



**CERTIFIED MAIL – RETURN RECEIPT
REQUESTED March 22, 2019**

Ms. Amy Gress
Executive Director
VS Wallingford
2700 Chestnut Parkway
Chester, Pennsylvania 19013

RE: Chestnut Ridge Retirement Living
License #: 141410

Dear Ms. Gress:

As a result of the Department's Bureau of Human Services Licensing Complaint inspection on April 12, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

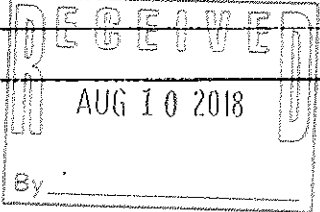
Sincerely,

A handwritten signature in black ink, appearing to read "Ayus Adelanwa".

Ayus Adelanwa
Workload Manager

Enclosure
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 65 Pa.Code Chapter 2600**

PCH Name: CHESTNUT RIDGE RETIREMENT LIVING		License Number: 14141
Address: 2700 CHESTNUT PARKWAY, CHESTER, PA 19013		County: Delaware
Administrator: AMY GRESS		Region: SOUTHEAST
Legal Entity Name: VS WALLINGFORD LLC		
Legal Entity Address: 2700 CHESTNUT PARKWAY, CHESTER, PA 19013		
Certificate(s) of Occupancy Other N/A		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 127	Working Staff: 95
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 04/12/2018; Braswell, Natasha		
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 Served: 93 Secured Dementia Care Unit In Home: Yes Area: MEMORY CARE Secured Dementia Unit Capacity, If Applicable: 22 Number of Residents Served in Secured Dementia Care Unit, If applicable: 10 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 16	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 92 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 34 Have a Physical Disability: 3	

Violation Report: 14141 - 04/12/2018 - Braswell, Natasha
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.89(a) - The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

2a. DESCRIPTION OF VIOLATION
 On 04/10/18 the home did not have hot water in rooms 604-609, 704-709, and 804-809.

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.

- At the time of inspection all hot water running and ~~at~~ ~~temperature~~ within appropriate temperature range.
- In the event of another emergency similar to one expressed staff will follow all policy & procedure documented in Emergency Preparedness Plan.
- Staff will be inservice on Policy and Procedure documented in Emergency Preparedness Plan no later than September 10, 2018.
- Emergency Preparedness Plan to be available at receptionist desk, Wellness Center and Main Dining prior to and after inservice.
- Administrator and/or designee to monitor for compliance

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

Amy Oress - ~~Dummy Oress~~

Amy Oress

8/10/18

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

The above plan of correction is approved as of <u>3/15/19</u> (Date)	Plan of correction implementation status as of <u>3/15/19</u> (Date)
The above plan of correction was approved by <u>AAA</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 - 04/12/2018 - Braswell, Natasha
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 56 Pa.Code §2600

2800.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION

On 04/10/18 Resident #1 was cold during the night and was not provided additional blankets.

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 similar to above
 All staff will monitor every resident every 1/2 hour to ensure max. comfort and safety. Extra blankets to be offered to all residents and use encouraged.

- All other task and procedure outlined in emergency preparedness plan will be implemented.

- Emergency Preparedness Policy Plan and Procedure Inservice to be held prior to September 10, 2018.

- Emergency Preparedness Plan to be available at front desk, Wellness Center, and Main Dining prior to and after Inservice
 Administrator and/or designee to monitor for compliance

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Amy Cress, Executive Director* Date *8/10/18*

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The above plan of correction is approved as of 3/15/19
 (Date)

The above plan of correction was approved by AAA
 (Initials)

Plan of correction implementation status as of 3/15/19
 (Date)

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