



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 22 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 annual inspection on December 10 and 11, 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](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.

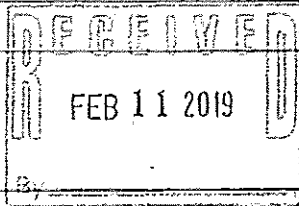
Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe', written over a printed name and title.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

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

PGH Name: CHESTNUT RIDGE RETIREMENT LIVING		License Number: 14141
Address: 2700 CHESTNUT PARKWAY, CHESTER, PA 19013		County: Chester
Administrator: Mrs. 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 Pa L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 117	Working Staff: 88
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/10/2018: Carron, David; Braswell, Natasha 12/11/2018: Carron, David; 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: 83 ✓ Secured Dementia Care Unit In Home: Yes Area: Homestead Secured Dementia Unit Capacity, if Applicable: 22 ✓ Number of Residents Served in Secured Dementia Care Unit, if applicable: 21 ✓ Number of Current Hospice Residents: 5 ✓ Number of Hospice Residents in past year: 13 ✓	Number of Residents who: Receive Supplemental Security Income: 0 ✓ Are 60 Years of Age or Older: 82 ✓ Have Mental Illness: 2 ✓ Have an Intellectual Disability: 0 ✓ Have a Mobility Need: 34 ✓ Have a Physical Disability: 1 ✓	

Violation Report: 14141 - (2/10/2018 - Carion, David  
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1786). The home did not have an influenza poster anywhere.

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 influenza poster was hung in the common area, wellness center and outside the dining room for residents and guests to view. Wellness Director and Administrator will continue to monitor for ongoing compliance.

Maintain audits for Department review for a period of three years 4/5/19 *MJ*

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) <i>Amy Gress, Executive Director</i>	Date <i>2/10/19</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>4/5/19</u> (Date)  The above plan of correction was approved by <i>MJ</i> (Initials)	Plan of correction implementation status as of <u>4/5/19</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: 14141 - 12/10/2018 - Carrion, David  
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 56 Pa.Code §2600  
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION  
 Resident #1, admitted 09/23/17, did not have a resident-home contract completed until 10/23/17.

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.

All residents are required to complete their resident-home contract prior to admission or within 24 hours after admission. A training was completed with the business team to ensure the importance of this regulation. Business Office Manager and Administrator will monitor for ongoing compliance.

Maintain audits for Department review for a period of three years 4/5/19 *MG*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amy Gross, Executive Director</i>	Date <i>2/11/19</i>
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Violation Report: 14141 - 12/10/2018 - Garrison, David PCH Name: CHESTNUT RIDGE RETIREMENT LIVING	
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.41(c) - The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.	
<b>2a. DESCRIPTION OF VIOLATION</b> The Department's resident's rights poster is not posted in a conspicuous and public place in the home.	
<b>3. PLAN OF CORRECTION (POC)</b> (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 Department's Resident's Rights poster has been hung in the common area, wellness center, each elevator and in our memory care neighborhood for residents and guests to view. Wellness Director and Administrator will continue to monitor for ongoing compliance.	
Maintain audits for Department review for a period of three years. 4/5/19 <i>MG</i>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amy Gress, Executive Director</i>	Date <i>2/11/19</i>
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Violation Report: 11111 - 12/10/2018 - Canton, David  
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 66 Pa.Code §2600  
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (36 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 09/21/17. A criminal background was not completed until 01/31/2018..

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.

Criminal history check policies will be in accordance with the Older Adult Protective Services Act. A training was completed to ensure the importance of completing criminal history checks in accordance with the OAPSA. Business Office Manager and Administrator will ensure all new hires / employees have proper OAPSA criminal background checks prior to their first day of work. Business Office Manager and Administrator will monitor for on going compliance.

Maintain audits for Department review for a period of three years 4/5/19 *MJ*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amy Gross, Executive Director</i>	Date <i>2/11/19</i>
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Violation Report: 14141 - 12/10/2018 - Carrion, David  
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Codo §2600  
 2600.02(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION  
 On the 4th floor, memory care unit, unlocked cabinets contained the following item: soft scrub with bleach 36 oz. Residents of the memory care unit are assessed unsafe around poisonous material.  
 On 12-10-18, at 9:10 am, a cleaning cart was unattended in the common area contained the following item: clorox toilet bowl cleaner.

