



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 13 2019

Mr. Austin Virgo
President
Chestnut Manor, LLC
4926 Chestnut Street
Philadelphia, Pennsylvania 19139

RE: Chestnut Manor
License #: 101880

Dear Mr. Virgo:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 19, 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 (relating to Personal Care Homes) 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.

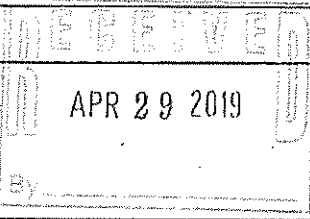
Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: CHESTNUT MANOR		License Number: 10188
Address: 4926 CHESTNUT STREET, PHILADELPHIA, PA 19139		County: Philadelphia
Administrator: Mr. Austin Virgo		Region: SOUTHEAST
Legal Entity Name: CHESTNUT MANOR LLC		
Legal Entity Address: 4926 CHESTNUT STREET, PHILADELPHIA, PA 19139		
Certificate(s) of Occupancy Other 05/06/2011 City of Phila./Dept of L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 12	Waking Staff: 9
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/19/2018: Freeman, Sabrina		
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: 13 ✓ Number of Residents Served: 12 ✓ Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 12 ✓ Are 60 Years of Age or Older: 9 ✓ Have Mental Illness: 12 ✓ Have an Intellectual Disability: 0 ✓ Have a Mobility Need: 0 ✓ Have a Physical Disability: 0 ✓

Violation Report: 10188 - 09/19/2018 - Freeman, Sabrina
 PCH Name: CHESTNUT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(4) - The contract shall specify the party responsible for payment.

2a. DESCRIPTION OF VIOLATION
 The contract for resident #1 does not specify the party responsible for payment.

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 oversight has been corrected by filling in the blank section. To insure ongoing compliance this will be added to our intake checklist as to check accuracy and completeness. The administrator will review monthly to verify conformity, effective immediately.

Administrator or designee will specify party responsible for payment on all contracts. Audit will be completed to fix deficiencies. SP 04-29-19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *AUSTIN VIRGO* Date *04/29/19*

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

The above plan of correction is approved as of 04-29-19
 (Date)

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

Plan of correction implementation status as of 04-29-19
 (Date)

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

Violation Report: 10188 - 09/19/2018 - Freeman, Sabrina
 PCH Name: CHESTNUT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.25.(C)(8) The contract shall specify the home's rules related to home services, including whether the home permits smoking.

2a. DESCRIPTION OF VIOLATION
 The contract for resident #1 does not include the current home rules concerning smoking.

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 omission of the smoking rules of the home in the contract has now been included. To insure future compliance this will be added to our intake checklist to assure accuracy and completeness. The administrator will review document monthly as to confirm compliance.

Administrator or designee will ensure all resident contracts are completed fully and correctly.
 SP 04-29-19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>AUSTIN VIRGO</i>	Date <i>4/29/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>04-29-19</u> (Date) The above plan of correction was approved by <u>SP</u> (Initials)	Plan of correction implementation status as of <u>04-29-19</u> (Date) <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
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Violation Report: 10188 - 09/19/2018 - Freeman, Sabrina
 PCH Name: CHESTNUT MANOR

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

2a. DESCRIPTION OF VIOLATION

On 9/19/18, at 10:00 am, the spout of the resident water cooler, where water the drains, had an accumulation of a black slimy substance that appeared to be mold.

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 spout was cleaned during the inspection.
 Staff will be tasked to check the cooler daily as part of their daily routine. Management will check on a weekly basis to insure future compliance, effective immediately.

Administrator or designee will ensure sanitary conditions are always maintained throughout the home
 Daily walkthroughs of the home will be conducted to make sure conditions remain sanitary.
 SP 04-29-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Austin Viraw</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>AUSTIN VIRAW</i>	<i>4/29/19</i>

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Violation Report: 10188 - 09/19/2018 - Freeman, Sabrina
 PCH Name: CHESTNUT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 - The 2nd floor bathroom wall and the bathtub are peeling and cracked.
 - The paint on the 3rd floor bathroom and hallway walls is peeling and chipped.

