



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 19013
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 22

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 December 30, 2015 until December 30, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 141410

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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 29 2015

Ms. Rita Ellis, Executive Director
VS Wallingford, LLC c/o Valstone Asset Management, LLC
260 East Brown Street, Suite 250
Birmingham, Michigan 48009

RE: Chestnut Ridge Retirement Living
2700 Chestnut Parkway
Chester, Pennsylvania 19013
License #: 141410


Dear Ms. Ellis:

As a result of the Department of Human Services' licensing inspections on October 19, 2015 and December 23, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,


Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: CHESTNUT RIDGE RETIREMENT LIVING		License Number: 14141
Address: 2700 CHESTNUT PARKWAY, CHESTER, PA 19013		County: Delaware
Administrator: MS RITA ELLIS		Region: SOUTHEAST
Legal Entity Name: VS WALLINGFORD, LLC		
Legal Entity Address: 260 EAST BROWN STREET, BIRMINGHAM, MI 48009		
Certificate(s) of Occupancy C-2 LP 10/19/1998 LABOR & INDUSTRY		
Staffing Hours		
Resident Support:	Total Daily Staff: 87	Working Staff: 65
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspection Dates and Department Representatives On-Site 11/19/2016: Braswell, Natasha; Kazimer, Lauren		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 130	Number of Residents who:	
Number of Residents Served: 64	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 69	
Area: MEMORY CARE	Have Mental Illness: 1	
Secured Dementia Unit Capacity, If Applicable: 22	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, If applicable: 16	Have a Mobility Need: 23	
Number of Current Hospice Residents: 3	Have a Physical Disability: 2	
Number of Hospice Residents in past year: 3		

Violation Report: 14171 - 11/10/2015 - Braswell, Natalia
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 Staff member A, hired [redacted] 15, criminal background check request was made on 6/1/2015.

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 member A has had a background check. HR department will have criminal history checks done on all new staff before first day of employment. HR will do quarterly audits on all staff's files for criminal history checks. Executive Director will check signed log to confirm audits are being done.

HR department has been retrained on the procedure for background checks.

See attached.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kelly Hatter Executive Director* Date *12-15-15*

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

The above plan of correction is approved as of <i>12/22/15</i> (Date)	Plan of correction implementation status as of <i>12/22/15</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: 14141 - 11/19/2016 - Braswell, Nalasha
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The last drill conducted during sleeping hours was 12/29/14,

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.

Maintenance Director has held a fire drill during sleeping hours. System has been implemented that will notify Maintenance Director and Executive Director when fire drills are due.

Maintenance Director and team have been trained on when fire drills are to be done. Fire Drill log showing fire drills have been done every 6 months during sleeping hours.

See attached.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kelly Hatter ED Date 12-15-15

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The above plan of correction is approved as of 12/22/15
 (Date)

Plan of correction implementation status as of 12/22/15
 (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: 14141 - 11/19/2015 - Braswell, Natasha
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2800
 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 10/19/15, resident # 1's Docusate Sodium 100 mg, was observed in the medication cart. There is no order for the medication.

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.

Wellness Director will obtain an order for resident # 1's Docusate Sodium. Wellness Director will do quarterly audits and random audits weekly for 12 weeks. Executive Director will check signed log to confirm audits are being done by Wellness Director.

All staff who administer medications
 will be retrained by January 1st 2016

See attached

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kelly Hartter*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kelly Hartter ED Date 12-15-15

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

The above plan of correction is approved as of 12/24/15
 (Date) Plan of correction implementation status as of 12/24/15
 (Date)

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

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

Violation Report: 14141 - 11/19/2016 - Braaswell, Natasha
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

- On 10/19/15, resident # 2's Novolog 70/30 was open and undated. The manufacturer's instructions state "keep NovoLog mix 70/30 at room temperatures below 86 degrees for up to 14 days once it is punctured."

- On 10/19/15, resident # 2's Novolog 100 units/ml was open and undated. The manufacturer's instructions state "keep NovoLog FlexPen at temperatures below 86 degrees for up to 28 days once it is punctured."

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.

Wellness Director has contacted the pharmacy for proper labeling of resident #2's Novolog. Audits will be done quarterly by Wellness Director and random audits weekly for 12 weeks. Executive Director will check signed log to confirm audits are being done by Wellness Director.

All staff who administer medication
 will be retrained by January 1st 2016

See attached.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kelly Hunter Date 12-15-15

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The above plan of correction is approved as of 12/29/15
 (Date)

Plan of correction implementation status as of 12/29/15
 (Date)

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

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

Violation Report: 14141 - 11/19/2015 - Braswell, Natasha
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2800
 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
 - Resident # 1 is prescribed Pepto Bismol 30 ml by mouth PRN. The medication cart contained Pepto Bismol 282 mg tablet.
 - Resident # 3 is prescribed Ipratropium - Albuterol 3 ml via nebulizer every 6 hours as needed for shortness of breath. It was not available on 10/19/15.
 - Resident # 4 is prescribed Cal - Gest 600 mg, 3 times daily as needed. The medication cart contained 750 mg.

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.
 Wellness Director has removed resident # 1's Pepto Bismol from the cart and has ordered from the pharmacy the correct dosage of Pepto Bismol. Wellness Director has removed resident #4's Cal-Gest from the card and has ordered from the pharmacy the correct dosage of Cal-Gest. Wellness Director has ordered residents #3's Albuterol from the pharmacy. Audits will be done quarterly by Wellness Director and random audits weekly for 12 weeks. Executive Director will check signed log to confirm audits are being done by Wellness Director.

All staff who administer medication will be retrained by January 1st 2016.
 See attached

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kelley Huber ED</i>	Date <i>12-15-15</i>
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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: 14141 - 11/19/2015 - Braswell, Nulaaha
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 On 10/19/2015, at 1:00 pm, resident # 2's Mycophenolate 500 mg, Phosol 667 mg and Renvela 800 mg was administered at 1:00 pm. Staff person B did not initial the medication administration record until 3:03 pm.

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.

Wellness Director has reviewed the MAR'S for resident #2 to ensure all medications are being signed for when given. Wellness Director will do quarterly audits and random weekly audits for 12 weeks. Executive Director will check signed log to confirm audits are being done by Wellness Director.

All staff who administer medications will be retrained by January 1st 2016

See attached.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kelly Hunter*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Hunter ED Date 12-15-15

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- Not Implemented

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