



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail preiger@chestnutridgepa.com
Sent via e-mail nhiggs@raydianproperties.com
April 2, 2020

Ms. Pamela A. Reiger
Executive Director
VS Wallingford, LLC
2700 Chestnut Parkway
Chester, Pennsylvania 19013

RE: Chestnut Ridge Retirement Living
License #: 141410

Dear Ms. Reiger:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 13 and 14, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Sandra Wooters

Sandra Wooters, MHS, ACG
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: CHESTNUT RIDGE RETIREMENT LIVING
Address: 2700 CHESTNUT PARKWAY,, CHESTER, PA 19013
County: DELAWARE Region: SOUTHEAST

License Number: 14141

Administrator

Name: KYLE DUFFY Phone: 6104470710 Email: NHIGGS@RAYDIANPROPERTIES.COM

Legal Entity

Name: VS WALLINGFORD LLC
Address: 2700 CHESTNUT PARKWAY, CHESTER, PA, 19013

Certificate(s) of Occupancy

Type: C-2 LP Date: Issued By: CITY OF CHESTER

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 129 Waking Staff: 97

Inspection

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

Inspection Dates and Department Representative

11/13/2019 - On-Site: Natasha Braswell, Michelle Swisher
11/14/2019 - On-Site: Natasha Braswell, Michelle Swisher

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 130 Residents Served: 87

Secured Dementia Care Unit

In Home: Yes Area: MEMORY CARE Capacity: 22 Residents Served: 17

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0
Diagnosed with Mental Illness: 1
Have Mobility Need: 42
Are 60 Years of Age or Older: 86
Diagnosed with Intellectual Disability: 0
Have Physical Disability: 0

17 - Record Confidentiality

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 11-14-19, on the 4th floor in a room labeled Resident Care Supervisor Room; a binder with resident demographic face sheets were observed on the floor under the window. The door had a broken handle and was unlocked and accessible.

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.)

SEE ATTACHED PLAN OF CORRECTION

Legal Entity Representative

[Handwritten Signature]
Signature

Pamela A. Rege - EXECUTIVE DIRECTOR 01/28/2020
Printed Name and Title Date

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

The above plan of correction is approved as of 4/2/2020
(Date)

Plan of correction implementation status as of 4/2/2020
(Date)

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

Implemented
 Not Implemented

51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person B, hired on 7-1-19; however criminal background check was not completed until 10-24-19.
Staff person C, hired on 3-31-19; however criminal background check was not completed until 4-1-19.
Staff person D, hired on 1-13-17; however criminal background check was not completed until 1-16-17.

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.)

SEE ATTACHED PLAN OF CORRECTION

Legal Entity Representative


Signature

Pamela A. Reiger - Executive Director 01/28/2020
Printed Name and Title Date

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(Date)

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(Initials)

Implemented
 Not Implemented

Chestnut Ridge Retirement Living

Regulation 2600.51.

Plan of Correction

Criminal history check policies will be in accordance with the Older Adult Protective Services Act. Business Office and Assistant Executive Director will review and ensure all new hires/associates have proper OAPSA Criminal History checks prior to their first day of work.

Assistant Executive Director will develop a checklist to track and ensure all new hire paper is completed prior to first day of employment.

Executive Director will review checklist of all new hire files before first day of employment. An individualized checklist will be placed in each new hire personal file.

Signature of Legal Entity Representative



Printed Name and Title of Legal Representative

Pamela A. Reiser - Executive Director

Date

03-31-2020

63a - First Aid/CPR Training

Regulations

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 10-25-19, 10-27-19, 11-4-19, and 11-10-19, there were 87 residents present in the home, from 3 pm to 7 pm only 1 staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR and no staff were present in the home from 7 pm to 11 pm.

On 11-9-19, from 3 pm to 11 pm, 87 residents were present in the home. During this time only 1 staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

On 11/3/19, 11/7/19 and 11/11/19, there were 87 residents in the home, from 7 pm to 11 pm there was only 1 staff person who was certified in first aid, obstructed airway techniques and CPR.

On 10/29/19, 10/31/19, 11/7/19 and 11/10/19 from 11 pm to 7 am, 87 residents were present in the home. During this time, there was only 1 staff present in the home certified in first aid, obstructed airway techniques and CPR.


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.)

SEE ATTACHED PLAN OF CORRECTION

Legal Entity Representative


Signature

 Pamela Rega - Executive Director 01/28/2020
Printed Name and Title Date

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Implemented
 Not Implemented

Chestnut Ridge Retirement Living


Regulation: 2600.63.a.

Plan of Correction

An immediate CPR training class was held on November 15, 2019.
See Attachment (D)- Associates who attended CPR training received certified
Pages 1-2.

CPR training will be held 3 times per year for all community associates. The Health and Wellness Director will ensure there are at least 2 care associates scheduled per shift who are CPR certified. Should resident census increase, the staffing ratio will increase to ensure there is one care associate trained in CPR for every 50 residents. Health and Wellness Director will monitor daily and indicate which care associates are CPR certified on the care associate schedule.

Executive Director will ensure CPR classes are scheduled three times per year.

Signature of Legal Entity Representative 

Printed Name and Title of Legal Representative Pamela Reiger-Executive Director

Date 03-21-2020

65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person E, whose first day of work was 7/15/19, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services until 7/21/19.


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.)

PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature

 - Executive Director 01/28/2020
Printed Name and Title Date

65a - FS Orientation 1st Day (*continued*)

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(Date)

Implemented

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(Initials)

Chestnut Ridge Retirement Living

Regulation 2600.65.a.

Plan of Correction

All direct care associates, ancillary staff and substitute personnel, and volunteers will have an orientation (on their first day in the community) in fire safety and evacuation procedures which include the following:

1. Evacuation procedures
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable
5. The location and use of fire extinguishers
6. Smoke detectors and fire alarms
7. Telephone use and notification of emergency services

Associate E (staff person) received general fire safety training on 7/21/2019. The Maintenance Supervisor is responsible to orient all new associates in general fire safety and emergency preparedness on their first day of employment.

Executive Director will review all new associate completed training on the first day of employment, to ensure general fire safety and emergency preparedness for the community has been completed.

See attachment (E) New Employee/Associate training documentation form.

Page 1-1

Signature of Legal Entity Representative



Printed Name and Title of Legal Representative

Pamela A Reinger - Executive Director

Date 03-21-2020

65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.
 - xiv. The requirements of this chapter.
 - xv. Infection control.
 - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person F, hired on 4-29-18, began providing unsupervised ADL services on 4-29-18. However, the staff person did not completed and pass the Department-approved direct care training course or pass the competency test.

Plan of Correction (POC)

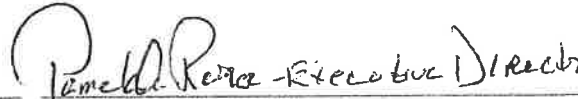
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PLAN OF CORRECTION ATTACHED

65d - Initial Direct Care Training (continued)

Legal Entity Representative


Signature

 01/28/2020
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of 4/2/2020
(Date)

Implemented

Not Implemented

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

Chestnut Ridge Retirement Living

Regulation 2600.65.d.


Plan of Correction

Staff Associate F completed and passed the Department- approved direct care training and Competency test on January 19, 2020.

See attachment (F) Staff Associate's Certificate of Competition- Director Care Staff Training Course and Competency.

Assistant Executive Director will ensure all new care associates will complete and pass the Department's director care training course prior to providing unsupervised ADL care to residents.

Assistant Executive Director will audit all present direct care associate's personal files by April 20, 2020 to ensure compliance.

Signature of Legal Entity Representative 

Printed Name and Title of Legal Representative Pamela A. Reinos - Executive Director

Date 03-31-2020

65e - 12 Hours Annual Training

Regulations

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff person D, hired 1-13-17; received 0 hours of annual training in training year 2018.

Direct care staff person G, hired 10-11-16; received 0 hours of annual training in training year 2018.

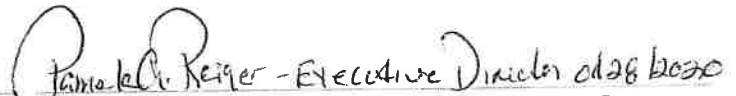
Plan of Correction (POC)

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PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature


Pamela C. Reiser - Executive Director 04/28/2020
Printed Name and Title Date

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Implemented

Not Implemented

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Chestnut Ridge Retirement Living

Regulation 2600.65e

Plan of Correction

The Community has developed an Orientation and Training Policy to ensure that all Associates receive the required 12 hours of PA required Annual Staff Training.

