

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

January 11, 2023

[REDACTED], ADMINISTRATOR
WHITEHALL MANOR, INC.
1177 SIXTH STREET
WHITEHALL, PA, 18052

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 09/27/2022, 09/28/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: WHITEHALL MANOR **License #:** 21665 **License Expiration:** 10/24/2022
Address: 1177 SIXTH STREET, WHITEHALL, PA 18052
County: LEHIGH **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: WHITEHALL MANOR, INC.
Address: 1177 SIXTH STREET, WHITEHALL, PA, 18052
Phone: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 05/19/2006 **Issued By:** PALI

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 115 **Waking Staff:** 86

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 09/28/2022

Inspection Dates and Department Representative

09/27/2022 On Site: [REDACTED]
 09/28/2022 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 88

Secured Dementia Care Unit

In Home: Yes **Area:** N/A **Capacity:** 78 **Residents Served:** 1

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 88
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 27 **Have Physical Disability:** 0

Inspections / Reviews

09/27/2022 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 10/21/2022

Inspections / Reviews (*continued*)

11/17/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/11/2022

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/21/2022

12/01/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/05/2022

01/11/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/10/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

There was an uncovered garbage can in the 1st floor bathroom on the A wing.

POC Submission

Accept ([REDACTED] - 11/16/2022)

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.

Please note this violation was corrected at the time of inspection. Housekeeping was in the process of cleaning the rest room and temporarily moved the trash to finish mopping the floor. The lid was removed from the trash can to dispose of the garbage. At the time when the inspectors were doing their physical site the housekeeper had not returned to the bathroom to place the lid back on. Going forward to ensure continued compliance Administration informed housekeeping to place lid back on trash can immediately before throwing trash in the dumpster. This will be checked on a weekly basis by Administration and Housekeeping supervisor to ensure ongoing continued compliance.

Licensee's Proposed Overall Completion Date: 10/26/2022

Implemented ([REDACTED] - 01/11/2023)

162c - Menus Posted

2. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 9/27/2022 the menu was only posted up until 10/1/2022.

POC Submission

Accept ([REDACTED] - 11/16/2022)

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Please note this was corrected at the time of inspection. To ensure continued compliance all menus will be changed with current week and following week menu weekly. This will be checked on a weekly basis to ensure it has been completed by Administration during the morning building walk through.

Licensee's Proposed Overall Completion Date: 10/26/2022

162c Menus Posted (*continued*)*Implemented* (████ - 01/11/2023)

185a Implement Storage Procedures

3. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The glucometer of Resident 1 indicated a Blood sugar reading of █████ at █████ on █████ The MAR was documented with a blood sugar reading of █████ for █████ on █████

The recorded controlled substance count of Resident 2's █████ stated that there were 50 pills on the medication cart. The actual number of pills was 51.

POC Submission*Accept* (████ - 11/16/2022)

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Please note that for Resident 1 this was a documentation error. Going forward to ensure continued compliance med aides have been instructed that when documenting blood sugar they are to check and recheck the readings. This will be checked by the nursing supervisor on a weekly basis.

In regards to Resident 2 to ensure continued compliance staff meeting with all med aides has been scheduled to re-review medication policy including narcotic counts. All narcotics are to be counted with med aide coming onto shift at the beginning of each shift to ensure accuracy on counts. This will be spot checked on a weekly basis by nursing supervisor during cart audits.

Licensee's Proposed Overall Completion Date: 10/26/2022

Implemented (████ - 01/11/2023)

227d Support Plan Medical/Dental

4. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident 3's DME dated █████ states that the resident utilizes a walker and wheelchair. Resident 3's RASP dated █████ does not indicate that the resident uses a wheelchair. Resident 3 indicated that they primarily use the wheelchair for transport within the home.

227d Support Plan Medical/Dental (continued)

POC Submission

Accept () - 11/16/2022)

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In regards to Resident 3's RASP, the information was updated to include that Resident 3 primarily uses wheelchair at this time and was an accidental omission on the part of the facility at the time of inspection. Going forward to ensure continued compliance facilities RASP coordinator will double check RASP with the medical chart prior to printing and reviewing with resident. This will be spot checked by Administration and unit clerk prior to RASP being filed in medical chart to ensure accuracy.

Licensee's Proposed Overall Completion Date: 10/26/2022

Implemented () - 01/11/2023)

251c - Standardized Forms

5. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident 3's RASP dated () was not completed on the Department's accepted form.

Plan of Correction

Accept () - 12/01/2022)

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 with 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Personal Care Home had submitted a waiver to the Department requesting that the Personal Care Home would be granted permission to use a modified RASP created by the Personal Care Home. Personal Care Home was under the impression that the form was ok to use after receiving an email back from the Department stating that no waiver was needed as long as all mandatory information was included. Personal Care Home is currently working with the Department on this modified RASP and awaiting their approval or recommendations for any changes necessary in order for the Personal Care Home to be able to use the modified RASP. To this date waiver has not been granted yet and to ensure continued compliance Personal Care Home will continue to use the Department's recommended RASP. This will be monitored by Administration to ensure the proper department recommended RASP is being used until facility is able to get approval to use a different form.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented () - 01/11/2023)

252 - Record Content

6. Requirements

252 - Record Content (continued)

2600.

252. Content of Resident Records - Each resident's record must include the following information:

2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

The case record of Resident 4 does not include if the resident has any identifiable marks.

POC Submission

Accepted [REDACTED] - 11/16/2022)

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 with 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Please note that this violation was a mere documentation error and Personal Care Home accidentally omitted the identifying mark for this resident. Resident #4's face sheet has been updated since the time of inspection. Going forward to ensure continued compliance, face sheets will be reviewed at the time of admission by Administration to ensure all information has been completed and is accurate. For existing residents face sheets will be reviewed by unit clerk to ensure no changes need to be made.

Licensee's Proposed Overall Completion Date: 10/26/2022

Implemented [REDACTED] - 01/11/2023)