

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

March 10, 2025

[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 02/04/2025 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: *10/24/2025*  
 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: *147* Waking Staff: *110*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident, Interim* Exit Conference Date: *02/04/2025*

**Inspection Dates and Department Representative**

02/04/2025 On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *130* Residents Served: *107*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *n/a* Capacity: *20* Residents Served: *16*

**Hospice**  
 Current Residents: *10*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *105*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *40* Have Physical Disability: *1*

**Inspections / Reviews**

02/04/2025 - Partial  
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *03/06/2025*

Inspections / Reviews *(continued)*

03/06/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/06/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/10/2025

03/10/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/06/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 162c - Menu Posted

## 1. 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 [REDACTED] The home's menus were posted through [REDACTED] and were not posted a week in advance.

## Plan of Correction

Accept [REDACTED] - 03/06/2025)

The dietary aid immediately posted the following week's menu, 2/9 through 2/15, on 2/4/25. To ensure continued compliance, in addition to the weekly walk-through, administration created a checklist to be initialed by nursing, dietary, or admin daily. Please see the attached checklist.

Preparation and submission of this Plan of Correction does not constitute an admission by the personal care home of the truth of facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. The plan of correction is prepared and submitted to meet requirement under state law. The personal care home reserves any and all rights to appeal pursuant to 55 PA code §55 PA Code 20 et seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 03/05/2025

Implemented [REDACTED] - 03/10/2025)

## 184a - Resident's Meds Labeled

## 2. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

## Description of Violation

Resident [REDACTED] has an order for [REDACTED] tablets. The medication label noted a dosage of [REDACTED] for the medication. The medication label was incorrect

## Plan of Correction

Accept [REDACTED] 03/06/2025)

This med error was brought to our attention during our Plan of Correction follow-up. Immediately on 2/04/25, nursing notified the pharmacy and POA of the error. PCP was also notified. Administration sent Reportable Incident report to BHSL on 2/5/25. On 2/5/25 correct medications were delivered and administered as directed. To ensure continued compliance, staff will do a daily check on every shift when administering medications. Nursing supervisor and administration will follow up with weekly med-cart audits. Please see the attached.

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Licensee's Proposed Overall Completion Date: 03/05/2025

Implemented [REDACTED] - 03/10/2025)

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

Resident [redacted] has a PRN order for Senna 8.6 mg tablets. The medication was not in the medication cart at the time of inspection.

Plan of Correction

Accept [redacted] - 03/06/2025)

Administration and nursing corrected immediately, medication was brought in by a family member and stored properly in the med cart. To ensure continued compliance, the administration and nursing supervisor will follow up during weekly med-cart audits. Please see the attached.

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Licensee's Proposed Overall Completion Date: 03/05/2025

Implemented [redacted] - 03/10/2025)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Resident [redacted] has an order for [redacted] tablets nightly. The medication in the medication cart contained a dosage of [redacted] and was administered to the resident in error in lieu of the [redacted] dose from [redacted].

Plan of Correction

Accept [redacted] - 03/06/2025)

This med error was brought to our attention during our Plan of Correction follow-up. Immediately on [redacted] nursing notified the pharmacy and POA of the error. PCP was also notified. Administration sent Reportable Incident report to BHSL on 2/5/25. On 2/5/25 correct medications were delivered and administered as directed. To ensure continued compliance, staff will do a daily check on every shift when administering medications. Nursing supervisor and administration will follow up with weekly med-cart audits. Please see the attached.

Preparation and submission of this Plan of Correction does not constitute an admission by the personal care home of the truth of facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. The plan of correction is prepared and submitted to meet requirement under state law. The personal care home reserves any and all rights to appeal pursuant to 55 PA code §55 PA Code 20 et seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 03/05/2025

Implemented [redacted] - 03/10/2025)