



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: August 25, 2016**

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 inspection on February 24, 2016, March 1, 2016 and May 9, 2016 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.

Sincerely,

A handwritten signature in black ink that reads "Roslyn Brewer".

Roslyn Brewer  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

PGH Name: CHESTNUT RIDGE RETIREMENT LIVING		License Number: 14141
Address: 2700 CHESTNUT PARKWAY, CHESTER, PA 19013		County: Delaware
Administrator: Brillriey Wilson		Region: SOUTHEAST
Legal Entity Name: VS WALLINGFORD LLC		
Legal Entity Address: 280 EAST BROWN ST SUITE 250, BIRMINGHAM, MI 48009		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 0	Waking Staff: 0
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s): Complaint		
On-Site Inspections Dates and Department Representatives On-Site 02/24/2016: Kazlmer, Lauren; Knockstead, Lori; Mclvain, Shawn 03/01/2016: Kazlmer, Lauren; Knockstead, Lori 05/09/2016: Kazlmer, 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:	Receive Supplemental Security Income:	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older:	
Area:	Have Mental Illness:	
Secured Dementia Unit Capacity, if Applicable: 22	Have an Intellectual Disability:	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need:	
Number of Current Hospice Residents:	Have a Physical Disability:	
Number of Hospice Residents in past year:		

Violation Report: 14141 - 02/24/2016 - Kazimer, Lauren  
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 3/1/2016, resident records were unlocked and accessible in the Wellness Office from 4:09pm from 4:13pm.

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.

See Attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kelly Hatter</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Hatter ED			Date 6.22.16
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <i>7/1/16</i> (Date)		Plan of correction implementation status as of <i>7/1/16</i> (Date)	
The above plan of correction was approved by <i>[Signature]</i> (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Regulation 55. PA Code 2600	Target Date by which correction will be completed	Plan of Correction
17	6/3-6/2016  6/3-6/2016	HIPPA training conducted. See attached record of training  Staff have been educated to ensure wellness doors are locked upon exiting the room.
<p>Training was completed on 6/3/16 staff have been educated on ensuring the wellness doors are locked and discussed the importance of locking the doors after each person exit this area. All staff on each shift will ensure doors are secure.</p> <p style="text-align: right;"><i>FB</i></p>		

*Kelly Hatter 6-22-16*  
*Kelly Hatter ED*

Violation Report: 14141 - 02/24/2016 - Kazimer, Lauren  
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600

2800.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

At approximately 8:55am on 4/10/2016 in the home's SDCU, staff person A heard a loud "boom". Staff person A arrived at the scene of the incident to find staff person B and resident #1. Resident #1 was on the ground with their glasses off their face and their elbow was bleeding. Staff person A and B helped the resident up and into a wheelchair. Resident #1 was repeatedly yelling, "You pushed me! You pushed me!" towards staff member B. Staff person B explained to staff person A, that the resident was pushing them in the back as they were taking another resident to the bathroom. Staff person B stated, "Damn right, I pushed (the resident) back". Staff person B did not report to the oncoming shift that the resident had fallen.

When the resident was assessed by staff person C, the resident told staff person C they had "lost a fight" and expressed that their shoulder hurt. At 8am, hospice was made aware that the resident was experiencing shoulder pain and an x-ray was recommended. The resident refused to eat breakfast due to pain and was given a Tylenol PRN. An order for an x-ray was received at 12:05pm. The resident refused to eat lunch due to pain and was given a Percocet PRN for pain at 12:30pm. At approximately 4:30pm and mobile x-ray unit confirmed that the resident had a "fracture of the surgical neck without displacement." The resident was then sent out to the hospital via 911 for treatment.

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.

