



**Sent via e-mail walnutmanorpch@gmail.com**  
**Sent via e-mail jpwwirgo@aol.com**  
**January 13, 2020**

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 inspection on September 4, 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 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Mia Johnson". The signature is written in a cursive, flowing style.

Mia Johnson  
Human Services Licensing Supervisor

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: Mrs. Janet Virgo                      Phone: 2155285297                      Email: WALNUTMANORPCH@GMAIL.COM

#### Legal Entity

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

#### Certificate(s) of Occupancy

Type: Other                      Date:                      Issued By:

#### Staffing Hours

Resident Support Staff: 0                      Total Daily Staff: 24                      Waking Staff: 18

#### Inspection

Type: Partial                      BHA Docket #:                      Notice: Unannounced  
Reason: Incident

#### Inspection Dates and Department Representative

09/04/2019 - On-Site: David Carrion

#### 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: 24                      Are 60 Years of Age or Older: 10  
Diagnosed with Mental Illness: 24                      Diagnosed with Intellectual Disability: 2  
Have Mobility Need: 0                      Have Physical Disability: 0

WALNUT MANOR

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41e - Signed Statement

Regulations

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #2's and #3's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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 Rights are listed on pages 7 & 8 of PCH Resident-Home contract. Signature pages are 6 & 10 of same contract Both signature pages have been signed. If residents are required to sign each of 10 pages, this will be implemented going forward to maintain compliance and avoid unnecessary violations

The administrator or designated staff person will review all resident records to ensure each resident has received a copy of the resident rights and there is documentation each resident and, if applicable, the resident's designated person have received a copy of the resident rights in the resident record. 1/11/20 *MG*

Legal Entity Representative

*Janet Vingo*  
Signature

Janet Vingo / Administrator  
Printed Name and Title

10.7.19  
Date

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The above plan of correction is approved as of 1/11/20 (Date)

Plan of correction implementation status as of 1/11/20 (Date)

The above plan of correction was approved by

*MG*  
(Initials)

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

WALNUT MANOR

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65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during 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.)

All staffs will complete required training to avoid unnecessary violations and maintain continued compliance. Please provide some online training for convenience. If required training are not offered by governing entity administrator will provide information from past training material for direct care staffs

Legal Entity Representative

Janet Virgo  
Signature

Janet Virgo / Administrator  
Printed Name and Title

10.7.19  
Date

WALNUT MANOR

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65f - Training Topics (continued)

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[ ] Fully Implemented
[ ] Partially Implemented - Adequate Progress
[X] Partially Implemented - Inadequate Progress
[ ] Not Implemented

Immediately: The administrator or designee shall monitor all direct care staff training through the quality management review process to ensure all staff persons receive the required trainings in accordance with regulation 2600.65(f) during each established training year. For information on trainings refer to the DHS website for Personal Care Home Licensing training information or contact your local regional office. 1/11/20 [Signature]

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65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Direct care staff person A did not receive training in the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) during 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.)

Training will be completed by all staffs annually with required training by governing entity to maintain compliance and avoid unnecessary violations. If training is not offered administrator will use past years material to conduct training for direct staffs

Legal Entity Representative

Immediately: The administrator or designee will develop an annual staff training plan which includes all of the required training topics in accordance with regulation 2600.65(g). For information on trainings refer to the DHS website for Personal Care Home Licensing training information or contact your local regional office. 1/11/2019

Janet Vingo  
Signature

Janet Vingo / Administrator  
Printed Name and Title

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

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191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #2, admitted 01/23/19, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #3, admitted 04/30/19, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.)

Upon admission and the signing of documents, residents have been educated on the refusal of medication. One such document is "House Rules" item #13. Home solicit assistance if information should be elsewhere in order to maintain compliance and avoid unnecessary violations

Within 15 days receipt of this POC - All staff persons involved in the admissions process will be educated on educating residents on the right to question or refuse medication if the resident believes there may be a medication error and documenting the education. 1/11/20 *mg*

Legal Entity Representative

*Janet Virgo*  
Signature

Janet Virgo/Administrator  
Printed Name and Title

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227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated 2/28/19, indicates the resident has a need for supervision and structure. The resident's support plan, dated 02/28/19 does not document how this need will be met.

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.)

Administrator will ensure support plan is documented on the needs of residents based on their incoming assessment to ensure compliance

Within 15 days receipt of this plan of correction: All staff persons completing or reviewing support plans will be educated regarding the completion and accuracy of support plans including the care and services the home will provide. The administrator or designated staff person will review all current and newly completed resident support plans for accuracy and completion accuracy of support plans including the care and services the home will provide. Documentation of education shall be kept. 1/11/20 *mg*

Legal Entity Representative

*Janet Virgo*  
Signature

Janet Virgo / Administrator  
Printed Name and Title

10.7.19  
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## 252 - Record Content

## Regulations

## 2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

## Description of Violation

*Resident #2's and #3's record does not include a photograph of the resident that is no more than 2 years old.*

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252 - Record Content (continued)

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.)

Updated photographs will be placed in residents file every two years to avoid violations. Administrator will review files every quarter to ensure compliance is maintained

Legal Entity Representative

Janet Virgo  
Signature

Janet Virgo / Administrator  
Printed Name and Title

10.7.19  
Date

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09/04/2019

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