

Department of Human Services  
Bureau of Human Service Licensing

December 14, 2021

[REDACTED], PRESIDENT

RE: WHITEHALL MANOR  
1177 SIXTH STREET  
WHITEHALL, PA, 18052  
LICENSE/COC#: 21665

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/21/2021, 09/22/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *WHITEHALL MANOR* License #: *21665* License Expiration:  
Address: *1177 SIXTH STREET, WHITEHALL, PA 18052*  
County: *LEHIGH* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *05/19/2006* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *248* Waking Staff: *186*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Incident* Exit Conference Date: *09/22/2021*

**Inspection Dates and Department Representative**

09/21/2021 - On-Site: [REDACTED]

09/22/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *195* Residents Served: *158*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *1st and 2nd flr* Capacity: *78* Residents Served: *44*

**Hospice**

Current Residents: *32*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *158*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *90* Have Physical Disability: *0*

Inspection Dates and Department Representative (*continued*)

Inspections / Reviews

09/21/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/07/2021*

11/15/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/19/2021*

09/21/2021 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

## 81b - Resident Personal Equipment

## Physical Site

## 1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

## Description of Violation

Resident Room #A-9 -Resident's bed had an enabler bar with no cover.

Resident room [REDACTED] -Resident #1's Bed had an enabler bar with no cover.

The enabler bars were approximately 8 inches wide by 6 inches deep which may entrap resident's head or limbs.

## Plan of Correction

**Accept**

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. To ensure continued compliance with Regulation 2600.81.b. All staff including LPN, Med-aide, and Personal Care aides will continue to follow assignment sheet/RASP, and cover the enabler bar in resident A and Resident B room at all times. Staff will continue to check and recheck that the enabler bar in resident's room is covered on every shift. Nursing Supervisors will oversee by doing room walk around on a daily basis with every shift. 7a-3p, 3p-11p 11p-7a.

Completion Date: 11/05/2021

## Document Submission

**Implemented**

Please see attached Photo Corrected at time of inspection

Completion Date: 11/20/2021

## 82c - Locking Poisonous Materials

## Physical Site

## 1. Requirements

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.

## Description of Violation

During the initial walkthrough, a housekeeping cart was observed unattended in the B side secure dementia unit. The housekeeping cart had bottles of odor neutralizer, disinfectant, and bleach stored in one compartment and the bottles were accessible to residents who were in the area.

## Plan of Correction

**Accept**

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

**Physical Site (continued)**

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. 2600.82.C. Regulation was corrected at the time of inspection Licensing Representative was present at the time of Correction. To ensure continued compliance with Regulation 2600.82.C. All housekeeping staff were reinstructed and will continue to keep all poisonous materials in the locked storage area that is located on housekeeping cart all times. Housekeeping Supervisor will oversee this on a daily basis during unit walk around.

**Completion Date:** 11/05/2021

**Update:** 11/15/2021

Please send/Attach proof of staff training. 11-15-2021

**Document Submission**

**Implemented**

Please see attached training

**Completion Date:** 11/20/2021

**121a - Unobstructed Egress**

**Fire Safety**

**1. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**Description of Violation**

During the initial walkthrough, the exit door in the A wing was obstructed by three 5 gallon jugs of water and a waste can placed in front of the exit doors which obstructed the egress from the home.

**Plan of Correction**

**Accept**

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We strongly disagree with this violation. 2600.121.a Regulation was corrected at the time of inspection Licensing Representative was present at the time of Correction. To ensure continued compliance with Regulation 2600.121.a All Maintenance staff and housekeeping staff will continue to check all exits are cleared and no items are blocking the exits on a daily basis. This will be checked by the maintenance and housekeeping supervisor.

**Completion Date:** 11/05/2021

**Document Submission**

**Implemented**

Corrected at the time of inspection attached photo

**Completion Date:** 11/20/2021

## 183b - Meds and Syringes Locked

## Medications

## 1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

## Description of Violation

Room # A-9 was found to have a container of Hydrocortisone Acetated cream that was out on the counter that was not locked and secured. The prescription on the label was for resident [REDACTED] who did not reside in room A-9.

## Plan of Correction

**Accept**

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We strongly disagree with this violation. Regulation 2600.283.b. was corrected at the time of inspection Licensing Representative was present at the time of Correction. To ensure continued compliance with Regulation 2600.183.b All Med-Aides including LPN's are to continue to ensure all physician written ordered medication are locked in the Med-Cart at all times unless when it is in use, after use medication will continue to be locked at all times after use Med Aide will oversee this process on a daily basis.

Completion Date: 11/05/2021

## Document Submission

**Implemented**

Please see attached Training

Completion Date: 11/20/2021

## 187d - Follow Prescriber's Orders

## Medications

## 1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

## Description of Violation

Resident #1 has an order for [REDACTED] to be taken twice per day and held if the systolic blood pressure (SBP) is greater than 140. On the following dates the 8pm dose was not held as per the physician's orders:

09/12/21 the SBP was 167

09/15/21 the SBP was 172

09/21/21 the SBP was 199

Resident #2 has an order for [REDACTED] to be administered every 4 hours as needed. On 09/21/21 the medication was administered at 4:30pm and again on the 09/21/21 at 7:19pm. The two doses of [REDACTED] administered on 9/21/21 were administered less than 4 hours apart.

**Medications (continued)****Plan of Correction****Accept**

*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.*

*To ensure continued compliance with Regulation 2600.187.d. All Med-Aides including LPN's, are to follow the Medication Administration Process, Following physician's Written orders, Administer Medications as ordered prescriber following blood pressure parameters and any and all as needed orders. As well as proper documentation on the medication log. Med Aide will oversee on a daily basis. The EMAR administrator and The administrator will oversee proper documentation on a daily basis and administration on weekly basis. Resident #1 and Resident #2's Physician was notified; Physician responded via fax, Email was sent to Lead Licensing Representative.*

**Completion Date:** 11/05/2021

**Document Submission****Implemented**

*Please see attached Training*

**Completion Date:** 11/20/2021