



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 09 2015

Ms. Janet Virgo, Administrator
Glen and Janet Virgo
5032 Walnut Street
Philadelphia, Pennsylvania 19139

RE: Walnut Manor
License #: 117190

Dear Ms. Virgo:

As a result of the Department of Human Services' licensing inspection on November 30, 2014 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period February 5, 2015 to February 5, 2016 was issued on October 15, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director MSH

Enclosure
License Inspection Summary

Violation Report: 11719 - 11/03/2014 - Keely, Jennifer
 PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:
 (1) The reportable incident and condition reporting procedures.
 (2) Complaint procedures.
 (3) Staff person training.
 (4) Licensing violations and plans of correction, if applicable.
 (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION
 The home was not able to provide documentation of the most recent quality management review.

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.

Quality Management review is done semi-annually and staffs are made aware of location of documentation.
 In the future, all staff will be reeducated as to where to find every document, especially for inspection.
 Administrator will ensure promptness of this issue to avoid future violation

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Janet Virgo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Janet Virgo-Administrator</i>	Date <i>12/22/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>12/30/14</i> (Date)	Plan of correction implementation status as of <i>12/30/14</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 11719 - 11/03/2014 - Keelty, Jennifer
 PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION
 Staff Member A worked in the home from June 2012 through September 2014. The criminal record check was not requested until 6/16/2014.

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.

Criminal background check was requested prior to staff date of first day actually worked, unfortunately a follow-up check was not done, due to refusal to give authorization for repeat check. However, staff person was terminated due to continuous refusal. To ensure compliance administrator will not accept for hire any one whose back ground check does not show 'no record found'.

Repeat Violation: No	Date(s) of Previous Violation(s):	11/12/2013	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Janet Virgo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Janet Virgo - Administrator</i>	Date <i>12-22-14</i>
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The above plan of correction was approved by <u>JB</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: 11719 - 11/03/2014 - Keely, Jennifer
 PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 The administrator reports that Staff Member B received training required by regulations 2600.65(b), 2600.65(e), and 2600.65(f), in the 2013 training year. However, no record of training was retained.

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.

Training certificates were in folder that staffs overlooked
 In the future all staff will be re-educated as to where each document is located, especially those required for inspection.
 Administrator will ensure compliance to avoid future violations.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Janet Vingo

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Janet Vingo Date 12.22.14

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Violation Report: 11719 - 11/03/2014 - Keilty, Jennifer
 PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.83(a) - The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.

2a. DESCRIPTION OF VIOLATION
 On 11/3/2014, at 9:47 a.m., when residents were present in the home, the temperature in the dining room was 66.9 degrees Fahrenheit.

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.

It is difficult to maintain a temperature of 70°F on first floor due to residents going in and out leaving doors open. Staffs have been instructed to periodically check doors leading to outside, making sure they are always closed. Staffs and residents have been encouraged to close doors behind them upon entering and exiting building. Sr Direct staff will ensure compliance to avoid future violations

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Janet Vago*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Janet Vago, Administrator</i>	Date <i>12.22.14</i>
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 (Date)

Plan of correction implementation status as of *12/30/14*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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

Violation Report: 11719 - 11/03/2014 - Keelty, Jennifer
 PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 11/3/2014, at 9:05 a.m., a black substance that appeared to be mold covered the bottom of 21 place mats in the dining room. The same substance was on the surface of the tables under the place mats and on the individual name tags taped to the tables.

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.

Mats have been removed and replaced. Kitchen staff is advised to wash mats after each meal, clean tables. Mats are not placed on table until meal time and surface is dried. This cycle will be repeated daily to ensure sanitary conditions.
 Sr Direct staff will ensure compliance

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/12/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Janet Virgo*

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

Date 12.22.14

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 11719 - 11/03/2014 - Keelty, Jennifer
 PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The lid on the kitchen trash can was cracked and had a hole in it.

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.