*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 Harter*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kelly Harter ED* Date *6-22-16*

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 (Date)

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 (Initials)

Plan of correction implementation status as of *7/1/16*  
 (Date)

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

Regulation 55. PA Code 2600	Target Date by which correction will be completed	Plan of Correction
42B	5/11-19/2016	<p>Staff B immediately placed on investigative leave. Reportable filed and AAA notified immediately. All other contacts made. Staff B terminated on [REDACTED] 2016. Staff A and C immediately reeducated on proper incident reporting procedures.</p> <p>All health services staff have been retrained on the procedure for reporting a resident incident. Retrained on mandated reporting for abuse and neglect. See attached record of training</p> <p>The administrator will ensure the health safety and well-being of all residents in the home.</p> <p style="text-align: right;"><i>RB</i></p>

*Kelly Hatter 6-22-16*  
*Kelly Hatter ED*

Violation Report: 14141 - 02/24/2016 - Kazimer, Lauren  
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 On 5/13/2016, the first floor men's bathroom stall door was not hinged properly, preventing the door from being locked.

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kelly Hutter ED* Date *6-22-16*

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Regulation 55. PA Code 2600	Target Date by which correction will be completed	Plan of Correction
95	5/14/2016	<p>Corrected immediately by maintenance director.</p> <p>The maintenance director will walk through the home quarterly to ensure the home is in good repair</p> <p style="text-align: right;"><i>AB</i></p>

*Kelly Hutter* ~~ED~~ *ED* 6.22.16  
*Kelly Hutter*

Violation Report: 14141 - 02/24/2016 - Kazimer, Lauren  
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #2, admitted to the home on [redacted] 2016, had an initial medical evaluation signed by the medical professional on 2/8/2016.

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.*

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Regulation 55. PA Code 2600	Target Date by which correction will be completed	Plan of Correction
141(a)(1)	5/13/2016  5/9/2016 and ongoing	<p>The Wellness Nurse audited all Medical Evaluations (DME) for completion and confirmed the exam date was within 60 days prior to move-in or within 30 days after move-in.</p> <p>All new DMEs are reviewed by the Administrator or designee at the daily stand up meeting to ensure they are completed in the appropriate timeframe. The physician is notified immediately if DMEs are not completed correctly</p>

Kelly Hatter  ED  
 Kelly Hatter 6-22-16

Violation Report: 14141 - 02/24/2016 - Kazimer, Lauren  
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

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 1/20/16, resident #3 was experiencing shortness of breath and chest pain. Staff person F and Administrator E documented the disposition of 14 Morphine 0.25ml/5mg syringes on 1/20/16. Staff person F told Agents of the Department that the medication was expired and that more Morphine was ordered STAT. The PRN medication was unavailable to the resident on 1/20/16.

The home's medication policy includes the following procedures for controlled medication records:

"All controlled schedule II medications are to be: ... recorded on: the Medication Administration Records (MARs) and a Declining Inventory Sheet, provided by the pharmacy when the drugs are dispensed and kept in a Narcotic Count Book locked in the medication cart."

- On 2/29/16, staff person D initiated the administration of a Fentanyl 25mcg patch to resident #3 on the MAR but did not sign the Declining Inventory Sheet.

The home's medication policy lists the following procedures to be followed for the disposal of controlled substances:

"To dispose of a scheduled medication that is contaminated, dropped or refused by the resident: locate another Med Aide and/or Nurse to see dropped medication, discard in the appropriate medication destruction container, and document on the Declining Inventory Sheet that the medication was dropped, contaminated, refused and/or wasted."

- Staff person D documented on a Declining Inventory Sheet that 15 syringes of Morphine 5mg/0.25ml were received on 1/24/16. That Declining Inventory Sheet could not be produced to Agents of the Department on 3/1/16. Administrator E provided Agents of the Department with a Declining Inventory Sheet in which Administrator E documented receiving 13 syringes of Morphine 5mg/0.25ml. Administrator E stated that two syringes were wasted due to the caps not being sealed properly. There is no documentation of the destruction of two Morphine syringes.

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.

