



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 21 2018

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

RE: Chestnut Ridge Retirement Living
License #: 141410

Dear Mr. Woler:

As a result of the Department of Human Services' Personal Care Homes annual licensing inspection on November 7, 2017 and November 8, 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.

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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
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: John Mulh		Region: SOUTHEAST
Legal Entity Name: VS WALLINGFORD LLC		
Legal Entity Address: 2700 CHESTNUT PARKWAY, CHESTER, PA 19013		
Certificate(s) of Occupancy		
Other		
N/A		gsdfg
Staffing Hours		
Resident Support: 78	Total Daily Staff: 197	Waking Staff: 148
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/08/2017: Parker, Shawn 11/07/2017: Parker, Shawn		
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:	Receive Supplemental Security Income: 0
Number of Residents Served: 78		Are 60 Years of Age or Older: 76
Secured Dementia Care Unit In Home: Yes		Have Mental Illness: 2
Area: 4th floor / homestead		Have an Intellectual Disability: 0
Secured Dementia Unit Capacity, if applicable: 21 <i>22 (48)</i>		Have a Mobility Need: 41
Number of Residents Served in Secured Dementia Care Unit, if applicable: 18		Have a Physical Disability: 5
Number of Current Hospice Residents: 5		
Number of Hospice Residents In past year: 9		

Violation Report: 14141 - 11/08/2017 - Parker, Shawn
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa. Code §2600
 2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION
 On 11-06-17 at 9:00am entrance conference, DHS representatives requested resident list with admission dates. Home didn't provide list until 10:00am and it only had the residents names, not their admission dates. 3 residents from complaint were selected and home didn't provide records until 11:30am. Home didn't provide complete resident list with admission dates until 1:30 pm. DHS selected 4 additional resident records by 1:45 pm. Home didn't provide final 4 resident records until 2:17 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.

A census has been created which lists the resident room number, name, and admission date. The list will be updated as admissions and discharges occur by the Executive Director/Designee. Staff will be inserviced and this document will be placed at the front desk for immediate access when requested by authorized parties/personnel

Completion date 1/15/2018

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
JOHN MUTH, Ex. Dir			12/11/2017
DEPARTMENT USE ONLY - HOMES/MAY NOT WRITE BELOW THIS LINE			
The above plan of correction is approved as of		Plan of correction Implementation status as of	
1/15/18 (Date)		1/11/18 (Date)	
The above plan of correction was approved by		<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	
[Signature]			

Violation Report: 14141 - 11/06/2017 - Parker, Shawn
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600

2600.14(a) -- Prior to issuance of a license, a written fire safety approval from the Department of Labor and Industry, the Department of Health or the appropriate local building authority under the Pennsylvania Construction Code Act (35 P.S. Sections 7210.10) - 7210.1103) is required.

2a. DESCRIPTION OF VIOLATION

The home does not have a valid certificate of occupancy. The home states the certificate of occupancy was hanging on the wall. It was taken down so wall could be painted and it is now missing. Home could not produce valid certificate to DHS 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.

Certificate of occupancy has been obtained. See attached.
 Completion date 1/15/2018

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. Dir.* Date *12/11/2017*

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

The above plan of correction is approved as of *1/15/18*
 (Date)

Plan of correction implementation status as of *1/15/18*
 (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 - 11/06/2017 - Parker, Shawn
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contracts for residents # 1, #2, #3, and #4 were not signed by the residents or a designee

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.

Residents 1,2,3 & 4 will meet with the Executive Director/ Designee to sign and review their contracts and sign. The Executive Director will contact each resident/responsible party to schedule a meeting by 12/31/2107.

All new resident contracts will be audited for compliance weekly by Executive Director. Results will be reported in the quality assurance meeting.

Completion date 1/15/2018

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</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
JOHN MUTH, Ex. Dir.	12/11/2017

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

The above plan of correction is approved as of 1/1/18
 (Date)

Plan of correction implementation status as of 1/1/18
 (Date)

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

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

Violation Report: 14141 - 11/06/2017 - Parker, Shawn
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 65 Pa. Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION

The home does not appear to be doing quality management reviews. The home states they have daily meetings but they did not address

- 1. reportable incidents
- 2. condition of reporting procedures
- 3. complaint procedures
- 4. staff person training
- 5. licensing violations and plans of corrections
- 6. resident and family council meetings

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 Quality Management plan will be ran by the leadership team that consist of the Executive Director, Wellness Director and all other department heads. This team will meet monthly to review all reportable incidents, complaints, staff training, licensing violations, plan of corrections monitoring and minutes from family and resident council meetings.
 Completion Date 1/15/2018

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>12/11/2017</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *1/11/18*
 (Date)

Plan of correction implementation status as of *1/11/18*
 (Date)

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

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

Violation Report: 14141 - 11/00/2017 - Parker, Shawn
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Residents #1, #2, #3, and #4 records did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

Executive Director will review and residents 1, 2, 3 and 4 will receive a statement acknowledging receipt of resident rights and complaint procedures. The Executive Director will review this statement with each of the above listed residents/responsible parties. All future resident contracts will be audit for compliance by Executive Director/Designee. Results will be reported in the Quality Management meeting held monthly.
 Completion date 1/15/2018

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. Dir.* Date *12/11/2017*

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

The above plan of correction is approved as of *1/11/18*
 (Date)

Plan of correction implementation status as of *1/11/18*
 (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 - 11/06/2017 - Parker, Shawn
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2800
 2600.05(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 Multiple trash cans in the kitchen were not covered with lids

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.

New trash cans ordered. Dietary manager / designee will ensure lids are kept on all trash cans at all times.
 Completion date 1/15/2018

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. Dir.* Date *12/11/2017*

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

The above plan of correction is approved as of *1/1/18*
 (Date)

Plan of correction implementation status as of *1/1/18*
 (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 - 11/06/2017 - Parker, Shawn
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 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
 Resident # 5 did not have emergency phone numbers posted in their bedroom

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 #5 had emergency numbers listed on last date of survey (11/7/2017)
 Going forward all new resident apartment phones will be reviewed by Maintenance Director/ Designee for compliance at move in. Quarterly checks to be conducted by maintenance department / Designee.
 completion date 1/15/2018

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>12/11/2017</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *1/11/18*
 (Date)

Plan of correction implementation status as of *1/11/18*
 (Date)

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

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

Violation Report: 1414 | 11/06/2017 - Parker, Shawn
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa. Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The first aid kit in the 5th floor nurses station does not include a thermometer, eye coverings, or a breathing shield.

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.

5th floor nurses station first aid kit has been updated to include all required items. Going forward kit will be checked by Wellness Director / Designee.
 Completion date 1/15/2018

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. Dir.* Date *12/11/2017*

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

The above plan of correction is approved as of *1/15/18* (Date)

Plan of correction implementation status as of *1/15/18* (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 - 11/06/2017 - Parker, Shawn	
PCH Name: CHESTNUT RIDGE RETIREMENT LIVING	
1. REGULATION 55 Pa.Code §2600 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.	
2a. DESCRIPTION OF VIOLATION The bed in resident #6's bedroom does not have a source of light that can be turned on/off from bedside.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>Resident #6 had a bedside lamp placed in room on survey date 1/7/2017. Going forward maintenance director / designee will make sure that working lamp is at bedside. Maintenance director or designee will audit quarterly. completion date 1/15/2018</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>John Mull</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>John Mull, Ex. Dir.</i>	Date <i>12/11/2017</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>1/1/18</i> (Date)	Plan of correction implementation status as of <i>1/1/18</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 - 11/08/2017 - Parker, Shawn
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.102(f) - An individual towel, washcloth and soap shall be provided for each resident.

2a. DESCRIPTION OF VIOLATION
 A common bar of soap was being used in the 4th floor spa area since the soap dispenser was empty.

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.

Bar of soap removed from 4th floor on date of survey. Task has been added to the housekeeping sheet for daily soap refill.
 Completion date 1/15/2018

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) JOHN SWEET, Ex. Dir. Date 12/11/2017

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

The above plan of correction is approved as of *1/15/18*
 (Date) Plan of correction Implementation status as of *1/15/18*
 (Date)

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

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

Violation Report: 14141 - 11/06/2017 - Parker, Shawn
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 The ice cream freezer in the kitchen was 10 F on 11-07-17 at 10:15am. The freezer was rechecked at 3:30pm and the temperature was the same.

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.

Freezer thermometer replaced on date of survey 11/7/2017. Dietary director/designee will monitor daily for standards and keep temp log.
 Completion date 1/15/2018

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. D.R.* Date *12/1/2017*

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

The above plan of correction is approved as of *11/18* (Date) Plan of correction implementation status as of *1/15/18* (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 - 11/06/2017 - Parker, Shawn
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa. Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures have not been updated annually. The emergency procedures were submitted February 2016 but not again until July 2017

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.

Emergency Procedure was revised, reviewed and updated by Executive Director on the date of survey. Will submit emergency procedure to the local emergency management agency for approval.
 Completion date 1/15/2018

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
John Muth	12/14/2017

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

The above plan of correction is approved as of	Plan of correction implementation status as of
<i>[Signature]</i> (Date)	<i>[Signature]</i> (Date)
The above plan of correction was approved by	<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
<i>[Signature]</i> (Initials)	

Violation Report: 14141 - 11/06/2017 - Parker, Shawn
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home could not produce the annual fire safety letter meaning they have not notified the local fire department in writing of the address of the home, the location of residents bedrooms, or the assistance needed in evacuations.

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.

Annual safety letter will be sent out by Executive Director by 12/31/2017.

Completion date 1/15/2018

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>John Murtz, Ex. Dir.</i>	Date <i>12/1/2017</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *1/15/18*
 (Date)

Plan of correction implementation status as of *1/15/18*
 (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 - 11/06/2017 - Parker, Shawn
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa. Code §2600

2800.132(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

The home can't confirm the last observed fire drill by a fire safety expert. This is a repeat violation from 08-30-17. The home was supposed to have a drill completed by a safety expert by September 2017

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.

Executive Director will contact local fire safety expert by 12/31/2017 and obtain copies of recorded fire drill conducted by fire safety expert.

Completion date 12/31/2017

Repeat Violation: No	Date(s) of Previous Violation(s):	08/30/2017
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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. Dir.* Date *12/11/2017*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of *11/18*
 (Date)

Plan of correction implementation status as of *1/10/18*
 (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 - 11/06/2017 - Parker, Shawn
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa. Code §2800
 2800.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident # 3 that was completed 05-04-17 states see attached for medication addendum, however nothing was attached.
 The medical evaluation for resident # 8 that was completed 03-11-17 states see attached for medication addendum, however nothing was attached.

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 #3 and resident #8 medication addendums were attached on date of survey by Wellness Director. Going forward medical evaluations will be brought to morning meeting upon completion for review by the leadership team.
 Completion date 1/15/2018

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. Dir.* Date *12/1/2017*

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

The above plan of correction is approved as of *1/11/18* (Date) Plan of correction implementation status as of *1/11/18* (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 - 11/08/2017 - Parker, Shawn
 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 # 7 last medical evaluation was completed on 08-19-16. Nothing completed in 2017, no DME.

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 #7 had medical evaluation completed on 10/10/17 and going forward wellness director/designee will audit all resident charts to ensure completion of medical evaluations annually:
 Completion date 1/15/2018

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. Dir* Date *12/11/2017*

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

The above plan of correction is approved as of *1/11/18* (Date) Plan of correction implementation status as of *1/11/18* (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 - 11/06/2017 - Parker, Shawn
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.105(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 # 10 has a medication order for Mapapp 326 mg tablets, take 2 tablets by mouth every 6 hours as needed for fever. The medication was not in the home.

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 #10 medications replaced on date of survey (11,7,2017) . Going forward a daily cart audit will be completed by wellness director/designee to ensure all medications are ordered and in the community.
 Completion date 1/15/2018

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>John Smith, Ex. Dir.</i>	Date <i>12/11/2017</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *1/15/18*
 (Date)

Plan of correction implementation status as of *1/15/18*
 (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 - 11/06/2017 - Parker, Shawn
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 56 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 Residents #1, #2, #3, and #4 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

Residents 1, 2, 3 & 4 will have new contracts initiated by 12/31/2017. All new resident contracts will be audited on a weekly basis to include documentation of education on the right to refuse medication. This will be completed by the Executive director or designee.
 Completion date 1/15/2018

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *John Murtz, Ex. Dir.* Date *12/11/2017*

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

The above plan of correction is approved as of *1/11/18*
 (Date)

Plan of correction implementation status as of *1/11/18*
 (Date)

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

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

Violation Report: 14141 - 11/06/2017 - Parker, Shawn
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa. Code 52600

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

The pre screen form for residents #1, #3, and #4 does not state if they are safe around poisons.

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.

Updated pre- admission screening for residents 1, 3 & 4 accurately on date of survey (1/7/2017). Going forward all residents pre-admission screening forms will be completed within 30 days prior to admission and audited weekly for compliance by the Executive Director or designee.
 Completion date 1/15/2018

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. Dir.* Date *12/11/2017*

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The above plan of correction is approved as of *1/17/18*
 (Date)

Plan of correction implementation status as of *1/17/18*
 (Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 14141 - 11/06/2017 - Parker, Shawn
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 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

RASP not completed annually for resident #7. Last RASP completed 10-01-16.

No RASP provided at all for resident # 9.

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 #7 RASP date 10/1/17 written in error. Date corrected to reflect 10/1/17 on the day of survey, 11/7/17.
 Resident #9 RASP completed on 6/30/17. RASP placed into resident chart on day of survey 11/7/17.
 Going forward Wellness Director/Designee will audit all resident charts to ensure assessment completed annually.
 Completion date 1/15/2018

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>12/11/2017</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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Plan of correction implementation status as of 1/15/18
 (Date)

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

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- Not Implemented

Violation Report: 14141 - 11/06/2017 - Parker, Shawn
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1-REGULATION 56 Pa.Code §2000
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

Resident # 4 participated in the development of their support plan on 01-17-17. The resident did not sign the support plan. The home did not make a notation regarding the resident's inability or refusal to sign.

Resident # 7 participated in the development of their support plan on 10-01-16. The resident did not sign the support plan. The home did not make a notation regarding the resident's inability or refusal to sign.

Resident # 8 participated in the development of their support plan on 03-17-17. The resident did not sign the support plan. The home did not make a notation regarding the resident's inability or refusal to sign.

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 #4 continues to refuse signature of Support Plan.
 Resident #7 & #8 signed support plan day of survey 11/7/17
 Going forward Wellness Director or designee will audit Support Plans for compliance and signature on a quarterly basis. If unwilling or unable to sign a notation will be placed in chart and signed by Wellness Director/designee
 Completion date: 1/15/2018

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. Dir.* Date *12/16/2017*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of *1/15/18*
 (Date)

Plan of correction implementation status as of *1/11/18*
 (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 - 11/08/2017 - Parker, Shawn
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 56 Pa.Code §2600

2600.231(a) - 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

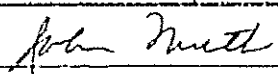
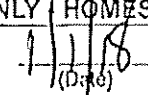

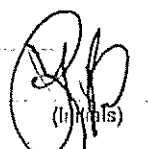
Residents # 2 and # 4 both reside in the SDU. The home has no documentation that the residents and the resident's designated person have not objected to the admission.

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 #2 and #4 will have an acknowledgement agreement fo admission to SDU that states no objection to admission. Going forward any new admission to SDU will sign an acknowledgement agreement stating no objections to residing on Secured Dementia Unit.

Completion date: 1/15/2018

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
 Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
JOHN MUTH, Ex. Dir.			12/11/2017
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The above plan of correction is approved as of		Plan of correction implementation status as of	
 (Date)		 (Date)	
The above plan of correction was approved by		<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	
 (Initials)			

Violation Report: 14141 - 11/08/2017 - Parker, Shawn
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa. Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Resident # 7's records does not include an updated identification. It was last updated 03-01-14.

Resident # 8's records does not include an updated identification. It was last updated 02-15-14.

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.

Resident #7 and #8 identification updated on date of survey.
 Going forward all residents will have pictures updated annually to ensure compliance.

Completion DATE: 1/15/2018

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. Dir.* Date *12/11/2017*

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