

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

January 14, 2026

[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 11/06/2025, 11/10/2025 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:** 10/24/2026  
**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:** 155 **Waking Staff:** 116

**Inspection Information**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal **Exit Conference Date:** 11/10/2025

**Inspection Dates and Department Representative**

11/06/2025 - On-Site: [REDACTED]  
 11/10/2025 - 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:** 12

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 107  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 48 **Have Physical Disability:** 2

**Inspections / Reviews**

11/06/2025 Full

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/14/2025

01/02/2026 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 01/05/2026  
**Reviewer:** [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 01/05/2026

Inspections / Reviews *(continued)*

01/14/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/05/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted], at 9:28 a.m., 2 specimen cups along with a medical order for Resident [redacted] were unlocked, unattended, and accessible on top of the A side medication cart.

Plan of Correction

Accept [redacted] - 12/29/2025)

The specimen cups were immediately removed on 11/10/25 by the nursing supervisor and brought to wellness. The administration and Nursing supervisor reminded all staff of the importance of confidentiality for all residents. To ensure continued compliance, nursing and all departments will ensure that all confidential information is not left out. Administration will also be checking during the weekly walkthrough.

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: 12/14/2025

Implemented ([redacted] 01/14/2026)

65a - FS Orientation 1st Day

2. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [redacted] did not receive orientation on the following topics: telephone use and notification of emergency services.

Plan of Correction

Accept [redacted] - 12/29/2025)

This was a clerical error and was corrected by Human Resources on 11/7/25. The employee was oriented on telephone use and notification of emergency services. Both the orienteer and the employee initialed and dated the section. HR will be responsible for ensuring compliance at hire. Administration will check new hire files weekly to ensure continued compliance. Please see the attached, initialed and dated form telephone use and notification of emergency services.

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

65a FS Orientation 1st Day (continued)

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: 12/14/2025

Implemented [redacted] - 01/14/2026)

65i - Training Record

3. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training does not include the name of the trainer who conducted the fire safety training on [redacted].

Plan of Correction

Accept [redacted] 12/29/2025)

Going forward, the administration and training coordinator will ensure that all training records include the name of the trainer, specifically noting that the Fire Safety Training was conducted by a certified fire safety trainer. To ensure continued compliance Administration and training coordinator will do monthly audits of training records.

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 requirements 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: 12/14/2025

Implemented [redacted] - 01/14/2026)

81b - Resident Personal Equipment

4. 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

On [redacted] at approximately 9:33 a.m. Resident [redacted] enabler bar measuring 11" w x 17" L, Resident [redacted]'s enabler bar measuring 12 1/2" w x 10" L and Resident [redacted] enabler bar measuring 17" w x 8" L. were not covered.

Plan of Correction

Accept [redacted] - 12/29/2025)

This was corrected at the time of inspection on 11/6/25 by the nursing supervisor. Administration reviewed with nursing the regulation on medical equipment and apparatuses, and the importance of making sure that bed canes are covered. To ensure continued compliance, nursing will be doing checks daily on every shift during med pass. Administration will also be checking during the weekly walkthrough. Please see the attached pictures of the covered bed canes

81b - Resident Personal Equipment (continued)

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 requirements 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: 12/14/2025

Implemented [redacted] - 01/14/2026)

88a - Surfaces

5. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [redacted], at 9:45 a.m., the steam table in the memory care dining room was on, and unattended. The steam table was hot to touch, causing a potential burn hazard.

Plan of Correction

Accepted [redacted] - 01/02/2026)

This was corrected at the time of inspection on 11/6/25. The steam table was immediately turned off by nursing and was supervised until it cooled down. Administration reminded nursing and dietary of the importance of turning it off at the completion of each meal. To ensure compliance, dietary and nursing will check after every meal, and Administration will be checking on the weekly walkthrough. Please see the attached note posted for staff reminder.

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 requirements 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: 12/14/2025

Implemented [redacted] - 01/14/2026)

103e - Left Overs

6. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On [redacted] at 9:57 a.m., there was a package of waffles in the upper C dining room refrigerator that was unlabeled and undated.

