



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 30 2017

Ms. Amber Williams,
COO
VS Wallingford, LLC
2700 Chestnut Parkway
Chester, Pennsylvania 19013

RE: Chestnut Ridge Retirement Living
License #: 141410

Dear Ms. Williams:

As a result of the Department of Human Services' annual licensing inspections on October 17, 2016 and October 18, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 14141 - 10/17/2016 - Kazimar, Lauren
 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
 - Ancillary staff person A was hired on [redacted] 16. Staff person A resides in [redacted] and did not receive an FBI background check prior to hire.
 - Staff person B, hired on [redacted] 15, did not have a criminal background check prior to hire on file. A new check was completed on 10/17/16.

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
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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 *11-21-16*

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

The above plan of correction is approved as of *12/21/16*
 (Date)

Plan of correction implementation status as of *12/21/16*
 (Date)

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

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

Regulation 55, PA Code 2600	Target Date by which correction will be completed	Plan of Correction
51	<p>10/23/16</p> <p>10/17/16</p> <p>10/18/16</p> <p>10/19/16</p> <p>10/19/16 and on going</p>	<p>Staff A had a criminal background check completed upon hire. FBI check was completed on 10/23/16</p> <p>Staff B criminal background check was re-submitted on 10/17/16</p> <p>Business Office Manger retrained on background check procedures.</p> <p>Business Office Manager audited all staff files for compliance.</p> <p>Quarterly audits will be conducted by Executive Director or designee for compliance.</p>

Kelley Hutto ED 11-21-16

Violation Report: 14141 - 10/17/2016 - Kazimer, Lauren
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 65 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

- On 10/8/16 at 8am and 4pm, resident #1's glucometer was used to take resident #2's blood glucose levels.
- On 10/18/16, there was feces on the trash can located in the bathroom of room #805. The bathroom had a strong urine smell.
- On 10/18/16, there was feces on a bath mat in the bathroom of room #408.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kelly Hunter</i>	Date <i>11-21-16</i>
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Regulation 55. PA Code 2600	Target Date by which correction will be completed	Plan of Correction
85 (a)	10/18/16	Resident #1 and #2 glucometers were immediately discarded and replaced per request of state surveyor.
	10/19/16	All medication technicians/LPN's were reeducated on the use of glucometers and potential issues if the wrong glucometer were to be used.
	10/19/16 <i>and ongoing</i>	Weekly audits being conducted on all glucometers by Executive Director or designee to ensure appropriate usage.
	10/18/16	Room 805 trash lid was dirty but not with feces. The Executive Director was present during inspection and did not smell urine in the bathroom. The bathroom and trash lid were cleaned during inspection.
	10/18/16	Room 408 mat in bathroom was dirty but not with feces. The Executive Director was present during inspection and did remove the mat to have it cleaned.
	10/19/16 and ongoing	Apartments are deep cleaned weekly and spot cleaned daily by community.
		<i>Kelly Hutto ED 11-21-16</i>

Violation Report: 14141 - 10/17/2016 - Kazimer, Lauren
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 There was miscellaneous trash mixed in with a pile of dried leaves between the dumpster and the home's exterior wall.

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
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Regulation 55. PA Code 2600	Target Date by which correction will be completed	Plan of Correction
85 (e)	<p>10/18/16</p> <p>10/18/16 and ongoing</p> <p>10/19/16 and ongoing</p>	<p>Trash was immediately picked up during inspection.</p> <p>The outside of the building is walked daily to ensure no trash is left on the grounds.</p> <p>The location where trash is stored is audited weekly by the Executive Director or designee for compliance.</p> <p><i>Kelly Hutton</i> ED 11-21-16</p>

Violation Report: 14141 - 10/17/2016 - Kazimer, Lauren
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 85 Pa.Code §2600-2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 The emergency service numbers posted in resident rooms do not contain the personal care home complaint hotline.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Regulation 55. PA Code 2600	Target Date by which correction will be completed	Plan of Correction
91	10/18/16 10/18/16 and ongoing	Fixed during inspection on 10/18/16. Quarterly audits will be done by the Executive Director or designee to ensure compliance.

