



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
Mailing Date: October 11, 2018

Ms. Nimita Kapoor-Atiyeh
Co-Administrator/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's Bureau of Human Services Licensing inspection on August 29, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Bob Bisignani".

Bob Bisignani
Human Services Licensing Director

Enclosure
Licensing 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: Nimita Kapoor-Atiyeh	<i>Nimita Kapoor-Atiyeh</i>	
Legal Entity Name: WHITEHALL MANOR INC		Region: NORTHEAST
Legal Entity Address: 1177 SIXTH STREET, WHITEHALL, PA 18052		
Certificate(s) of Occupancy		
C-2 LP	I-1	
06/19/2006	03/28/2017	
L&I	Township of Whitehall	
Staffing Hours		
Resident Support: 189	Total Daily Staff: 473	Waking Staff: 355
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site		
08/29/2018: Bomberger, Cybil; DeVries, Kristin		
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 who:	
Number of Residents Served: 189	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 189	
Area:	Have Mental Illness: 3	
Secured Dementia Unit Capacity, if Applicable: 78	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 56	Have a Mobility Need: 95	
Number of Current Hospice Residents: 24	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 60		

Violation Report: 21665 - 08/29/2018 - Bomberger, Cybil
 PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600.2600.225(d) - If the resident's physician or appropriate assessment agency determines that the resident requires a higher level of care, a plan for placement shall be made as soon as possible by the administrator in conjunction with the resident or designated person, or both.

2a. DESCRIPTION OF VIOLATION
 On 7/25/18, Resident #1 was determined to need a skilled nursing level of care by the Lehigh Valley Area Agency on Aging. The home had not developed a placement plan for the resident at time of inspection.

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

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 the requirements under state law. The personal care home reserved any and all applicable rights to appeal pursuant to §55 Pa. Code 20 et seq. and 2600.263.

The home tried on several occasions to contact resident #1's POA via phone and email to set up a care meeting to discuss the level of care assessment however the POA continued to ignore the efforts made by the home. When the department representatives came to the home on 8/29/2018 a plan had not been fully or formally implemented.

To ensure continued compliance with regulation 2600.225(d), the home will issue a 30 day notice based on the primary care physician and/or Lehigh County Area Aging on Aging assessment. A 30 day notice will be sent to the responsible party via certified mail and regular mail. The home will also assist with placement of the resident into another facility. Administration will continue to follow up with the responsible party and document all attempts to ensure 30 day noticed was received and to answer any questions her/she may have.

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)		Date	
Nirita Kapoor - Adm. Pres.		9/25/18	

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The above plan of correction is approved as of <u>10/1/18</u> (Date)	Plan of correction implementation status as of <u>10/1/18</u> (Date)
The above plan of correction was approved by <u>B.S.</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 - 08/29/2018 - Bomberger, Cybil
 PCH Name: WHITEHALL MANOR

1. REGULATION 55 Pa.Code §2600
 2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION
 Resident #1's most recent support plan, dated 6/30/18, was not updated timely to reflect the need for staff to complete 30-minute checks for this resident.

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.

The home respectfully disagrees with this violation the support plan was updated and initialed to reflect the need for the personal care aide staff to complete 30-minute checks on Resident #1.

To ensure continued compliance with regulation 2600.234 (d), Administrative staff will update the support plan with-in 5 days to reflect checks are to be completed on resident. The nursing supervisor will ensure checks are documented on resident, and Administration will oversee to ensure on going compliance.

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 - Atiyeh, Pres. & Admin	Date 9/25/18
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