On [redacted] at 2:25 p.m. a partially used undated package containing frozen meatballs and a partially used undated

103e Left Overs (continued)

package containing frozen chicken Kiev were found in the home's freezer.

Plan of Correction

Accept [redacted] - 01/02/2026)

The issue was corrected at the time of inspection by the dietary staff, the waffles, frozen meatballs, and frozen chicken were immediately disposed of. Administration and dietary supervisor reminded all dietary staff of the importance of proper storage, labeling, and dating of all food items. To ensure continued compliance, the Administration will be checking during weekly walkthroughs. Please see the attached corrections and notes posted for staff reminder.

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 requirements 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: 12/14/2025

Implemented [redacted] - 01/14/2026)

103i - Outdated Food

7. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On [redacted] at 2:30 p.m. two dented cans of chili con carne were observed in the pantry of the home.

Plan of Correction

Accept [redacted] - 01/02/2026)

This was immediately corrected at the time of inspection by the dietary staff. Administration and the Dietary Supervisor reminded all dietary staff of the importance of discarding dented cans and reviewed the proper procedure for doing so. Administration will be checking this area during the weekly walkthroughs to ensure continued compliance. Please see the attached picture of the correction.

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: 12/14/2025

Implemented [redacted] - 01/14/2026)

141b1 - Annual Medical Evaluation

8. Requirements

- 2600.
- 141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident # [redacted]s most recent medical evaluation was completed on [redacted]. On [redacted], a notation was made

141b1 - Annual Medical Evaluation (continued)

indicating the residents' diet changed to mechanical soft. There is no indication who made this change. Also, no indication of date, time, and person they spoke to for permission to alter the form.

Repeated Violation: [REDACTED] et al.

Plan of Correction

Accept [REDACTED] 01/02/2026)

Nursing and wellness staff were instructed on the procedure of getting orders changed from what is indicated on the DME. Moving forward wellness coordinator and administration will ensure that all verbal orders will be dated and signed by the RN or LPN taking the order and the name of the person permitting to alter the form. In addition, we will get a written backup order from the doctor. To ensure continued compliance administration and wellness coordinator will be doing checks during resident record audits

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: 12/14/2025

Implemented [REDACTED] - 01/14/2026)

144c1 - Smoking Area Guidelines

9. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

On [REDACTED] at 9:52 a.m., there were numerous cigarette butts on the ground in the smoking area.

Plan of Correction

Accept [REDACTED] - 01/02/2026)

This was corrected at the time of inspection. Administration reminded all our smoking residents of our smoking policy, the importance of discarding cigarettes properly, and that we will be following lease protocol if the residents are not complying with our policy. Maintenance will continue to do daily checks, and administration will continue to check during our weekly walkthrough

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 requirements 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: 12/14/2025

Implemented [REDACTED] - 01/14/2026)

## 183b - Meds and Syringes Locked

## 10. 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

On [REDACTED] at 9:22 a.m., C hall PRN cart was unlocked, unattended, and accessible in the C dining room.

On [REDACTED] at 9:13 a.m., multiple medications belonging to Resident #'s [REDACTED] and [REDACTED] were unlocked, unattended, and accessible in the C-wing linen closet.

## Plan of Correction

Accept [REDACTED] - 01/02/2026)

C hallway cart was locked immediately by nursing and the box of medicated creams was locked up by nursing as well. Administration and nursing supervisors reviewed with the nursing department the regulations and the importance of medications being locked up and supervised at all times. To ensure continued compliance, the nursing supervisors will be checking daily on every shift that all medications are supervised and are locked in the carts. Administration will be checking during the weekly walkthrough.

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: 12/14/2025

Implemented [REDACTED] - 01/14/2026)

## 183d - Prescription Current

## 11. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

## Description of Violation

On [REDACTED], at 9:42 a.m. [REDACTED] prescribed for Resident [REDACTED], was in the home's A side medication cart; however, the medication was discontinued on [REDACTED]

## Plan of Correction

Accept [REDACTED] - 01/02/2026)

The discontinued cream was immediately removed at the time of inspection by nursing. Nursing supervisors and administration reviewed the regulation and the importance of removing all discontinued medications. To ensure continued compliance, Nursing supervisors will be reviewing during weekly cart audits. Administration will follow up with nursing during the weekly walkthrough.