See Attached

Repeat Violation: No	Date(s) of Previous Violation(s):	11/19/2015
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kelley Hatter*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kelley Hatter ED* Date *6-22-16*

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55. PA Code 2600	Target Date by which correction will be completed	Plan of Correction
185(a)	5/15/2016	Cart audit conducted by Executive Director and Regional Nurse to ensure all medications were readily available to residents as prescribed.
	5/15/2016	Medication administration record and Declining Inventory sheet audits conducted by Executive Director and Regional Nurse to ensure compliance.
	5/15/2016 and ongoing	Monthly cart audits will be conducted by Executive Director or designee to ensure all medications are readily available.
	5/15/2016 and ongoing	Weekly audits of MAR's and Declining Inventory sheet will be conducted by Executive Director or designee to ensure compliance.
	Immediately and ongoing	All destroyed medications will be signed off by Executive Director in addition to staff. Staff educated on proper protocol for medication destruction.
	6/01/2016 and ongoing	Quarterly cart audits, and MARs audits will be performed by Regional Nurse

*Kelly Hatter* (with a circled 'A')  
 Kelly Hatter (with 'EL')  
 622-46

Violation Report: 14141 - 02/24/2016 - Kazimer, Lauren  
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.186(b) - Prescription medications shall be used only by the resident for whom the prescription was prescribed.

2a. DESCRIPTION OF VIOLATION

On 2/4/16, Administrator E administered Morphine to resident #4 that was "borrowed" from another source. It was not dispensed by the pharmacy to the home.

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kelly Harter ED* Date: *6-22-16*

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Regulation 55, PA Code 2600	Target Date by which correction will be completed	Plan of Correction
186B		<p>Resident 4 was actively dying, family was present and struggling with seeing the resident suffer. Administrator E, who was also a LPN reviewed the doctors order and administered the medication as prescribed based on the resident 4 medical state and the need at that time.</p> <p>3/09/2016 All certified medication technicians and LPNs were reeducated on the proper administration procedure. See record of training attached.</p> <p>5/15/2016 Cart audit conducted by Executive Director and Regional Nurse to ensure all medications were readily available to residents as prescribed.</p> <p>5/15/2016 and ongoing Monthly cart audits will be conducted by Executive Director or designee to ensure all medications are readily available.</p> <p>6/01/2016 and ongoing Wellness Nurse, or designee will not leave the community before all hospice medications have arrived and available in the community.</p> <p>6/1/2016 Quarterly cart audits, and MARs audits will be performed by Regional Nurse</p>

Kelly Hatter  
 Kelly Hatter ED 6-22-16

Violation Report: 14141 - 02/24/2016 - Kazimer, Lauren  
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  
- There were no staff initials on resident #4's January medication administration record for the following dates and times:  
Acetaminophen 325mg on 1/29 at 5pm  
Dorzolamide/Timolol 2%-0.5% eye drops on 1/29 at 5pm  
Quellapine Fumarate 50mg on 1/29 at 5pm  
Quellapine Fumarate 100mg on 1/22, 1/28, and 1/29 at 9pm  
Refresh Tears 0.5% on 1/1 and 1/29 at 5pm  
Tamsulosin HCL 0.4mg on 1/4, 1/12, and 1/29 at 5pm  
Trazadone HCL 50mg on 1/1, 1/4, and 1/29 at 9pm  
  
- Resident #4 had an order on 2/6/2016 for Hydromorphone 5mg/5ml, take 2ml by mouth every hour. The following medication administrations were documented on the controlled medication record but not initiated by staff on the MAR:  
2/6/2016 at 1:45pm, 2:45pm, 3:45pm, 4:50pm, 5:50pm, 6:50pm, 7:50pm, 8:50pm, and 9:50pm.

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.

See Attached

Repeat Violation: Yes      Date(s) of Previous Violation(s): 11/19/2015

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Hutter (EID)      Date 6-22-16

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Regulation 55. PA Code 2600	Target Date by which correction will be completed	Plan of Correction
187(b)		<p>Investigation conducted staff person responsible for errors identified and relieved of medication administration duties.</p> <p>5/15/2016 MARs are reviewed at the end of each medication pass by medication technician to ensure proper documentation for medication administration.</p> <p>5/15/2016 Medication administration record and Declining Inventory sheet audits conducted by Executive Director and Regional Nurse to ensure compliance.</p> <p>5/15/2016 and ongoing Monthly cart audits will be conducted by Executive Director or designee to ensure all medications are readily available.</p> <p>Immediately and ongoing Weekly audits of MAR's and Declining Inventory sheet will be conducted by Executive Director or designee to ensure compliance.</p> <p>6/01/2016 Quarterly cart audits, and MARs audits will be performed by Regional Nurse</p>

*Kelly Hutter*

Kelly Hutter

6-22-16  
ED

Violation Report: 14141 - 02/24/2016 - Kazimér, Lauren  
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- According to the medication administration record and the controlled medication record, resident #3 did not receive their scheduled Fentanyl 25mcg patch on 1/18/16.

