



November 14, 2019

Ms. Janet Virgo
Administrator
Glen and Janet Virgo
5032 Walnut Street
Philadelphia, Pennsylvania 19139

RE: Walnut Manor
License #: 117190

Dear Ms. Virgo:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 25, 2019 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 "Kevin Hancock". The signature is fluid and cursive.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: WALNUT MANOR
Address: 5032 WALNUT STREET, PHILADELPHIA, PA 19139
County: PHILADELPHIA Region: SOUTHEAST

License Number: 11719

Administrator

Name: Janet Virgo Phone: 2155285297 Email: jpwvirgo@aol.com

Legal Entity

Name: GLEN AND JANET VIRGO
Address: 5032 WALNUT STREET, PHILADELPHIA, PA, 19139

Certificate(s) of Occupancy

Type: Other Date: 12/08/2008 Issued By: COPA

Staffing Hours

Resident Support Staff: 24 Total Daily Staff: 48 Waking Staff: 36

Inspection

Type: Full Reason: Renewal BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

07/25/2019 - On-Site: Jennie Heinberg

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 27 Residents Served: 24

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 11
Diagnosed with Mental Illness: 24 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 0 Have Physical Disability: 0

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

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 1785). The home did not have an influenza poster anywhere.

Pennsylvania Statutes Title 35 P.S. Health and Safety § 7243 states an approved carbon monoxide alarm at home shall be installed in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance. During the physical inspection on 7/23/2019, the home didn't have a carbon monoxide detector near the home's gas heating source.

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.)

Required influenza information has since been posted in a public place.
Carbon monoxide detector has since been installed.
Administrator and site maintenance personnel are responsible to ensure all required posters & safety items are properly placed to avoid violations and maintain compliance

Legal Entity Representative

Please see attached.....

Signature Janet Virgo

Printed Name and Title Janet Virgo/Administrator

Date 10/7/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

10-22-19 (Date)

Plan of correction implementation status as of

10-22-19 (Date)

The above plan of correction was approved by

SP (Initials)

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

2600.18

Administrator or designee will ensure the influenza poster is always posted in a conspicuous place in the home. Also, carbon monoxide detectors will be placed within 15 feet of all fossil fuel burning appliances and devices. Weekly physical site checks to be conducted to ensure compliance.

SP 10-22-19

44g - Telephone Number

Regulations

2600.

44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

The telephone numbers of the Department's personal care home regional office, protective services unit in the area agency on aging, Disability Rights Pennsylvania (DRP) the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline are not posted in a conspicuous and public place in the home.

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.)

Telephone numbers of Departments are posted in a conspicuous and public place in home.

Administrator is responsible to ensure all information is posted as required to maintain compliance. During Quality Management review inspection of site will be conducted

Administrator or designee will ensure the telephone numbers specified in 2600.44g are always posted in a conspicuous place in the home. Weekly physical site checks to be conducted to ensure compliance. SP 10-22-19

Legal Entity Representative

Janet Virgo
Signature

Janet Virgo/Administrator
Printed Name and Title

10/7/19
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54a - Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, did not have any proof of qualified education such as a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry at the home during the renewal inspection.

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.)

Direct care staff "A": High School Diploma was mixed in another staff's folder since last inspection. It has since been placed correctly. Administrator will review inspected folders after inspection to ensure correct placement of document before filed away. This will be done to avoid violations & maintain compliance
 Please see attached

The administrator or designee will review all current direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.54(a). Home did provide verification staff person A has a high school diploma.

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 Signature

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64c - Annual Training

Regulations

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person B, the home's administrator, completed only 9 hours of Department-approved training in training year 2018.

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 'B' did not complete 24 hours of Training due to cancellation of scheduled training. The classes were cancelled because of bad weather. When classes were re-scheduled staff was unable to attend due to prior confirmed commitment. Can some classes be offered online via a site that can be found and navigated? This will alleviate some stress of completing outside training. Administrator will reach out in due time should this be seen in the future and avoid violations and remain in compliance

The administrator will ensure they have 24 hours training annually. The administrator will complete 24 hours annual training in 2019 and 2020. Also in 2020 the administrator will schedule an additional 15 hours for a total of 39.

Legal Entity Representative: Records to be kept for Department review. SP 10-22-19

Janet Virgo
Signature

Janet Virgo/Administrator
Printed Name and Title

10.7.19
Date

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131f - Fire Extinguisher Inspection

Regulations

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguishers' tags in the home stated the last annual inspection by a fire safety expert was conducted on 10/2017.

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.)

Fire extinguishers have since been inspected and tags updated. Maintenance personnel will ensure fire extinguishers are inspected and updated annually to ensure compliance.

The administrator or designated staff person will develop and implement a process and procedure to ensure all fire extinguishers in the home are inspected and approved annually by a fire safety expert.

SP 10-22-19

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Signature

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132e - Fire Drill Sleeping Hours

Regulations

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was conducted on 2/14/2018 at 11:20pm.

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 retire for the night shortly after snack which is served at 7:00pm. The sleeping hours at this facility is considered to be 9:00pm - 6:00am. On 6/11/18 drill was conducted at 10:15pm; 10/12/18 drill was conducted at 10:54pm; 2/13/19 drill was conducted at 10:20pm; 6/17/19 drill was conducted at 10:25pm 7/25/19 drill was conducted at 4:30am

Administrator will continue to ensure drills are conducted in times required by governing agency to maintain compliance

Home verified 07-25-19 fire drill was conducted at 4:30am. Admin or designee will ensure an over night fire drill is conducted between 11:00pm and 7:00am once every 6 months. SP 10-22-19

Legal Entity Representative

Janet Virog
Signature

Janet Virog/Administrator
Printed Name and Title

10/7/19
Date

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132f - Alternate Exit Routes

Regulations

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The homes fire drill logs do not specify which exits are being utilized during fire drills. There is no way to verify which of the homes exits are being used and if they are using alternate exits.

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.)

Fire drill log states which exits are used during each drill
Attached is a copy of fire drill log with all columns filled in
Home will continue to strive for compliance

The administrator will monitor fire drills and the fire drill record monthly to ensure alternate exits are used during fire drills. Staff will be trained to utilize alternate exits within 30 days receipt of this POC. Home did send in updated fire drill log with alternate exits being utilized.

SP 10-22-19

Legal Entity Representative

Signature *Janet Vinop*

Printed Name and Title *Janet Vinop / Administrator*

Date *10/7/19*

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