

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CHESTNUT MANOR, LLC

LEGAL ENTITY

To operate CHESTNUT MANOR

NAME OF FACILITY OR AGENCY

Located at 4926 CHESTNUT STREET, PHILADELPHIA, PA 19139

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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 13
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare 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 June 9, 2012 until June 9, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **101880**

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

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.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

JUN 06 2012

Mr. Austin Virgo, President
Chestnut Manor, LLC
Chestnut Manor
4926 Chestnut Street
Philadelphia, Pennsylvania 19139

Dear Mr. Virgo:

As a result of the Department of Public Welfare's licensing inspection on May 4, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 10188 - 05/04/2012 - McHale, Christine

1. REGULATION 55 Pa.Code §2600

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2. DESCRIPTION OF VIOLATION

The home manages the finances for Resident #2. The home does not maintain an accurate record of financial transactions.

According to home's financial record:

- On 2/08/12, Resident's balance was \$1,030.14
- On 2/23/12, Resident spent \$400, but the home did not record the balance of \$630.14
- On 3/01/12, Resident received a SSI deposit of \$1,137.30. The home deducted \$1,052.30 for rent and should have recorded a balance of \$715.14, based on the previous balance of \$630.14 plus the mandatory \$85 remaining from the SSI payment. The record inaccurately indicates a balance of \$630.14.
- On 3/05/12, after the Resident spent \$85 the home recorded an inaccurate balance of \$545.14.
- On 3/30/12, Resident received another deposit of \$1137.30. No balance was recorded.
- On 3/30/12, Resident rent in the amount of \$1,052.30 was deducted. No balance was recorded.
- On 4/03/12, Resident spent \$85 out of [redacted] account. No balance was recorded.
- On 4/12/12, Resident spent \$100 out of [redacted] account. No balance was recorded.
- On 4/23/12, Resident spent \$85 out of [redacted] account. No balance was recorded.
- On 5/01/12, Resident received another deposit of \$1137.30. No balance was recorded.
- On 5/01/12, Resident rent in the amount of \$1,052.30 was deducted. No balance was recorded.
- On 5/01/12, Resident spent \$85 out of his account. No balance was recorded.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident # 2's financial transactions record has now been updated and informed of the error that had occurred. The balance is reflected in [redacted] record and bank statement provided. The administrator will review cont.

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative (Required on EVERY Page) Austin Virgo

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) AUSTIN VIRGO Administrator Date 5/21/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/25/12 (Date) Verification of Legal Entity Representative Signature 5/25/12 (Date)

The above plan of correction was approved by CRM (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

20b7

all financial records monthly and/or as needed to keep the records accurate and up to date, to ensure future compliance.

Quintero

5/25/12

Violation Report: 10188 - 05/04/2012 - McHale, Christine

1. REGULATION 55 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2. DESCRIPTION OF VIOLATION

Resident #2 has not received a quarterly account of all financial transactions since before November 1, 2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #2's quarterly financial records has been updated and a copy given to [redacted]. The administrator will review residents financial records monthly and provide timely financial summaries to AFFECT PERPETUAL COMPLIANCE of the regulation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Austin Virgo

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

AUSTIN VIRGO Administrator

Date

5/21/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

5/25/12
(Date)

Verification of Legal Entity Representative Signature

5/25/12
(Date)

The above plan of correction was approved by

AVM
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 10188 - 05/04/2012 - McHale, Christine

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2. DESCRIPTION OF VIOLATION

Direct care staff person A did not receive training in falls and accident prevention during training year 2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff person "A" is current in this training as of March 2, 2012. The administrator will review the staff training plan on a monthly basis to verify that all required training is completed on time and in accordance with the regulation for full compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
(Required on EVERY Page) *Austin Virgo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>AUSTIN VIRGO Administrator</i>	Date <i>5/21/12</i>
---	---------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u><i>5/25/12</i></u> (Date)	Verification of Legal Entity Representative Signature <u><i>gasha</i></u> (Date)
The above plan of correction was approved by <u><i>OV</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 10188 - 05/04/2012 - McHale, Christine

