

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 (Date)

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

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 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented