

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

July 28, 2023

[REDACTED], PRESIDENT/OWNER
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 04/24/2023, 04/25/2023, 04/27/2023, 05/05/2023, 05/08/2023 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.

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *WHITEHALL MANOR* License #: *21665* License Expiration: *10/24/2023*
 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] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *135* Waking Staff: *101*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *05/10/2023*

Inspection Dates and Department Representative

04/24/2023 On Site: [Redacted]
 04/25/2023 Off Site: [Redacted]
 04/27/2023 Off Site: [Redacted]
 05/05/2023 Off Site: [Redacted]
 05/08/2023 Off Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *120* Residents Served: *101*

Secured Dementia Care Unit
 In Home: *Yes* Area: *n/a* Capacity: *20* Residents Served: *8*

Hospice
 Current Residents: *10*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *101*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *34* Have Physical Disability: *0*

Inspections / Reviews

04/24/2023 - Partial
 Lead Inspector: [Redacted] Follow Up Type: *POC Submission* Follow Up Date: *06/09/2023*

06/16/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/27/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 06/23/2023

07/10/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/27/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 07/14/2023

07/28/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/27/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home serves 101 residents 34 of these residents require physical assistance to evacuate in the event of an emergency. 6 residents require a two-person assist to transfer using a Hoyer lift. 12 residents require a one person assist to transfer and 15 residents require constant cuing. The home has 12 internal fire safe areas and a safe evacuation time of 13 minutes. On 4/8/23 the home had 4 staff working from 11p-515am and on 4/9/23 the home had 3 staff working from 11p-530am. The home cannot meet the needs of the residents according to their Resident assessment support plan in the event of an emergency from 11pm-515am.

Plan of Correction

Accept () - 07/10/2023)

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.

To ensure continued compliance, staffing for 11-7 shift is scheduled at a minimum of 5 nursing staff. Per the employee handbook, staff is to call out 2 hours prior to the start of their shift. Mandated person from previous shift would then be informed that they would need to stay for the next shift. If there were more than one call off for the shift then nursing supervisor along with administration would contact other employees to come and work the shift. 3-11 nursing supervisor would not leave facility until the building is staffed with the minimum of 5 employees as we have been doing and will continue to staff based on the current care needs and mobility needs of the residents. Shift differential and if needed a bonus would be offered to the employees to ensure the building is staffed according to the 2600 regulations. This will be the responsibility of the nursing supervisor on the shift as well as the scheduling coordinator to ensure continued compliance and will be overseen by Administration. In addition, 11-7 fire drill was conducted on 6-19-23 with 5 nursing staff on shift. All residents were safely evacuated to fire safe areas in 12 minutes and 4 seconds Personal Care Home's evacuation time per the fire chief is 13 minutes.

Licensee's Proposed Overall Completion Date: 07/05/2023

Implemented () - 07/28/2023)

132a - Monthly Fire Drill

2. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home did not conduct a monthly fire drill in May and June of 2022.

Plan of Correction

Accept () - 07/10/2023)

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

132a Monthly Fire Drill (continued)

seq. and 2600.263.

Please note that in May 2022 Personal Care home went through a change in Administration. Prior to the change previous administration had stated that fire drill for the month was completed. When reviewing the fire drill log in the beginning of June to coordinate June's fire drill, there was no corresponding information to indicate that the drill in May was completed. Monitoring company for the fire alarm was contacted and per their records there was no drill that was completed for that month. In June 2022, Personal Care Home did have COVID in the building in which the department was aware as inspectors from the department came to facility and had to leave due to having COVID. Personal Care Home did not realize that Department needed to be notified for their guidance on whether or not to complete the drill with having COVID in the building. For the health, safety and welfare of the residents, home opted to hold off on doing the drill until the residents affected had completed their quarantine period and further spot checking of residents was completed.

To ensure continued compliance, a chart has been created by Administration which indicates what shift, what week and what time fire drills will be completed for each month. This confidential chart is kept locked in Administration's office and is only accessible to Administration as well as Maintenance Director who will be responsible for pulling the fire alarm at these times. All fire drills will be overseen by Administration to ensure that they are being done and that residents are safely evacuated to the fire safe areas of the facility in the time indicated per the evacuation letter from the fire chief. In the event that there would be COVID in the building, Department would be notified by Administration for their guidance on completing the fire drill.

Licensee's Proposed Overall Completion Date: 07/05/2023

Implemented () - 07/28/2023)

132g - Fire Drills Days/Times

3. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The homes sleeping hours fire drill conducted on 4/1/22 at 5:41am and 12/9/22 at 6:28am were conducted when more staff were available. 9 staff members participated in the drills. The home routinely has 3-5 staff members working from 11p-7am.

Plan of Correction

Accept () - 07/10/2023)

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.

Personal Care Home conducted 11-7 drill on 6-19-23 with 5 nursing staff on shift. All residents were safely evacuated to fire safe areas in 12 minutes and 4 seconds Facilities evacuation time per the fire chief is 13 minutes.

To ensure continued compliance all 11-7 drills will be done during sleeping hours and will be done when only the scheduled staff for the shift is in the building. In addition, a chart has been created by Administration which

132g Fire Drills Days/Times (continued)

indicates what shift, what week and what time fire drills will be completed for each month. This confidential chart is kept locked in Administration's office and is only accessible to Administration as well as Maintenance Director who will be responsible for pulling the fire alarm at these times. All fire drills will be overseen by Administration to ensure that they are being done and that residents are safely evacuated to the fire safe areas of the facility in the time indicated per the evacuation letter from the fire chief.

Licensee's Proposed Overall Completion Date: 07/05/2023

Implemented () - 07/28/2023)

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 #1's Resident assessment support plan dated [redacted] and [redacted] was not updated regarding the resident receiving wound care.

Plan of Correction

Accept () - 07/10/2023)

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.

To ensure continued compliance, any updates to the residents RASP will be completed within the 5 days as per the 2600 regulations and will be the responsibility of the RASP coordinator to ensure updates are being completed. In addition, the residents assignment sheet, which is given to each PCA at the beginning of their shift and which provides an overview of the residents care needs are updated on a daily basis with any changes to diet, mobility, and other care needs. On a weekly basis, RASP coordinator and Assignment sheet coordinator will meet with administration to review any updates from that week to ensure all information in regards to the resident's care needs have been documented and updated. Please note that at the time of this inspection, Resident # 1 was no longer residing at the facility and therefore Resident # 1's RASP could not be updated to reflect the resident's wound care.

Licensee's Proposed Overall Completion Date: 07/05/2023

Implemented () - 07/28/2023)