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.

Poisonous material was removed immediately from memory care unit and placed in a locked area. Additional locks were added to cabinets in memory care unit for storage of poisonous material. Training was completed with staff on the safety of residents on the memory care unit with poisonous materials. Maintenance Director and Administrator will monitor for ongoing compliance.

Maintain audits for Department review for a period of three years 4/5/19 *MJ*

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) <i>Amy Gress, Executive Director</i>	Date: <i>2/11/19</i>
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Violation Report: 14141 - 12/10/2018 - Carrion, David  
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

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  
 On 12/10/2018, the kitchen floor was not cleaned properly there was dirt behind the stove and a odor of grease through out the kitchen.

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 kitchen floor has been power washed by our maintenance team to remove grease and the odor of grease in the kitchen on 12/12/18. A cleaning schedule has been put in place for daily cleaning of the kitchen as well as weekly and monthly cleaning schedules. Dietary Manager, Maintenance Director and Administrator will monitor for ongoing compliance.

Maintain audits for Department review for a period of three years 4/5/19 *MDJ*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amy Gress, Executive Director</i>	Date <i>2/11/19</i>
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Violation Report: 14141 - 12/10/2018 - Carrion, David  
 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  
 The telephone at the front desk, in the common area, does not have emergency service number posted nearby.

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 listing of emergency service numbers has been placed on the telephone located at the front desk. An audit was completed to ensure all other telephones have the listing of emergency services numbers posted on or by each telephone with an outside line. Staff will check front desk phone at end of every shift to ensure emergency service numbers are visible. Business Office Manager and Administrator will monitor for ongoing compliance.

Maintain audits for Department review for a period of three years. 4/5/19 *MDJ*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Amy Cross, Executive Director*

Date *2/11/19*

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Violation Report: 14141 - 12/10/2018 - Carrion, David  
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa. Code §2600  
 2600.103(b) - Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

2a. DESCRIPTION OF VIOLATION:  
 On 12/10/18, the kitchen cutting table was not sanitized following the preparation of meals.

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.

Following the walk through with the DHS inspector all nonporous material was cleaned and sanitized. These surfaces are on the cleaning schedule to be cleaned and sanitized after each meal. A training was completed with the dietary staff to ensure the importance of cleaning and sanitizing after each meal. Dietary Manager and Administrator will monitor for ongoing compliance.

Maintain audits for Department review for a period of three years 4/5/19 *MDJ*

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) *Amy Cross, Executive Director* Date: *2/11/19*

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Violation Report: 14141 - 12/10/2018 - Carrion, David  
 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

On 12/11/18, at 3 pm, the temperature in the refrigerator in the kitchen area was 48 degrees farenheit.

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.*

Following the inspection with the DHS inspector Direct Supply came on site to add charge to the refrigerator. Temperature in the refrigerator as has been below 40F and is logged daily for compliance. Dietary Manager, Maintenance Director and Administrator will monitor for ongoing compliance.

Maintain audits for Department review for a period of three years 4/5/19 *MJ*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amy Bress, Executive Director</i>	Date <i>2/11/19</i>
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Violation Report: 14141 - 12/10/2018 - Carrion, David  
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 12/11/18, at 3:30 pm, a can of corn beef hash with an expiration date of 6/2/2018, was located in the food storage area.

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 can of corn beef has that expired was immediately removed from the food storage area. An audit was completed of the remaining items in the food storage area to ensure all items were properly dated. Dietary Manager and Administrator will monitor for ongoing compliance.

Maintain audits for Department review for a period of three years. 4/5/19 *mg*

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amy Cross, Executive Director</i>		Date <i>2/11/19</i>
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Violation Report: 14141 - 12/10/2018 - Carrion, David  
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600.  
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION  
 On 12/10/18 and 12/11/18, there was an accumulation of lint in the lint trap of the dryers on the 5th and 6th 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.

Maintenance department completed a deep cleaning of all lint traps within the dryers of the buildings. Lint logs were created and have been stored next to each dryer for the staff to initial that lint traps have been cleaned following each load of laundry. Maintenance Director is completing weekly audits of dryers to ensure there is not an accumulation of lint. Maintenance Director and Administrator will monitor for ongoing compliance.