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.

183d Prescription Current (continued)

Licensee's Proposed Overall Completion Date: 12/14/2025

Implemented ( ) - 01/14/2026)

184b - Labeling OTC/CAM

12. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [redacted] Resident [redacted] Resident [redacted], Resident [redacted] and Resident [redacted] were in A side PRN cart and were not labeled with the resident's names:

Plan of Correction

Accept ( ) - 01/02/2026)

All medications were labeled immediately by the nursing department. Nursing supervisors and administration reviewed the regulation and the importance of all medications being labeled with the resident's name to ensure resident safety and compliance. To ensure continued compliance, Nursing Supervisors will be reviewing medication labeling during weekly cart audits. Administration will also follow up with nursing during weekly walkthroughs.

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 requirements 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: 12/14/2025

Implemented ( ) 01/14/2026)

185a - Implement Storage Procedures

13. 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 an order for [redacted] 4 times daily at 7:00 a. m, 11:00 a.m., 4:00 p.m., and 8:00 p.m. On [redacted] at 7:00 a.m. the resident had a blood glucose reading of [redacted] in the glucometer however [redacted] was documented on the resident's medication record.

Plan of Correction

Accept ( ) - 01/02/2026)

Administration and Nursing supervisors reviewed with the nursing dept., the importance of accurate documentation of glucometer readings and all documentation on residents' eMARs. Going forward, nursing supervisors will conduct weekly eMAR audits to ensure that all documented glucometer readings match the machine readings. Administration will follow up with nursing during the weekly walkthrough.

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

185a Implement Storage Procedures (continued)

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: 12/14/2025

Implemented (redacted) 01/14/2026)

187a - Medication Record

14. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

4. Strength.

Description of Violation

Resident (redacted) is prescribed (redacted). However, the resident's November 2025 medication administration record does not indicate the strength of the medication.

Repeated violation (redacted) et al

Plan of Correction

Accept (redacted) - 01/02/2026)

Administration and Nursing supervisors reviewed with the nursing dept., (redacted) importance of all medication strengths being indicated on eMAR for each resident. The pharmacy corrected the order on the resident's eMAR. , Going forward, nursing supervisors will be following up during weekly eMAR audits to ensure that all dosage strengths are indicated for all medications. Please see the attached corrected eMAR indicating the strength of the fish oil.

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: 12/14/2025

Implemented (redacted) - 01/14/2026)

231b - Medical Evaluation

15. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident (redacted) was admitted to the Secure Dementia Care Unit on (redacted). The resident's written cognitive preadmission screening was incomplete. It was missing the title of the person completing the screen and the diagnosis.

Plan of Correction

Accept (redacted) - 01/02/2026)

Administration reviewed with the wellness coordinator the regulation and the importance of the medical forms being filled out properly. This was corrected by the CRNP who did the initial cognitive screen. Please see the attached

231b Medical Evaluation (continued)

correct form. To ensure continued compliance administration and wellness coordinator will be doing checks during resident record audits. Please see the attached corrected cognitive screen.

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 requirements 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: 12/14/2025

Implemented ( ) - 01/14/2026)

251d - Resident Records on Premises

16. Requirements

2600.

251.d. Separate resident records shall be kept on the premises where the resident lives.

Description of Violation

On ( ), the assessment and support plans were not available in the home for Resident ( ) and Resident ( ).

Plan of Correction

Accept ( ) - 01/02/2026)

Administration reviewed the regulation and the importance of keeping resident files accessible with the wellness and nursing department. The RASP was located in the wellness center in a bin, not in the resident file. The RASP was available on the 2nd day of inspection. To ensure continued compliance Administration and wellness coordinator will be checking that all RASPs are in resident files during resident records audit. Please see the attached RASP

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 requirements 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: 12/14/2025

Implemented ( ) - 01/14/2026)