



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 29 2015

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

RE: Chestnut Manor
License #: 101880

Dear Mr. Virgo:

As a result of the Department of Human Services' licensing inspection on April 6, 2015 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 June 9, 2015 to June 9, 2016 was issued on March 11, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 10188 - 04/06/2015 - McIlvain, Shawn
 PCH Name: Chestnut Manor LLC

1. REGULATION 55 Pa.Code §2600

2600.101(j)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

2a. DESCRIPTION OF VIOLATION

Residents #2, #3, and #4 box springs are encased in plastic.

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.

Immediate action has been taken to remove shipping plastic from the box spring of all resident beds that is in violation

To assure future compliance with this regulation the maintenance staff persons will regular check replacement box spring and mattresses for the removal of the shipping plastic

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 5/19/15

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

The above plan of correction is approved as of 5/19/15
 (Date)

Plan of correction implementation status as of 5/19/15
 (Date)

The above plan of correction was approved by

(Signature)
 (Initials)

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

Violation Report: 10188 - 04/06/2015 - McIlvain, Shawn
 PCH Name: Chestnut Manor LLC

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 window, in resident #2's room, was covered in a thick layer of dust and dirt..

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.

Immediate action has been taken to clean window covering of dust from resident # 2 bedroom.

To assure future compliance the maintenance staff person will regularly check all window covering to make sure they are dust free and in good repair, staff person will be train on cleaning blinds on 5/22/15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>AUSTIN VIRAO / administrator</i>	Date <i>5/19/15</i>
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Violation Report: 10188 - 04/06/2015 - McIlvain, Shawn
 PCH Name: Chestnut Manor LLC

1. REGULATION 55 Pa.Code §2600
 2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION
 The first floor bathroom has no grab bars/ hand rail or assistive bar, for the bath tub and toilet use.

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.

Immediate action has been taken to install in the 1st floor bathroom grab bars for the bath tub & toilet use.

To assure future compliance with this regulation bathrooms that are being used by the resident administrator will be sure to double check and to make sure grab bars are installed & in good repair for resident use.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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>5/19/15</i>
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Violation Report: 10188 - 04/06/2015 - McIlvain, Shawn
 PCH Name: Chestnut Manor LLC

1. REGULATION 55 Pa.Code §2600
 2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
 The first floor public bathroom had one unlabeled bar of soap, in the shower area.

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.

Immediate Action has been taken to remove bar soap from first floor bathroom. A dispenser with soap has now been provided.

To assure future compliance the maintenance staff will check on a daily basis to make sure no unlabeled bar soap are present in any of the bathroom staff will be training on 5/22/15 on this regulation


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alessia Virgo / Administrator</i>	Date <i>5/19/15</i>
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Violation Report: 10188 - 04/06/2015 - McIvain, Shawn
 PCH Name: Chestnut Manor LLC

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 4/6/15 at 10:15AM the ketchup and grape jelly, which the manufacturer states to refrigerate after opening, was found to open and not refrigerated.

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.

Immediate action has been taken to refrigerate all open Ketchup and Grape Jelly

To assure future compliance with this regulation, Administrator will check on a daily basis behind staff member to make sure refrigerated items are in the refrigerator. Staff will be retrain on this regulation regarding food safety on 5/22/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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>5/19/15</i>
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Violation Report: 10188 - 04/06/2015 - McIlvain, Shawn

PCH Name: Chestnut Manor LLC

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

On 4/6/15 at 1:00PM Resident # 1's glucometer did not have the residents name.

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.

Immediate Action has been taken to label glucometer with Resident NAME.

To Assure Future Compliance with this Regulation Administrator will check all Admission of New Resident with glucometer for the Labeling of their Name. Staff will be Training on this Regulation on 5/22/15.

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
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AUSTIN VIRGO / Administrator

Date

5/19/15

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