Kelly Hatter, ED 11-21-16

Violation Report: 14141 - 10/17/2016 - Kazlmer, Lauren
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

- Resident #3's most current medical evaluation was completed on 6/8/16, and the previous medical evaluation was completed on 3/10/15.
- Resident #4's last medical evaluation was completed on 5/5/15.
- Resident #5's last medical evaluation was completed on 10/6/14.
- Resident #6's most current medical evaluation was completed on 4/1/16, and the previous medical evaluation was completed on 3/8/15.

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 Matter*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kelly Matter ED</i>	Date <i>11-21-16</i>
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Regulation 55. PA Code 2600	Target Date by which correction will be completed	Plan of Correction
141(b)(1)	<p>10/18/16</p> <p>11/21/16</p> <p>10/17/16</p> <p>10/19/16 and ongoing</p>	<p>Resident #3 DME was not able to be completed due to Resident being out of the community at a Rehab. The DME was completed as soon as possible after return from Rehab.</p> <p>Resident #4 DME will be completed by 11/21/16</p> <p>Resident #5 DME was completed on 10/19/15 and 10/17/16.</p> <p>Quarterly audits will be done on all DME's by the Executive Director or designee for compliance.</p> <p><i>Kelly Hart</i> ED 11-21-16</p>

Violation Report: 14141 - 10/17/2016 - Kazimer, Lauren
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 - Resident #4's order for Potassium ER 30mg reads take 3 times weekly, Monday, Wednesday, and Friday. The script label reads take once daily.
 - Resident #4's order for Procrit 10,000ml reads inject once every two weeks, and the script label reads inject once weekly.
 - Resident #7's order for Restasis 0.05% eye drops reads 1-2 drops to both eyes daily. The script label for Restasis 0.05% reads 1 drop into both eyes twice a day.
 - Resident #7's order for Sennalax tab reads take 2 tabs daily. The script label for Sennalax reads take 2 tabs at bedtime.

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 *11-21-16*

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 (Date)

Plan of correction implementation status as of *12/2/16*
 (Date)

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

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

Regulation 55. PA Code 2600	Target Date by which correction will be completed	Plan of Correction
184 (a)	10/18/16	Resident #4 Potassium order was verified during inspection and order change sticker was placed on the vial.
	10/18/16	Resident #4 Procrit order was verified during inspection and order change sticker was placed on the vial.
	10/18/16	Resident #7 Restasis order was verified during inspection and order change sticker was placed on the container.
	10/18/16	Resident #7 Sennaix order was verified during inspection and order change sticker was placed on the vial.
	10/19/16	All medication technicians/LPNN's have been retrained on the 6 rights of medication administration.
	10/19/16 and ongoing	Medications being delivered to the community from the pharmacy are matched to the MARs prior to the medication being stored in the medication cart.
	10/19/16 and ongoing	Monthly car audits will be conducted by the Executive Director or designee to ensure compliance.

Bulley Hutter ED 11-21-16

Violation Report: 14141 - 10/17/2016 - 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

- Resident #1's PRN Acetaminophen 500mg was not available in the home on 10/18/16.
- Resident #7 has an order for PRN Mucinex 600mg ER. On 10/18/16, the home had Mucinex 400mg in the medication cart.
- Resident #8's glucometer was not set to the correct date and time

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	02/24/2016
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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 ES Date 11-21-16

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The above plan of correction is approved as of <i>12/1/16</i> (Date)	Plan of correction implementation status as of <i>12/1/16</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

Regulation 55. PA Code 2600	Target Date by which correction will be completed	Plan of Correction
185 (a)	10/18/16	Resident #1's PRN Acetaminophen was reordered on 10/17/16 the pharmacy delivered the medication on 10/18/16. Resident #1 had no sign or symptoms of pain during this time. This medication is additional kept in a house stock should Resident #1 needed it while the pharmacy was delivering.
	10/18/16	Resident #7's PRN Mucinex order reads as follows: Mucinex Tab 600MG ER 2 Tablets (1200MG) by mouth twice daily as needed. DX: Congestion. Mucinex Tab 400MG ER was in the medication cart with a "Direction Change Refer to Chart" sticker on the medication. Prompting staff to administer 3 tabs to equal 1200MG if this medication was needed.
	10/18/16	Resident #8 glucometer was calibrated and set to the correct date during time of inspection. State surveyor informed staff that it was ok to change the date and document change made.
	10/19/16 and ongoing	Monthly cart audits will be conducted by Executive Director or designee to ensure compliance.