- Staff person D initiated that they administered resident #3's Fentanyl 25mcg patch on 2/29/16, in accordance with the physician's orders. On 3/1/16, Agents of the Department observed a Fentanyl patch on resident #3 dated 3/1/16.

- Resident #3 had an order for oxygen saturation checks every shift and to record results. There were no staff initials or results recorded on the MAR for the following days and shifts:

7am-3pm shift: 1/1, 1/7, 1/8, 1/14, 1/15, 1/21, and 1/22

3pm-11pm shift: 1/1, 1/21, and 1/22

11pm-7am shift: 1/1, 1/2, 1/8-1/14, 1/16, 1/20, and 1/21

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

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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 6-22-16

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 (Initials)

Regulation 55. PA Code 2600	Target Date by which correction will be completed	Plan of Correction
187(d)	2/29/2016	Investigation concluded that staff D due to the leap year (2/29/2016) dated the patch 3/1/2016 by error, but had in fact given the medication as prescribed on the correct date. Staff D did make the proper change on the patch to ensure medication would be given at next dosage time. Staff informed of date error and reminded to verify dates ongoing.
	5/15/2016	Medication administration record and Declining Inventory sheet audits conducted by Executive Director and Regional Nurse to ensure compliance.
	Immediate and ongoing	Weekly audits of MAR's and Declining Inventory sheet will be conducted by Executive Director or designee to ensure compliance.
	6/01/2016	Quarterly cart audits, and MARs audits will be performed by Regional Nurse

 6-22-16  
 Kelly Hatter ED

Violation Report: 14141 - 02/24/2016 - Kazmier, Lauren  
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

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.

2a. DESCRIPTION OF VIOLATION .

The initial assessment for resident #1, dated [redacted] 16, indicated the resident had a need for agitation and aggression. The resident's support plan did not document how this need will be met.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kelly Hutter ED*      Date *6-22-16*

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Regulation 55. PA Code 2600	Target Date by which correction will be completed	Plan of Correction
227(d)	5/9/2016 and ongoing  5/13/2106  6/01/2016  6/01/2016	RASP will be reviewed by the Administrator or designee at morning stand up for completion.  Wellness Director audited all RASP for completion.  Executive Director monthly audit RASP  Regional Nurse quarterly audit of RASP.

*Kelly Hutter* (signature) ED

Kelny Hutter 6-22-16

Violation Report: 14141 - 02/24/2016 - Kazimer, Lauren  
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 65 Pa.Codo §2600  
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION  
 - Resident #1 was admitted to the SDCU on [redacted] 2016 and the resident's initial support plan was developed on 3/1/2016.  
 - Resident #2 was admitted to the SDCU on [redacted] 2015 and the resident's initial support plan was developed on 1/15/2016.  
 - Resident #5 was admitted to the SDCU on [redacted] 2016 and the resident's initial support plan was developed on 1/19/2016.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kelly Hartner*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Kelly Hartner ED      Date 6-22-16

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Regulation 55. PA Code 2600	Target Date by which correction will be completed	Plan of Correction
234A	5/9/2016 and ongoing  5/13/2016  6/1/2016  6/1/2016	Support plans will be reviewed by the Administrator or designee at morning stand up for completion  Wellness Director audited all Support plans for completion.  Monthly audit of Support Plans will be done by Executive Director  Quarterly audits of Support Plans will be done by Regional Nurse

*Kelly Hutter* ED

*Kelly Hutter 6-22-16*