Broken trash can lid was tossed and replaced with new one. Sr Staff will inspect trash cans & lids to ensure sanitary and safe conditions to prevent penetration of insects & rodents.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
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Violation Report: 11719 - 11/03/2014 - Keely, Jennifer
 PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

The home's first aid kit did not contain gloves, adhesive tape, or a breathing shield.

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.

Each month when fire drill is done Sr Direct Staff will review first aid kit and remove any expired item.
 New kit will be replaced with any kit over 2 yrs.
 Administrator and Sr Staff will ensure compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Janet Virgo*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Janet Virgo - Administrator* Date *12.22.14*

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Violation Report: 11719 - 11/03/2014 - Keelly, Jennifer
 PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION
 The window coverings on the left window in resident bedroom F did not provide adequate privacy because they were sheer. The window coverings on the window in resident bedroom E were also sheer, and they were not long enough to cover the entire window to provide privacy.

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.

Window coverings were removed and replaced to maintain privacy.
 Housekeeping staffs will inspect window dressings to ensure cleanness and privacy and avoid future violations

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Janet Virgo*

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Violation Report: 11719 - 11/03/2014 - Keely, Jennifer
 PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

2a. DESCRIPTION OF VIOLATION
 Staff Member C, the administrator, does not have the emergency preparedness plan for the local municipality.

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.

Emergency preparedness plan was posted on wall. However, staff were unable to recognize. Staff training will be enforced to educate on location of documents in home to ensure knowledge and avoid future violation.
 Administrator will ensure compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Janet Vingo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Janet Vingo, Administrator</i>	Date <i>12.22.14</i>
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Violation Report: 11719 - 11/03/2014 - Keelly, Jennifer
 PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The current year's fire safety inspection was conducted on 9/3/2014. The previous inspection was conducted on 7/26/2013.

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.

Fire safety inspection was scheduled for July. Due to unforeseen emergency inspection was rescheduled.
 To avoid future violation fire safety inspection will be scheduled at least 3 months prior to last inspection
 Administrator will ensure compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Janet Virgo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Janet Virgo, Administrator</i>	Date <i>12.22.14</i>
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Violation Report: 11719 - 11/03/2014 - Keelty, Jennifer
 PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 On 11/3/2014, Lidocaine Gel 2% Jelly prescribed for Resident # 1, who is not a current resident of the home, was located in the home's medication closet.

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.

Each month before new medication is placed in individual slot Sr. Direct staff will remove any item that's expired/don't belong. Administrator will inspect slots before putting away new medication to ensure compliance

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Janet Viroo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Janet Viroo</i>	Date <i>12.22.14</i>
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Violation Report: 11719 - 11/03/2014 - Keelty, Jennifer
 PCH Name: WALNUT MANOR

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

On 11/3/2014, the home's first aid kit contained a 1.33 ounce Cortaid 1% Hydrocortisone anti-itch cream that expired in March 2008.

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.

Sr Staff will review contents of kits. Replace annually. Continuous staff training will be done to ensure compliance. Sr Direct staff will be responsible to ensure compliance to avoid future violation

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/12/2013	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Janet Vargo*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Janet Vargo, Administrator* Date *12.22.14*

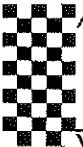
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 (Initials)

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Violation Report: 11719 - 11/03/2014 - Keely, Jennifer
PCH Name: WALNUT MANOR

1. REGULATION 65 Pa.Code §2600
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.

2a. DESCRIPTION OF VIOLATION
The preadmission screening form for Resident # 2, admitted 4/11/2014, is dated 2/27/2014.

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.

Prior to admission, resident was hospitalized, pre admission was not redone, therefore exceeding 30 day limit.
Should this happen in the future, new pre-admission screening will be completed prior to or upon discharge to ensure compliance.
Administrator will be responsible to ensure compliance

Repeat Violation: No Date(s) of Previous Violation(s): 11/12/2013

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Janet Virgo - Administrator* Date *12.22.14*

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