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 building was then currently being prepped and primed for painting and now has been able to finish the required painting. Management will survey the building once a month as to identify any areas of defect in surfaces. Management will then take steps to correct by either having in house staff address the issue or procuring maintenance professionals to handle the problem. The administrator will monitor on a monthly basis to insure future compliance, effective immediately.

Administrator or designee will do a daily walkthrough of the home to ensure floors, walls, ceilings, windows, doors, and other surfaces are clean, in good repair, and free of hazards.
 SP 04-29-19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/09/2017	
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Signature of Legal Entity Representative (Required on EVERY Page) *Austin Virgo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *AUSTIN VIRGO* Date *4/29/19*

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Violation Report: 10188 - 09/19/2018 - Freeman, Sabrina
 PCH Name: CHESTNUT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.107(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
 The home did not have written emergency 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.

The home does in fact have emergency procedures, but was misplaced during the time of inspection. The emergency procedures are now in place. A review of the procedures was conducted with staff as a refresher training. To insure on going compliance management will on a quarterly basis verify that procedures are in place and that staff stays current on procedures and informed of any changes, effective immediately.

Administrator or designee will ensure emergency procedures are always up to date and available for Department review. Emergency procedures will encompass all aspects of regulation.
 SP 04-29-19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *AUSTIN VIRGO* Date *4/29/19*

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Violation Report: 10188 - 09/19/2018 - Freeman, Sabrina
 PCH Name: CHESTNUT MANOR

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The home does not have an emergency evacuation diagram posted on the 2nd floor.

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 home had temporarily removed the diagram in order to prepare the wall for painting. The evacuation diagram has been replaced. To insure future compliance this will be added to the daily checklist conducted by staff. MANAGEMENT will verify this by checking on a weekly basis, effective immediately.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>AUSTIN VIRGO</i>	Date <i>4/29/19</i>
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Violation Report: 10188 - 09/19/2018 - Freeman, Sabrina
 PCH Name: CHESTNUT MANOR

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 Overnight fire drills were conducted on 9/25/17 and 4/24/18.

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.

AN OVERSIGHT OCCURRED IN THE SIX MONTH SPACING OF THE OVER NIGHT fire drill. TO CORRECT THIS WE CONDUCTED AN OVER NIGHT drill ON 10-22-18 TO SATISFY THE REQUIREMENT. TO INSURE FUTURE COMPLIANCE WE HAVE DESIGNATED IN ADVANCE ON OUR fire drill log the letters "O.N." beside the date slot AS REMINDER TO CONDUCT AN "OVER NIGHT" drill ON THAT DATE. THE ADMINISTRATOR WILL IMPLEMENT AND MONITOR THAT ALL SUBSEQUENT drills STAY COMPLIANT, EFFECTIVE IMMEDIATELY.

Administrator or designee will ensure an overnight fire drill is conducted once every 6 months.
 Fire drill logs to be kept for Department review.
 SP 04-29-19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>AUSTIN VIRGO</i>	Date <i>4/29/19</i>
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Violation Report: 10188 - 09/19/2018 - Freeman, Sabrina
 PCH Name: CHESTNUT MANOR

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following: (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #2, dated 11/21/17, did not include the medication regimen.

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 medical evaluation form was not completed by the doctor when filling out the form. The form has now been completed and filed. To prevent future occurrence management will double check the document as soon as received, as part of the intake checklist and annual updates or significant change. The administrator will monitor as part of monthly audit, effective immediately.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Austin Virgo*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Austin Virgo* Date *4/29/19*

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Violation Report: 10188 - 09/19/2018 - Freeman, Sabrina
 PCH Name: CHESTNUT MANOR

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
 The pre-admission form for resident #2, admitted 11/19/17, does not include a determination that the home can meet the service needs of the resident.

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 determination box on the pre-admission screening had NOT BEEN CHECKED OFF BY OVERSIGHT. MANAGEMENT HAS REVIEWED AND COMPLETED THE DOCUMENT. TO INSURE FUTURE COMPLIANCE MANAGEMENT WILL DOUBLE CHECK THE DOCUMENT AS PART OF INTAKE CHECKLIST. THE ADMINISTRATOR WILL MONITOR AS PART OF MONTHLY AUDIT, EFFECTIVE IMMEDIATELY.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JUSTIN VIRGO</i>	Date <i>4/29/19</i>
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