



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: March 6, 2019

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 inspection on January 15, 2019 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 22684 - 01/15/2019 - DeVries, Kristin

PCH Name: BETHLEHEM MANOR

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
The medical evaluation (DME) for Resident #1, dated 1-8-19, does include the resident's health status or cognitive functioning.

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.

The medical evaluation (DME) for resident #1 was updated with the resident's health status/cognitive functioning by the primary care physician on January 16, 2019. Please see attached.

To ensure compliance with regulation 2600.141 (a)(2) Administration will review all DME's once received and notify physician of any incomplete areas to be completed immediately. Administration will be checking all medical evaluations on daily basis and weekly during our internal audit days.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Nimita Kapoor - Atiyca

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Nimita Kapoor - Atiyca, President

Date *2/14/19*

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

The above plan of correction is approved as of 2-19-19
(Date)

Plan of correction implementation status as of 2-19-19
(Date)

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

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

Violation Report: 22684 - 01/15/2019 - DeVries, Kristin
 PCH Name: BETHLEHEM 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

It was determined through staff interviews that Resident #2 can be aggressive to staff and is combative during ADL's. The resident's assessment and support plan (RASP), completed on 6-11-18, has not been updated to reflect the resident's behaviors or care needs.

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.

The Support Plan (RASP) for resident #2 was updated to reflect the resident's behaviors/care needs by the Administrator Assistant on January 15, 2019. Even though, the behaviors and care needs are being met. Please see attached.

To ensure compliance with regulation 2600.234(d) the direct care staff will be reminded that all behaviors or changes with all residents shall be reported to the med aide immediately to follow proper procedures, as needed. Administration will review all RASP's once completed to ensure all behaviors /care needs have been noted. Administration will be checking that all RASP are updated on a daily basics and weekly during our internal audit days.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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, President* Date *2/14/19*

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

The above plan of correction is approved as of <u>2-19-19</u> (Date)	Plan of correction implementation status as of <u>2-19-19</u> (Date)
The above plan of correction was approved by <u>MM</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