



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **VS WALLINGFORD LLC**

LEGAL ENTITY

To operate **CHESTNUT RIDGE RETIREMENT LIVING**

NAME OF FACILITY OR AGENCY

Located at **2700 CHESTNUT PARKWAY, CHESTER, PA 19086**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **130**

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 50**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **April 9,** **2024** until **December 30,** **2024** ,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **141410**


ISSUING OFFICER


DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Emailing Date: April 9, 2024

[REDACTED]
[REDACTED]
VS Wallingford, LLC
2700 Chestnut Parkway
Chester, Pennsylvania 19013

RE: Chestnut Ridge Retirement Living
License #: 141410

Dear [REDACTED]

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is an increase from 22 to 50 SDCU beds and a reduction in personal care beds from 108 to 75 with the overall capacity remaining at 130. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
License

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

April 9, 2024

[REDACTED]
VS WALLINGFORD LLC
2700 CHESTNUT PARKWAY
CHESTER, PA, 19013

RE: CHESTNUT RIDGE RETIREMENT
LIVING
2700 CHESTNUT PARKWAY
CHESTER, PA, 19086
LICENSE/COC#: 14141

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/21/2024 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: CHESTNUT RIDGE RETIREMENT LIVING

License #: 14141

License Expiration: 12/30/2024

Address: 2700 CHESTNUT PARKWAY, CHESTER, PA 19086

County: DELAWARE

Region: SOUTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: VS WALLINGFORD LLC

Address: 2700 CHESTNUT PARKWAY, CHESTER, PA, 19013

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 05/19/1997

Issued By: PA Labor & Industry

Staffing Hours

Resident Support Staff:

Total Daily Staff: 104

Waking Staff: 78

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Interim

Exit Conference Date: 02/21/2024

Inspection Dates and Department Representative

02/21/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 130

Residents Served: 85

Secured Dementia Care Unit

In Home: Yes

Area: Memory Care

Capacity: 22

Residents Served: 16

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 85

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 19

Have Physical Disability: 2

Inspections / Reviews

02/21/2024 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/15/2024

03/12/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/05/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/17/2024

Inspections / Reviews (*continued*)

03/20/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/05/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/10/2024

04/09/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/05/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

82c - Locking Poisonous Materials**1. Requirements**

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 2/21/2024, at 11:55 am, a Purell hand sanitizer dispenser, with a manufacturer's label warning "keep out of eyes" and "do not ingest," was mounted on a wall of the fourth-floor common kitchenette, accessible to residents of the Secure Dementia Care Unit (SCDU). At 12:00 pm, a second dispenser was mounted on the wall of room [REDACTED] of the SCDU, accessible to resident #1.

At 12:04 pm, a spray bottle of Lysol all-purpose cleaner, with a poison control warning, was unattended and accessible in resident #2's bathroom shower in room [REDACTED] of the SCDU. Residents #1 and #2, like the other residents in memory care, have diagnoses of dementia and are assessed as not capable of safely using and avoiding poisons.

Plan of Correction**Accept [REDACTED] - 03/20/2024)**

All Purell soap dispensers were removed from resident's rooms and kitchenette, Kitchenette was replaced with a non-poison soap in dispenser. Lysol was immediately removed and given back to family, letters were mailed to each family member of SCDU to not bring in any cleaning chemicals or poisons into the community on 3/5/2024 by the executive director. Rounds will be completed by housekeeping supervisor or designee daily x 4 weeks to assure no chemicals or poisons are unsecured on SCDU starting on 3/15/2024 and will be reported 1x quarterly in Quality Assurance Meetings scheduled for 4/25/24 by environmental services director/ plant ops director.

Proposed Overall Completion Date: 03/12/2024

Licensee's Proposed Overall Completion Date: 03/12/2024

Implemented [REDACTED] - 04/09/2024)**96a - First Aid Kit****2. Requirements**

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

On 2/21/2024, the first aid kit in the fourth floor nursing station did not include antiseptic, breathing shield, eye coverings, or scissors. A thermometer and scissors were in the immediate vicinity.

Plan of Correction**Accept [REDACTED] - 03/20/2024)**

Missing items were immediately replaced, and new kits were ordered by DHW on 2/26/24. Medication aids were in-serviced on weekly inventory sheets for first aid kits on 3/11/2024 by the DHW, monitoring will be completed weekly by medication aids x 4 weeks and reviewed x 1 quarter as part of quality assurance meetings held on 4/25/24 by the DHW or designee.

Proposed Overall Completion Date: 03/15/2024

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [REDACTED] - 04/09/2024)

224a - Preadmission Screen Form

3. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The home did not provide a preadmission screening form for resident #3.

Repeat violation: 1/30/2023 et al, 12/14/2023

Plan of Correction

Accept (████) 03/20/2024)

Resident # 3 preadmission screen was located in a thinned Distinctive living file on 2/28/2024 and placed into resident current medical records. A full audit of SCDU was completed on 3/8/24 by the DHW. DHW or designee will complete prescreens within 30 days prior to admission on the department's preadmission screening form. Audits will be conducted monthly by DHW or designee on all SCDU resident records x 2 quarters and will be part of the Quality Assurance Meetings 1st reporting will be on 4/25/24 by DHW.

Proposed Overall Completion Date: 03/08/2024

Proposed Overall Completion Date: 03/12/2024

Licensee's Proposed Overall Completion Date: 03/12/2024

Implemented (████) - 04/09/2024)

231c - Preadmission Screening

4. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on █████/2022. However, the home did not provide a written cognitive preadmission screening.

Plan of Correction

Accept (████) 03/20/2024)

Resident # 3 preadmission screen was located in a thinned Distinctive living file on 2/28/2024 and placed into resident current medical records. A full audit of SCDU was completed on 3/8/24 by the DHW. The next audit will start on 4/8/24 by DHW or designee. DHW or designee will complete prescreens within 72 hours prior to admission on the department's preadmission screening form. Audits will be conducted by DHW or designee monthly on all SCDU resident records x 2 quarters and will be part of the Quality Assurance Meetings on 4/25/24 and 7/25/24 reported by DHW or designee.

Proposed Overall Completion Date: 03/12/2024

Licensee's Proposed Overall Completion Date: 03/12/2024

Implemented (████) - 04/09/2024)

236 - Staff Training

5. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person A has worked in the Secure Dementia Care Unit (SDCU) since 2/23/2023. Staff person A received only one hour of training in dementia care/cognitive impairment, which occurred on 4/20/23.

Direct care staff person B has worked in the SCDU since [REDACTED]/23. Staff person B received three hours of dementia care training on 4/20/23.

Plan of Correction**Accept [REDACTED] - 03/20/2024)**

All care staff working on SCDU received 6-hour training on 3/7/2024 and 3/8/2024 by Executive Director and DHW. This will also be part of the direct SCDU care staff training orientation prior to working in the SCDU, training to be completed by The Memory Care Director or designee and annually thereafter. The Business office manager will audit training of SCDU care training x 2 quarters and report in Quality Assurance meeting on 4/25/24 and 7/25/24.

Proposed Overall Completion Date: 03/12/2024

Licensee's Proposed Overall Completion Date: 03/12/2024

Implemented [REDACTED] - 04/09/2024)
