

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

January 11, 2024

[REDACTED]  
WHITEHALL MANOR, INC.  
[REDACTED]

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

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/16/2023 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.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

Name: *WHITEHALL MANOR* License #: *21665* License Expiration: *10/24/2024*  
 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: [REDACTED]  
 Phone: [REDACTED] Email: [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: *140* Waking Staff: *105*

## Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Monitoring* Exit Conference Date: *11/16/2023*

## Inspection Dates and Department Representative

11/16/2023 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *130* Residents Served: *108*

## Secured Dementia Care Unit

In Home: *Yes* Area: *1st floor B* Capacity: *20* Residents Served: *7*

## Hospice

Current Residents: *13*

## Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *108*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *32* Have Physical Disability: *0*

## Inspections / Reviews

## 11/16/2023 - Partial

Lead Inspector: *Amy Deluca* Follow-Up Type: *POC Submission* Follow-Up Date: *12/07/2023*

## 12/08/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *01/11/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/21/2023*

Inspections / Reviews (*continued*)

01/11/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/11/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 01/10/2024

01/11/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/11/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Room [redacted] does not have a working light next to the resident's bed. A battery-operated night light is placed on the wall next to the bed but it was inoperable.

Repeat violation from 9/27/23.

Plan of Correction

Accept [redacted] - 12/08/2023)

Personal Care Home replaced touch lamp to a wall mounted plug in light as resident residing in this room appeared to be using the touch lamp as a night light and leaving it on causing the batteries to die quicker.

To ensure continued compliance while continuing weekly checks of light bulbs and touch lamps, for any resident who is currently using a battery operated light and appears to be leaving it on all night to be used as a night light, touch lamp will be replaced with a wall mounted light or bed side lamp will be added. Weekly walk arounds of resident rooms will be the responsibility of maintenance and will be overseen by Administration. In addition Nursing will inform maintenance of any light bulb which need to be replaced by writing it in maintenance log book. Maintenance will check book daily. Administration will review book weekly to ensure all items that have been logged in the maintenance book have been completed.

Please see attached photo of new light installed

Licensee's Proposed Overall Completion Date: 12/29/2023

Implemented [redacted] - 01/11/2024)

185a - Implement Storage Procedures

2. 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

On 11/16/23 the [redacted] of [redacted] for resident [redacted] contained approximately [redacted] of solution. The electronic [redacted] audit system indicated the bottle should have contained [redacted] of solution.

Repeat violation from 9/27/23.

Plan of Correction

Accept [redacted] - 12/08/2023)

To ensure continued compliance a med aide re-education mandatory inservice has been scheduled for 12/20/23 in which medication administration policy including [redacted] counts will be reviewed. Any med aide that fails to attend the in-service will be removed from the med cart until the training can be scheduled with administration or nursing supervisor. Personal Care Home will continue to do weekly cart audits and this will be on-going through January 2023. Cart Audits will be the responsibility of the nursing supervisor to ensure they are being completed and Administration will oversee to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [redacted] - 01/11/2024)