See Attachment (H) Residence at Chestnut Ridge Orientation Policy - Page 1-3
(i)PA Required Annual Staff Training Plan – Pages 1- 2

Executive Director will monitor monthly all scheduled PA required Annual Staff Training to ensure ongoing compliance.

Any associate not meeting the 2019 PA Annual Staff Training hour plan requirements will have additional training hours added to their 2020 training plan to fulfill compliance for year 2019. Executive Director, Health & Wellness or Designee will provide the training.

Associate (staff person) D – will receive 24 hours of PA required annual Staff Training through year 2020.

Associate (staff person) G – will receive 24 hours of PA required annual Staff Training through year 2020.

Signature of Legal Entity Representative



Printed Name and Title of Legal Representative

Pamela A. Peterson - Executive Director

Date 03-31-2020

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 persons D and G 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.)

PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature

 Pamela Regier - Executive Director 01/28/2020
Printed Name and Title Date

65f - Training Topics *(continued)*

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The above plan of correction is approved as of	<u>4/2/2020</u> (Date)	Plan of correction implementation status as of	<u>4/2/2020</u> (Date)
		<input checked="" type="checkbox"/> Implemented	
The above plan of correction was approved by	<u>slw</u> (Initials)	<input type="checkbox"/> Not Implemented	

Chestnut Ridge Retirement Living

Regulation 2600.65.f.

Plan of Correction

A 2020 Training Plan has been developed to include:

1. Medication self-administration training – October 2020
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan- July 2020
3. Care for residents with dementia and cognitive impairments -November 2020
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- May 2020
5. Personal care service needs of the resident – August 2020
6. Safe management techniques -February 2020
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home – June 2020

Executive Director will monitor monthly the PA Annual State required Training Plan for direct care associates to ensure ongoing compliance.

See Attachment (J) PA State required Annual Training Plan for direct care associates. Pages 1-2

Care Associate (Staff Person) D – Received 1 hour of medication self-administration training on December 2, 2019.

Care Associate (Staff Person) G – Received 1 hour of medication self-administration training on December 2, 2019.

Signature of Legal Entity Representative



Printed Name and Title of Legal Representative

Pamela A Reiger - Executive Director

Date 03-31-2020

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

Staff persons D and G did not receive training in 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, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), falls and accident prevention, new population groups that are being served at the home that were not previously served, if applicable during training year 2018.

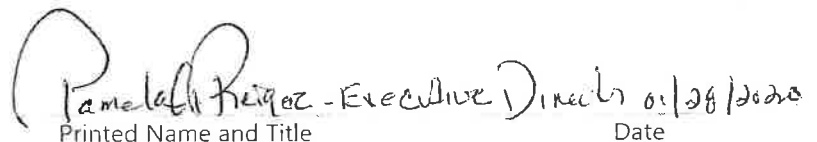
Plan of Correction (POC)

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PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature


Pamela R. Reiger - Executive Director 01/28/2020
Printed Name and Title Date

65g - Annual Training Content (continued)

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		<input checked="" type="checkbox"/> Implemented	
		<input type="checkbox"/> Not Implemented	
The above plan of correction was approved by	<u>slw</u> (Initials)		

Chestnut Ridge Retirement Living

Regulation 2600.65.g.

Plan of Correction

A 2020 PA Required Associate Training Plan has been developed to include:

1. Fire Safety completed by a fire safety expert or by a staff person trained by a fire safety expert – September 2020
2. Emergency preparedness procedures and recognition and response to crises and emergency situations – January 2020
3. Resident Rights – March 2020
4. The Older Adult Protective Services Act – March 2020
5. Falls and Accident Prevention – February 2020
6. New population groups that are being served at the home that were not previously served – August 2020

Executive Director will monitor monthly 2020 PA Annual State required training for direct care associates, substitute personal, and regularly scheduled volunteers to ensure ongoing compliance.

Associate (Staff Person) D - Received 1 hour of Emergency Preparedness training on December 3, 2019. STAFF PERSON D WILL COMPLETE FIRE SAFETY BY APRIL 30, 2020.

Associate (Staff Person) G - Received 1 hour of Emergency Preparedness training on December 3, 2019. STAFF PERSON G WILL COMPLETE FIRE SAFETY BY APRIL 30, 2020.