Kelly Hutto ED 11-21-16

Violation Report: 14141 - 10/17/2016 - 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

- On 10/18/16, at 8am, resident #2's blood glucose of 163 was recorded on the Diabetic Flowsheet. Staff did not initial the medication administration record when the accucheck was performed.

- Resident #9 has a PRN order for Oxycodone 5mg/325mg. The medication was signed out on the narcotic count sheet but not initialed by staff on the MAR on the following dates/times: 10/5 at 8pm, 10/6 at 1pm, 10/7 at 8:30am, 10/9 at 10am, 10/13 at 9pm, 10/14 at 8pm, and 10/16 at 9am.

J. 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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Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/19/2015	02/24/2016
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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 *11-21-16*

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 (Date)

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

Plan of correction implementation status as of *12/12/16*
 (Date)

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

Regulation 55. PA Code 2600	Target Date by which correction will be completed	Plan of Correction
187 (b)	<p>10/19/2016</p> <p>10/19/2016 and ongoing</p>	<p>All medication technicians/LPN's have been retrained on the 6 rights of medication administration.</p> <p>Weekly MARS audits will be conducted by Executive Director or Designee for compliance.</p>

Kelly Hutto ED 11-21-16

Violation Report: 14141 - 10/17/2016 - Kazimer, Lauren
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- Resident #1 has an order for accuchecks daily. The glucometer for resident #1 has no record of accuchecks taken on 10/2, 10/3, 10/5, 10/6, 10/9, and 10/10/16.

- Resident #2 has an order for accuchecks twice daily, at 8am and 4pm. The glucometer for resident #2 has no record of accuchecks taken at 4pm on 10/6, 10/10, 10/12, 10/16, and 10/17/16.

- Resident #4 had an order for Procrit 10,000ml injection to be given for HGB levels under 9. On 9/1/16, resident #4's HGB level was 8, and Procrit was not given.

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):	02/24/2016
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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 11-21-16

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Regulation 55. PA Code 2600	Target Date by which correction will be completed	Plan of Correction
187 (d)	<p>10/19/2016</p> <p>10/19/2016 and ongoing</p> <p>10/19/2106 and ongoing</p>	<p>All medication technicians/LPN's have been retrained on the 6 rights of medication administration.</p> <p>Monthly cart audits will be conducted by the Executive Director or designee for compliance.</p> <p>Quarterly cart audits will be conducted by Risk Management RN for compliance.</p>

Kelley Hutter ED 11-21-16

Violation Report: 14141 - 10/17/2016 - Kazlmer, Lauren
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa. Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

- Staff person C's annual practicum for medication administration was completed on 9/23/16. Their previous annual practicum was completed on 2/6/14. According to the September 2016 MARs, staff person C administered medications to residents of the home prior to the staff's recertification.

- Staff person D only completed two MAR reviews for their 2015 annual practicum. Staff person D was recertified on 9/18/16; but according to the September 2016 MARs, they administered medications to residents prior to 9/18/16.

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

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- Not Implemented

Regulation 55. PA Code 2600	Target Date by which correction will be completed	Plan of Correction
190 (a)	10/19/2016 10/19/2016 and ongoing	<p>All medication technician's files have been reviewed for state compliance. All files are in compliance with state regulations.</p> <p>Quarterly file audits will be conducted by Executive Director or designee for compliance.</p>

Kelley Hutter, ED 11-21-16

Violation Report: 14141 - 10/17/2016 - Kazimer, Lauren
 PCI Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 65 Pa.Code §2600
 2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION
 Staff person E signed that staff person F passed their initial training on 11/23/15. Staff person F did not complete their initial training until 4/1/16.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Regulation 55, PA Code 2600	Target Date by which correction will be completed	Plan of Correction
190 (c)	<p>10/19/2016</p> <p>10/19/2016</p> <p>10/19/2016 and on going</p>	<p>Staff person E is no longer employed by community.</p> <p>All files have been reviewed for state compliance. All files are in compliance with state regulations.</p> <p>Quarterly file audits will be conducted by Executive Director or designee for compliance.</p>

Kelley Hatter ED 11-21-16

Violation Report: 14141 - 10/17/2016 - Kazimer, Lauren
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 65 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 - Resident #3's most recent assessment was completed on 6/8/16, and the previous assessment was completed on 3/16/15.
 - Resident # 4 does not have a completed annual assessment for 2016.
 - Resident #5's last assessment was completed on 1/29/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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The above plan of correction is approved as of *12/12/16*
 (Date)

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

Plan of correction implementation status as of *12/21/16*
 (Date)

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

Regulation 55. PA Code 2600	Target Date by which correction will be completed	Plan of Correction
225 (c)	10/18/2016	Resident #3 assessment was not able to be completed due to resident being out of the community at a rehab. The assessment was completed as soon as possible after return back from rehab.
	11/21/16	Resident #4 assessment will be completed by 11/21/16
	10/17/16	Resident #5 assessment was completed on 10/17/16.
	10/19/2016 and ongoing	Monthly chart audits will be conducted by Executive Director or designee for compliance.
	10/19/2016 and ongoing	Quarterly chart audits will be conducted by Risk Management RN for compliance.

Kelly H. [Signature] ED 11-21-16

Violation Report: 14141 - 10/17/2016 - Kazimer, Lauren
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 66 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
 - (2) If the condition of the resident significantly changes prior to the annual assessment.
 - (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

- Resident #3's most recent assessment was completed on 6/6/16, and the previous assessment was completed on 3/16/15.
- Resident # 4 does not have a completed annual assessment for 2016.
- Resident #5's last assessment was completed on 1/29/14.

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.

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 *11-21-16*

DEPARTMENT USE ONLY | HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of *12/12/16*
 (Date)

Plan of correction implementation status as of *12/12/16*
 (Date)

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

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

Regulation 55. PA Code 2600	Target Date by which correction will be completed	Plan of Correction
225 (c)	<p>10/18/2016</p> <p>11/21/16</p> <p>10/17/16</p> <p>10/19/2016 and ongoing</p> <p>10/19/2016 and ongoing</p>	<p>Resident #3 assessment was not able to be completed due to resident being out of the community at a rehab. The assessment was completed as soon as possible after return back from rehab.</p> <p>Resident #4 assessment will be completed by 11/21/16</p> <p>Resident #5 assessment was completed on 10/17/16.</p> <p>Monthly chart audits will be conducted by Executive Director or designee for compliance.</p> <p>Quarterly chart audits will be conducted by Risk Management RN for compliance.</p>
		<p>Kelly H. [Signature] ED 11-21-16</p>

Violation Report: 14141 - 10/17/2016 - Kazimer, Lauren
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident #6 did not sign their support plan completed on 7/28/16.

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 Hatter*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kelly Hatter ES</i>	Date <i>11-21-16</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>12/12/16</i> (Date)	Plan of correction implementation status as of <i>12/12/16</i> (Date)
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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
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Regulation 55. PA Code 2600	Target Date by which correction will be completed	Plan of Correction
227 (g)	<p>10/18/2016</p> <p>10/19/2016 and ongoing</p> <p>10/19/2016 and ongoing</p>	<p>Resident #6 is unable to sign support plan as resident is legally blind. Correction has been made on signature section to reflect the above;</p> <p>Monthly chart audits will be conducted by Executive Director or designee for compliance.</p> <p>Quarterly chart audits will be conducted by Risk Management RN for compliance.</p>
		<p><i>Kelly Hu</i> ED 11-21-16</p>

Violation Report: 14141 - 10/17/2016 - Kozlimer, Lauren
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600

2600.254(c) - Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

2a. DESCRIPTION OF VIOLATION

On 10/18/16, at approximately 2:30pm, a supply closet on the 8th floor was unlocked that contained resident records.

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)

Kelly Hatter

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

Kelly Hatter ED

Date

11-21-16

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

The above plan of correction is approved as of

[Signature]
 (Date)

Plan of correction implementation status as of

[Signature]
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

- 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
254 (c)	10/18/2016 11/17/2016	Supply closet was immediately locked during time of inspection. Resident records are now stored on the 13 th floor storage room. This floor is not accessible without a key or door code.
		<p style="text-align: right;"><i>Kellegherty ED 11-21-16</i></p>