1. REGULATION 55 Pa.Code §2600

2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2. DESCRIPTION OF VIOLATION

The floor at the entrance of Resident #1 and #4's bedroom is elevated approximately 2 inches above the floor, causing a tripping hazard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The raised threshold's have been removed from the rooms in question as to provide a trip free transition from hallway to room.
 Staff will check daily for trip hazards on premises for regulatory compliance in the future. Any hazards found will be addressed in a timely manner.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Austin Virgo

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

AUSTIN VIRGO Administrator

Date 5/21/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

5/25/12
 (Date)

Verification of Legal Entity Representative Signature

5/25/12
 (Date)

The above plan of correction was approved by

AV
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 10188 - 05/04/2012 - McHale, Christine

1. REGULATION 55 Pa.Code §2600

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 2600.141(c)1-3.

2. DESCRIPTION OF VIOLATION

The home permits smoking on the back porch. The current written policy states that residents are to smoke in the enclosed front porch. However, home rules in residents contract states there is no smoking on the property.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

There was an oversight when the homes' smoking policy changed to allow smoking only on the rear porch. The policy has been updated in the residents contract. The administrator will check when and if any future smoking policy change is made, that both policy and contract are current and consistent as to ensure ongoing compliance to the regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
(Required on EVERY Page) *Austin Virgo*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *AUSTIN VIRGO Administrator* Date *5/21/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u><i>5/25/12</i></u> (Date)	Verification of Legal Entity Representative Signature <u><i>5/25/12</i></u> (Date)
The above plan of correction was approved by <u><i>CRM</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 10188 - 05/04/2012 - McHale, Christine

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2. DESCRIPTION OF VIOLATION

-The medication administration record for Resident #1 does not include precautions for taking Quetiapine 400mg. Precautions included: May cause drowsiness; dizziness; do not take with alcohol; take as directed.

-The medication administration record for Resident #3 does not include precautions for taking Amantadine 100mg. Precautions included: do not take with alcohol; blurred vision.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home has contacted the pharmacy and requested that any and all omitted precautions be updated on the medication administration records. The updated records are due on June 1, 2012. The administrator will review MAR's records monthly upon receipt and examine for accurate listing of the precautions as to ensure future regulatory compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *Austin Virup*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **AUSTIN VIRUP Administrator** Date **5/21/12**

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/25/12</u> (Date)	Verification of Legal Entity Representative Signature <u>[Signature]</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 10188 - 05/04/2012 - McHale, Christine

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2. DESCRIPTION OF VIOLATION

On 10/1/11, resident #3's, physician determined that the resident needs a no salt diet. The resident's support plan does not address how the home will assist the resident in meeting these needs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home does currently meet the residents need of a no salt diet by not cooking with salt and allowing residents to add salt at their own discretion. The support plan has now been updated to reflect this support. The administrator will review monthly the support needs of the residents to ensure future compliance.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/05/2011

Signature of Legal Entity Representative
(Required on EVERY Page)

Austin Virgo

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

AUSTIN VIRGO Administrator

Date

5/21/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

5/25/12
(Date)

Verification of Legal Entity Representative Signature

5/25/12
(Date)

The above plan of correction was approved by

AVM
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 10188 - 05/04/2012 - McHale, Christine

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2. DESCRIPTION OF VIOLATION

Resident #3's records does not include a photograph of the resident that was dated 11/09 and more than 2 years old.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home has now updated resident #3's photo. The administrator will check residents photo's monthly to comply with the regulation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Austin Virgo

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

AUSTIN VIRGO ADMINISTRATOR

Date 5/21/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

5/25/12
(Date)

Verification of Legal Entity Representative Signature

5/25/12
(Date)

The above plan of correction was approved by

AVM
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented