



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

February 1, 2019

Ms. Amy Gress
Executive Director, Designee
VS Wallingford, LLC
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 inspection on September 7, 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.

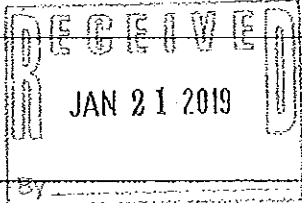
Sincerely,

A handwritten signature in cursive script that reads "Shawn Parker" followed by a small flourish.

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Violation Report

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: Ms. Amy Gress		Region: SOUTHEAST
Legal Entity Name: VS WALLINGFORD LLC		
Legal Entity Address: 2700 CHESTNUT PARKWAY, CHESTER, PA 19013		
Certificate(s) of Occupancy Other 09/19/1998 . / / COPA L & I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 113	Working Staff: 85
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 09/07/2018: Gillespie, Denise; Carrion, David		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 130 Number of Residents Served: 83 Secured Dementia Care Unit In Home: Yes Area: Memory Care Secured Dementia Unit Capacity, If Applicable: 21 Number of Residents Served in Secured Dementia Care Unit, If applicable: 21 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 10	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 81 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 30 Have a Physical Disability: 1	

Violation Report: 14141 - 09/07/2018 - Gillespie, Denise
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

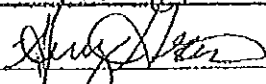
2a. DESCRIPTION OF VIOLATION
 On 5/10/18 at 2:18 P.M. Resident # 1 fell out of her wheelchair and hit her head. Resident # 1 was sent to Crozer Chester Medical Center. The resident was discharged the same day. The home failed to submitted an incident report to the Department.

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.

Residences at Chestnut Ridge understands the importance of reporting an incident or condition to DHS within 24 hours. Our policy and procedure has been updated to include any head injury will also require a reportable incident be submitted to DHS regardless of injury. Wellness Director and Administrator will monitor for on going compliance.

Administrator will ensure all reportable incidents are submitted to the Department's regional office within 24 hours. SP 01-31-19

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) Amy Gress, Executive Director Date 1/18/19

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

The above plan of correction is approved as of <u>01-31-19</u> (Date)	Plan of correction implementation status as of <u>01-31-19</u> (Date)
The above plan of correction was approved by <u>SP</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 - 09/07/2018 - Gillespie, Denise
 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
 Staff Member A was hired on 12/8/17. The home did not complete the criminal background check until 3/2/18. Staff Member A has been a resident of Pennsylvania for more than 2 years.

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.

Residences at Chestnut Ridge understands the importance of completing criminal background checks in a timely manor. All new hires will have the required criminal background check completed as per the Older Adult Protective Services Act. Business Office Manager and Administrator will monitor for on going compliance.

Administrator will ensure all new hires/ employees have proper OAPSA criminal background checks prior to their first day of work. Criminal background checks will be maintained by home for Department review. SP 01-31-19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amy Cross, Executive Director* Date *1/18/19*

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The above plan of correction is approved as of 01-31-19
 (Date)

Plan of correction implementation status as of 01-31-19
 (Date)

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

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