



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: NOV 27 2017

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

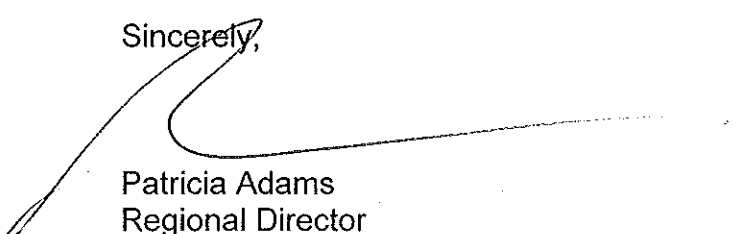
RE: Chestnut Ridge Retirement Living
License #: 141410

Dear Ms. Williams:

As a result of the Department of Human Services' licensing inspection on August 25, 2017 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,



Patricia Adams
Regional Director

Enclosure
Licensing Inspection Summary

Violation Report: 14141 - 08/25/2017 - Braswell, Natasha
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600

2600.56 - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

2a. DESCRIPTION OF VIOLATION

The home was without a qualified administrator from 4/28/17 to 8/25/17.

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The administrator has been replaced by a qualified individual.

The change was made by corporate officials

The change was made August 25, 2017.

The change was made by hiring a qualified individual.

The corporate office, including the Regional Director of Operations, will verify and authenticate a candidate's educational background. The administrator will attend the administrator orientation on 12/14/17.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>John Muth, ED</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
John Muth, Exec. Director	11/8/2017

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

The above plan of correction is approved as of 11/22/17
 (Date)

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

Plan of correction implementation status as of 11/22/17
 (Date)

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