Maintain audits for Department review for a period of three years 4/5/19 *MG*

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) <i>Amy Bress, Executive Director</i>	Date <i>2/11/19</i>
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Violation Report: 14141 - 12/10/2018 - Curran, David 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 has not been submitted to the municipal emergency management agency since 2018.	
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>The home's written emergency procedure plan was submitted to Delaware County Municipal on 12/10/18. The home's written emergency procedure plan will then be reviewed, updated and submitted annually to Delaware County Municipal. Administrator will monitor for ongoing compliance</p> <p>Maintain audits for Department review for a period of three years 4/5/19 <i>MG</i></p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 11/06/2017
Signature of Legal Entity Representative (Required on EVERY Page) <i>Amy Gress</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amy Gress, Executive Director</i>	Date <i>2/11/19</i>
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Violation Report: 14141 - 12/10/2018 - Carrion, David  
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The home's emergency procedures are not posted in a conspicuous and public place 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.

The home's written emergency procedures has been posted in the common area and can be located at the front desk for residents and guests to view. Administrator will monitor for ongoing compliance.

Maintain audits for Department review for a period of three years. 4/5/19 *MAJ*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amy Bress, Executive Director</i>	Date <i>2/11/19</i>
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Violation Report: 14141 - 12/10/2018 - Garrison, David  
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION  
 On 12/10/2018, a portable space heater was located at the front desk.  
 On 12/11/2018, a portable space heater was located in between two offices.

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 portable space heater was removed immediately from the community. A training was completed on 12/12/18 to ensure the importance of safety and concern with the use of space heaters in the community. All managers and Administrator will monitor for on going compliance.

Maintain audits for Department review for a period of three years. 4/5/19 *MG*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amy Gress, Executive Director</i>	Date <i>2/11/19</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>4/5/19</u> (Date)	Plan of correction implementation status as of <u>4/5/19</u> (Date)
The above plan of correction was approved by <i>MG</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 - 12/10/2018 - Carrion, David PCH Name: CHESTNUT RIDGE RETIREMENT LIVING	
<p>1. REGULATION 55 Pa.Code §2600 2600.225(c) - The resident shall have additional assessments as follows:</p> <ol style="list-style-type: none"> <li>(1) Annually.</li> <li>(2) If the condition of the resident significantly changes prior to the annual assessment.</li> <li>(3) At the request of the Department upon cause to believe that an update is required.</li> </ol>	
<p>2a. DESCRIPTION OF VIOLATION The most recent assessment for resident #1 was completed on 09/29/17.</p>	
<p>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> <p>Resident #1 most recent assessment was completed on 09/29/18 by the physician. The RASP was dated incorrectly and was not initialed when the mistake was corrected. The date has been crossed out with a line and initialed for the change. Wellness Director will ensure assessments are completed annually. Wellness Director and Administrator will monitor for ongoing compliance.</p> <p>Maintain audits for Department review for a period of three years 4/5/19 <i>mg</i></p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amy Gress, Executive Director</i>	Date <i>2/10/19</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>4/5/19</u> (Date)	Plan of correction implementation status as of <u>4/5/19</u> (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 - 12/10/2018 - Carrion, David  
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 55 Pa. Code §2600.  
 2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION  
 Direct care staff person B and C did not receive training in dementia care during training year, January, 2017 to December, 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.

Staff person B and C has received the 6 hours of annual training related to dementia care and services. All staff members working on the memory care unit are required to complete the 6 hours of annual training within the calendar year. Wellness Director and Administrator will monitor for ongoing compliance.

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) *Amy Gress, Executive Director* Date *2/11/19*

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The above plan of correction is approved as of 4/5/19  
 (Date)

Plan of correction implementation status as of 4/5/19  
 (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 - 12/10/2018 - Carrion, David  
 PCH Name: CHESTNUT RIDGE RETIREMENT LIVING

1. REGULATION 65 Pa. Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Resident #2's records does not include a photograph of the resident that is no more than 2 years old.

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's face sheet was updated in October of 2018. The date however was not printed on the face sheet given to the inspector. An audit was completed to ensure all face sheets are a picture of the resident that is no more than 2 years old and that the date is printed on the face sheet. Wellness Director and Administrator will monitor for ongoing compliance.

Maintain audits for Department review for a period of three years 4/5/19 *MG*

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Amy Gress</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amy Gress, Executive Director</i>		Date <i>2/11/19</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
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The above plan of correction was approved by <u><i>MG</i></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	