See Attachment (K) PA Annual training Plan for direct care associates, substitute personal, and regularly scheduled volunteers – Pages 1-2

Signature of Legal Entity Representative



Printed Name and Title of Legal Representative

Pamela A. Reigen - Executive Director

Date 03-31-2020

65i - Training Record

Regulations

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training does not include the date or length of each course.

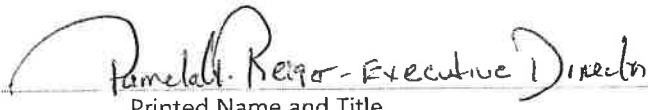
Plan of Correction (POC)

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PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature

 Pamela Reigo - Executive Director
Printed Name and Title

01/20/2020
Date

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Plan of correction implementation status as of 4/2/2020
(Date)

Implemented

Not Implemented

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(Initials)

Chestnut Ridge Retirement Living


Regulation 2600.65.i.

Plan of Correction

The 2020 Training Plan has implemented a date, topic, length of course training time, and associate's training for each course. Certificates received from any training course will be kept in an individualized/personal folder for associates with the PA State required Training Plan.

See Attachment (K) PA State required Annual Training Plan – Pages 1-2

Executive Director will monitor monthly for ongoing compliance.

Signature of Legal Entity Representative 

Printed Name and Title of Legal Representative Pamela A. Reiger - Executive Director

Date 03-31-2020

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 11-14-19, at 2:30 pm, the bathroom in room 511 had a strong urine smell. On 11-14-19, at 4:20 pm, the bathroom on the first floor common area had a strong urine smell. On 11-14-19, a dehumidifier mounted in the ceiling located in the dry food storage area was broken and dripping a brown greasy fluid, the door located at the rear of the 4th floor dining area has long brownish drips of an unknown substance.

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.)

PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature


Pamela Berger - Executive Director
Printed Name and Title

01/28/2020
Date

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Plan of correction implementation status as of 4/2/2020 (Date)

Implemented

Not Implemented

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Chestnut Ridge Retirement Living

Regulation 2600.85.a.

Plan of Correction

Housekeeping immediately responded on November 1, 2019 to clean the following:

- 511 bathroom
- 1st floor common area bathroom
- Door located at the 4th floor dining area

The dehumidifier located in the dry food storage area has been repaired.

Assistant Executive Director will monitor daily all resident rooms and common areas to ensure cleanliness and an odor free environment.

Food and Dining Director or lead cook will monitor dry storage area daily for maintenance and cleanliness to ensure ongoing compliance.

Signature of Legal Entity Representative



Printed Name and Title of Legal Representative

James A. Reiger - Executive Director

Date 03-31-2020

82c - Locking Poisonous Materials

Regulations

2600.

82.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.

Description of Violation

The following poisonous materials were found unlocked and accessible to the residents in memory care:

Keystone Liquid Insecticide with a warning label that reads, " Contact poison control or doctor if comes in contact with skin or swallowed" was observed in the 4th floor kitchenette.

A 34 oz bottle of hand sanitizer with a warning label that reads, " If swallowed get medical help or contact poison control ", was observed on the counter of the 4th floor kitchenette.

A tube of Crest Pro Health toothpaste with a warning label that reads, "If more than needed for brushing is swallowed get medical help or contact poison control", was present in the cabinet under the sink in room 403.

Two containers of disinfectant wipes with a warning label that reads, " Contact poison control or seek medical help if swallowed" and a container of Comet powdered cleanser with warning label that reads, "HARMFUL if swallowed", were present under the sink in the 4th floor kitchenette.

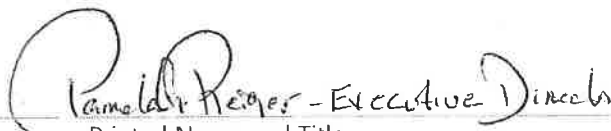
Plan of Correction (POC)

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Legal Entity Representative


Signature

 - Executive Director
Printed Name and Title

01/28/2020
Date

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Implemented

Not Implemented

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

Chestnut Ridge Retirement Living

Regulation 2600.82.c.

Plan of Correction

The following poisonous materials that were found unlocked and accessible to the residents in memory care were immediately removed and discarded on November 14, 2019.

- Keystone Liquid Insecticide (4th Floor Kitchenette)
- Hand Sanitizer (4th Floor Kitchenette)
- Crest Pro Health Toothpaste (Room 403)
- