



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: SEP 29 2017

Mr. Daniel Woler,
COO
VS Wallingford LLC
2700 Chestnut Parkway
Chester, Pennsylvania 19013

RE: Chestnut Ridge Retirement Living
Certificate #: 141410

Dear Mr. Woler:

As a result of the Department of Human Services' licensing inspection on 06/30/2017 and 07/07/2017, on which we conducted on-site inspections] 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, appearing to read "Roslyn Brewer".

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 14141 - 06/30/2017 - Freeman, Sabrina
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600

2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION

On Friday, 7/7/17, there were 78 residents in the home, including 58 residents with mobility needs, requiring a total minimum of 136 hours of direct care. On this date, only 120 hours of direct care staffing was provided.

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.

- A daily census will be ran by Facility administrator or Wellness Director
- Staffing will be checked against census by administrator or Wellness Director
- Appropriate and adequate arrangements will be made and documented using all available staff including med techs, nurses, and licensed administration staff.

All staff will be counted as direct care staff and will conduct the required duties as the direct care staff as required. Moving forward the administrator will ensure the direct staff is available as in compliance with the regulations.

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

John Muth

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
John Muth, Ex. Director	7/18/2017

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

The above plan of correction is approved as of 9/19/17
 (Date)

Plan of correction implementation status as of 9/19/17
 (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 - 06/30/2017 - Freeman, Sabrina

PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600

2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

On Saturday, 7/1/17, a total of 136 hours of direct care was required. However, the home only provided 120 direct care hours and 80 waking hours, at least 102 waking hours were required.

On Tuesday, 7/4/17, the home only provided 96 waking hours, at least 102 waking hours were required.

On Friday, 7/7/17, a total of 136 hours of direct care was required. However, the home only provided 120 direct care hours and 80 waking hours, at least 102 waking hours were required.

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.

- A daily census will be ran by administrator, or wellness Director.
 - Staffing will be checked against census by administrator or Wellness Director.
 - Appropriate and adequate arrangements to be made and documented using all available staff including med techs, nurses and licensed administration staff.
 - POC will be completed by September 1, 2017

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John Muth, Ex. Director* Date *7/18/2017*

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

The above plan of correction is approved as of 7/18/17 (Date)

Plan of correction implementation status as of 7/19/17 (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 - 06/30/2017 - Freeman, Sabrina
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

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

2a. DESCRIPTION OF VIOLATION

On 6/30/17, at approximately 3PM, the toilet in the spa on the 5th floor was clogged with toilet paper. The Wellness Director was present at the time the toilet was observed clogged by the licensing representatives.

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.

- Routine monitoring of public/general spa/restrooms to be increased by housekeeping and maintenance staff.
- Maintenance and Housekeeping staff will document review of areas for cleanliness, sanitation, and working order.
- POC to be completed by September 1, 2017.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>John Muth, Ex. Director</i>	Date <i>7/18/2017</i>
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The above plan of correction is approved as of *9/19/17*
 (Date)

Plan of correction implementation status as of *9/19/17*
 (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 - 06/30/2017 - Freeman, Sabrina
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 6/30/17, at approximately 3PM, the middle stairwell exit had a blocked egress from the 3rd to the 1st floor. As such the middle exit could not be used as a means of egress to evacuate the building from the 8th floor down.

The middle stairwell exit was still blocked during the 7/7/17 investigation.

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.

- The middle stairwell exit from the 3rd to the 1st floor will no longer be blocked. There will be no obstacles to unfettered egress.
- MAINTENANCE Department will tour the facility and remove all obstacles in order to provide a safe egress.
- This Exec. Director/Resignee will tour the facility daily to monitor compliance.
- Reports will be reviewed @ monthly QA meetings.
- Plan of Correction will be implemented by September 1, 2017.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *John Muth, Ex. Director* Date *7/18/2017*

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The above plan of correction is approved as of <u>9/19/17</u> (Date)	Plan of correction implementation status as of <u>9/19/17</u> (Date)
The above plan of correction was approved by <u><i>JM</i></u> (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 - 06/30/2017 - Freeman, Sabrina
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

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

At the time of inspection on 6/30/17, the home failed to provide documentation of the last fire safety inspection conducted by a fire safety expert.

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.

- A fire safety inspection conducted by a fire safety expert has been scheduled to occur September 8, 2017.
- A fire drill has been scheduled August 28, 2017.
- The Executive Director / designee will be responsible for maintaining documentation of these actions.
- Review will be done at monthly QA meetings.
- Plan of Correction will be completed by September 1, 2017.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John Muth, Ex. Director* Date *7/18/2017*

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 (Date)

Plan of correction implementation status as of *9/19/17*
 (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 - 06/30/2017 - Freeman, Sabrina
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The Department conducted a fire drill at the home on 6/30/17.

At the time of inspection, the home failed to provide documentation of the last fire safety inspection conducted by a fire safety expert. There was no documentation of a designated evacuation time.

Additionally, during the observed fire drill the residents that were on the 8th, 7th, 6th, 5th and 4th floor did not evacuate to a public thoroughfare or a fire safe area. The residents remained in the hallway during the fire drill.

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.

- A fire safety inspection conducted by a fire safety expert has been scheduled to occur September 8, 2017.
- There will be a designated evacuation time recorded when the above cited fire safety inspection occurs.
- Staff will be educated and trained by the Maintenance Staff so that the residents on the 4th, 5th, 6th, 7th, and 8th floors can be evacuated to a fire safe area. Executive Director designee will be responsible for implementation.
- Plan of Correction will be completed by September 1, 2017

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *John Muth, Ex. Director* Date *7/18/2017*

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The above plan of correction is approved as of 9/19/17
 (Date)

Plan of correction implementation status as of 9/19/17
 (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 - 06/30/2017 - Freeman, Sabrina
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home failed to alternate exits during the Department supervised fire drill. The residents and staff on the 4th, 5th, 7th and 8th floor all went to hallway near the exit by the service elevator.

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.

In the event of emergency or fire drill staff will evacuate all residents inside of fire safe hallways indicated by exit signs.

- Staff will be educated on proper procedure and made aware to use all exits appropriately.

- Plan of Correction to be implemented by 9/1/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

John Muth

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

John Muth, Ex. Director

Date *7/15/2017*

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

The above plan of correction is approved as of

9/1/17
(Date)

Plan of correction implementation status as of

9/1/17
(Date)

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

The above plan of correction was approved by

AB
(Initials)

Violation Report: 14141 - 06/30/2017 - Freeman, Sabrina
PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

During the 6/30/17 Department supervised fire drill, residents were not evacuated to a designated meeting place away from the building or within the fire-safe area.

The residents and staff on the 4th, 5th, 7th and 8th floor all went to the hallway near the exit by the service elevator.

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.

- In the event of an emergency or fire drill staff will evacuate all residents inside of fire safe hallways indicated by exit signs.

- Staff will be educated on proper procedure and made aware to use all exits appropriately.

- Plan of correction to be completed by Sept 1, 2017.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

John Muth

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

John Muth, Ex. Director

Date 7/18/2017

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The above plan of correction is approved as of

9/19/17
(Date)

Plan of correction implementation status as of

9/19/17
(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 - 06/30/2017 - Freeman, Sabrina
PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600

2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION

The home has an exit sign posted over the middle exit stairwell on the 4th, 5th, 6th, 7th and 8th floor. However, the exit stops and is cut off at the 3rd floor due to construction and does not allow continued access to the stairwell to exit the building.

The middle stairwell exit was still blocked during the 7/7/17 investigation.

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.

- A sign bearing the word "EXIT" will be posted over the middle exit stairwell on the 3rd floor.
- The Maintenance Department will obtain AND install the sign.
- The Executive Director / designee will be responsible for the implementation and will monitor for compliance.
- Review of all facility signs will be reviewed and presented at monthly QA meetings.
- Plan of Correction will be completed by September 1, 2017.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date *7/18/2017*
John Muth, Ex. Director

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

<p>The above plan of correction is approved as of <u><i>7/19/17</i></u> <i>(Date)</i></p> <p>The above plan of correction was approved by <u><i>[Signature]</i></u> <i>(Initials)</i></p>	<p>Plan of correction implementation status as of <u><i>9/19/17</i></u> <i>(Date)</i></p> <p> <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 </p>
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Violation Report: 14141 - 06/30/2017 - Freeman, Sabrina
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

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 6/30/17 & 7/7/17, Desitin Ointment which was dispensed on 8/4/14 was observed in resident #4's bathroom. Resident #4's medication administration record did not include an order for Desitin Ointment.

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.

- OTC creme from resident room (Desitin) has been removed.
 - Staff will implement room check for random rooms that will be documented and used to monitor medication or cremes being stored by resident rooms without approval.
 - Plan of correction to be completed by September 1, 2017.

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

Signature of Legal Entity Representative (Required on EVERY Page) *John Muth*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John Muth, Ex. Director* Date *7/18/2017*

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

The above plan of correction is approved as of *7/18/17*
 (Date)

Plan of correction implementation status as of *9/19/17*
 (Date)

The above plan of correction was approved by *JB*
 (Initials)

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

Violation Report: 14141 - 06/30/2017 - Freeman, Sabrina

PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 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

Resident #1 was admitted to the home on [redacted] 17. At the time of inspection on 7/7/17, there was no preadmission screening form for resident #1.

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.

- All missing document returned to resident chart.
- Resident charts to be reviewed by at least 2 designated staff members for compliance.
- Designated staff to include ~~Executu~~ Executive Director, Wellness Director or Wellness coordinator.
- Signature / Initials will be used to acknowledge completion
- Plan of Correction to be completed by September 1, 2017.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

John Muth

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

John Muth, Ex. Director

Date *7/18/2017*

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

Violation Report: 14141 - 06/30/2017 - Freeman, Sabrina
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the home on [redacted] 7/17. At the time of inspection on 7/7/17, there was no documentation of an initial assessment for resident #1.

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.

Resident chart to be reviewed by 2 designated staff members for compliance

- Designated staff member to include Executive Director, Wellness Director, or Wellness Coordinator.
- Signature (Initials will be used to acknowledge completion)
- Plan of correction to be completed by September, 2017

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>John Muth, Ex. Dir</i>	Date <i>7/8/2017</i>
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DEPARTMENT USE ONLY HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *9/19/17*
 (Date)

Plan of correction implementation status as of *9/19/17*
 (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 - 08/30/2017 - Freeman, Sabrina

PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on [redacted] 17. At the time of inspection on 7/7/17, there was no documentation that the home had developed a support plan for resident #1.

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.

Resident chart to be reviewed for compliance by Executive Director by 30th day after admission for compliance and signed off by ED and Wellness Director for acknowledgment of compliance
 - Plan of correction to be completed by September 1, 2017.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

John Muth

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

John Muth, Ex. Director

Date 7/18/2017

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7/15/17
 (Date)

Plan of correction implementation status as of

9/19/17
 (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 - 06/30/2017 - Freeman, Sabrina
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the SDU on [redacted] 16. The medical evaluation was completed on [redacted] 16; however, at the time of inspection the home failed to document or indicate "Based on this screening, I verify that the needs of this applicant require secured care due to Alzheimer's Disease or other dementia."

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.

Chart belonging to resident #2 updated.
 Chart to be reviewed upon admission and signed off by designated staff for compliance.
 Designated staff to include: Executive Director, Wellness Director and Wellness Coordinator.
 Plan of Correction to be completed by September 1, 2017.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

John Muth, Ex. Director

Date *7/18/2017*

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

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9/19/17
 (Date)

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9/19/17
 (Date)

The above plan of correction was approved by:

[Handwritten Signature]
 (Initials)

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

Violation Report: 14141 - 06/30/2017 - Freeman, Sabrina
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600

2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Based on a complaint allegation and an investigation consisting of resident record reviews, resident interviews, and interviews of direct care staff & administration; the home failed to provide documentation that the resident and the resident's designated person have not objected to resident #1 & 3 being placed on the secured unit throughout the day.

Resident #1 was admitted to the home on [redacted] 17. Resident #1 was not admitted to the secured unit and there was no documentation such as pre-admission screening form or medical assessment documenting the resident's need for secured dementia care. However, direct care staff confirmed that resident #1 remains on the unit throughout the day.

Resident #3 was admitted to the home on [redacted] 17. Resident #3 was not admitted to the secured unit and a review of her medical evacuation form dated 5/11/17 does not document a need for secured dementia care. However, the licensing representative observed resident #3 on the secured unit throughout the day from approximately 9AM to 3:30PM. Additionally, direct care staff confirmed that resident #3 remains on the unit throughout the day.

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.

- Resident Family members will provide letter of acknowledgement for to allow resident # 1 + 3 to have access to SDU for extended period of time for activities, and/or meals.
 - Support Plans to be updated to reflect acknowledgement.
 - Plan of correction to be completed by September 1, 2017.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>John Muth, Ex. Director</i>	Date <i>7/18/2017</i>
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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
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented