



Sent via email to: natiyeh@yahoo.com
MAILING DATE: June 3, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 12, 2020 and April 14, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *WHITEHALL MANOR*

License Number: *21665*

Address: *1177 SIXTH STREET, WHITEHALL, PA 18052*

County: *LEHIGH*

Region: *NORTHEAST*

Administrator

Name: *Sanlima Washiekh*

Phone: *6104033500*

Email: *NATIYEH@YAHOO.COM*

Legal Entity

Name: *WHITEHALL MANOR, INC.*

Address: *1177 SIXTH STREET, WHITEHALL, PA, 18052*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *284*

Waking Staff: *213*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

Inspection Dates and Department Representative

03/12/2020 - Off-Site: Ann O'Haire, Pam Harris

04/14/2020 - Off-Site: Ann O'Haire

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *195*

Residents Served: *189*

Secured Dementia Care Unit

In Home: *Yes*

Area: *secured units*

Capacity: *78*

Residents Served: *56*

Hospice

Current Residents: *36*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *189*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *95*

Have Physical Disability: *0*

16c - Written Incident Report

Regulations

2600.

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 § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1's son reported to the home on or about 02/21/20 that the resident had made an allegation that an unknown male staff person fondled her breast and threatened to cut her if she reported the issue. The home contacted the local Area Agency on Aging regarding this incident but did not report this incident to the Department.

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 Pa. Code 20 et seq. and 2600.263.

We strongly disagree with this violation. Administration called Area Agency on Aging, and to inquire whether an incident is reportable or not. Area Agency on Aging representative asked to speak to resident #1 in the presence of Administration and while speaking with to resident #1, Resident #1 expressed to the representative that it was a dream, and that she feels safe and happy in her home. Area Agency on Aging representative stated this incident is not reportable.

Legal Entity Representative

Nimita Kapour-Atyeh
Signature

Nimita Kapour-Atyeh
Co-Admin / Promoter
5/14/2020
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

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

Plan of correction implementation status as of _____
(Date)

- Implemented
- Not Implemented

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

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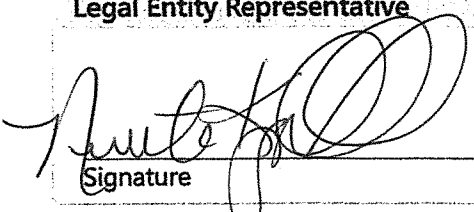
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To ensure continued compliance with Regulation 2600.16c, Administration will call both Department of Human Services and Area Agency on Aging to inquire if an incident is reportable or not. Administration will continue to follow proper reporting procedures to Department Of Human Services and Area Agency on Aging. Administration will ensure all written reports are sent within 24 hours.

Legal Entity Representative



Signature

Nunita Kogor - Atty-R

Printed Name and Title

Co-Admin / President
5/14/2022

Date

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The above plan of correction is approved as of 5-29-2020
(Date)

Plan of correction implementation status as of 5-29-2020
(Date)

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

Implemented
 Not Implemented