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

October 13, 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 08/11/2026 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**: *10/24/2026*

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**: *dept of L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *154* **Waking Staff**: *116*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *08/11/2026*

Inspection Dates and Department Representative

08/11/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *130* **Residents Served**: *109*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *MIP* **Capacity**: *20* **Residents Served**: *18*

Hospice

Current Residents: *14*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *104*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *45*

Have Physical Disability: *0*

Inspections / Reviews

08/11/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/11/2026*

09/14/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/07/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/21/2026*

Inspections / Reviews *(continued)*

10/01/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *10/07/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *10/05/2026*

10/13/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/07/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

15a Resident Abuse Report

1. Requirements

2600.
15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted], Resident [redacted] reported their funds have been stolen to staff and local police. On [redacted], Resident [redacted] communicated that staff A allegedly stole the funds to staff of the home. The incident was not reported to the local Area Agency on Aging within the reportable time frame.

Plan of Correction ***Accept [redacted] - 09/14/2026)***

Immediate action was taken and Administration from the Personal Care Home filed a reportable incident form to The Area Agency on Aging as well as BHSL at the time of the inspection on 8/11/26.
Staff person A, was suspended pending results from internal investigation conducted by Administration of the Personal Care Home and the Whitehall Township Police Department.
In addition, on 8/14/26 a designee assigned by the Administrator of the Personal Care Home conducted a thorough audit of all wellness charts for any internal incident reports as well as any progress notes to ensure there were not any other unreported instances that would have required reporting to the Older Adult Protective Services Act.

To ensure continued compliance, Administration and the unit clerk will do weekly audits of any progress notes as well as internal incident reports to ensure the personal care home remains in compliance with 2600.15a. This will be completed for the next 60 days beginning on 9/9/26. It will be the responsibility of the Administrator to ensure continued compliance with regulation 2600.15a

Licensee's Proposed Overall Completion Date: *11/09/2026*

Implemented [redacted] 10/13/2026)

15b Supervisor Plan

2. Requirements

2600.
15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted] Resident [redacted] reported their funds have been stolen to staff and local police. On [redacted], Resident [redacted] communicated that staff A allegedly stole the funds. The home did not immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Plan of Correction ***Accept [redacted] - 10/01/2026)***

Immediate action was taken and Staff Person A was suspended while internal investigation was completed. Administration spoke with supervisor at BHSL who informed the home that a plan of supervision needed to be in place prior to Staff Person A returning to work. A plan of supervision was established and Staff Person A returned to work in a separate section at the Personal Care Home away from Resident [redacted].

15b Supervisor Plan (continued)

To ensure ongoing continued compliance with regulation 2600.15b, Staff Person A will continue to work in a separate area of the Personal Care Home away from Resident [redacted] Staff person A was spoken to by Administration and Human Resources and is aware and understands the plan of supervision that was established. It is the responsibility of Administration and Human Resources to follow up weekly with Staff Person A as well at Resident [redacted] to ensure that the plan of supervision is being followed.
In addition, the Personal Care Home has implemented a policy on establishing a Plan of Supervision when there is an allegation of abuse by a staff member as well as a form that Administration and Human Resources will use when a plan of supervision has been established. (please see attached). It will be the responsibility of Administration and Human Resources to ensure the policy is being followed and forms are being used. Furthermore, Administration met with all department heads in regard to this new policy on 9/16/26 (please see attached sign in form.

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented [redacted] - 10/13/2026)

16c - Written Incident Report

3. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], Resident [redacted] reported their funds had been stolen in the home. The home did not report this incident to the Department until [redacted]

Plan of Correction ***Accept [redacted] - 09/14/2026)***

Immediate action was taken and Administration from the Personal Care Home filed a reportable incident form to BHSL as well as The Area Agency on Aging at the time of the inspection on 8/11/26.

Staff person A, was suspended pending results from internal investigation conducted by Administration of the Personal Care Home and the Whitehall Township Police Department.
In addition, on 8/14/26 a designee assigned by the Administrator of the Personal Care Home conducted a thorough audit of all wellness charts for any internal incident reports as well as any progress notes to ensure there were not any other unreported instances that would have required reporting to BHSL.

To ensure continued compliance, Administration and the unit clerk will do weekly audits of any progress notes as well as internal incident reports to ensure the personal care home remains in compliance with 2600.16C. This will be completed for the next 60 days beginning on 9/9/26. It will be the responsibility of the Administrator to ensure continued compliance with regulation 2600.16C

Licensee's Proposed Overall Completion Date: *11/09/2026*

Implemented ([redacted] - 10/13/2026)

103e - Left Overs

4. 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 9:35 A.M., an unlabeled, undated cup of ice with an unknown liquid was found on its side on the door of the freezer in the dining area of the MIP Unit. An unmarked, undated whipped margarine container containing an unknown liquid, and an unmarked, undated loaf of bread were found in the fridge in the dining area of the MIP Unit.

Plan of Correction ***Accept ([redacted] - 09/14/2026)***

Immediate action was taken on 8/11/26 and upon discovery by the Department representative, the MIP Unit staff immediately discarded the following items:
1. The unlabeled, undated cup of ice containing an unknown liquid found on its side on the freezer door in the dining area.
2. The unmarked, undated whipped margarine container containing an unknown liquid found in the MIP unit refrigerator.
3. The unmarked, dated loaf of bread found in the MIP unit refrigerator

To ensure continued compliance with regulation 2600.103e the Personal Care Home has implemented daily check of fridges and freezers throughout the Personal Care Home. These checks were implemented on 8/12/2026. It is the responsibility of a Dietary supervisor or designee to check daily and sign off on attached audit sheet. It is then the responsibility of Administration to check all areas from the previous days weekly to ensure audits are being completed and are accurate. This audit will continue for a period of 60 days through 10/12/26.

Licensee's Proposed Overall Completion Date: *10/12/2026*

Implemented ([redacted] - 10/13/2026)

144c1 - Smoking Area Guidelines

5. 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

The outside smoking area outside of Room A-38 had numerous cigarette butts on the ground next to a table and chairs outside of the designated smoking area.

Plan of Correction ***Accept [redacted] - 09/14/2026)***

Immediate action was taken at the time of inspection on 8/11/26 when Maintenance staff immediately swept,

144c1 - Smoking Area Guidelines (continued)

collected, and properly disposed of all cigarette butts found on the ground outside of the resident's. in addition, the table and chairs located on the patio of the resident's room were thoroughly cleaned and inspected to ensure the area was free of any remaining smoking debris or safety hazards. Administration spoke with the resident regarding the House Rules and that smoking can only be in the designated smoking area that has been established by the Personal Care Home.

To ensure continued compliance with regulation 2600.144c the Personal Care Home has implemented the following: A daily walk around of the building's premises was implemented on 8/11/26 in which maintenance or designee assigned by maintenance will walk the premises of the personal care home to ensure all areas are free from cigarette butts. This includes all resident patio areas. It will be the responsibility of Maintenance or designee to sign off on log daily and it will be the responsibility of Administration to check weekly. These checks will continue for a period of 60 days beginning on 8/12/26 and ending on 10/12/26.

Licensee's Proposed Overall Completion Date: *10/12/2026*

Implemented [redacted] - 10/13/2026)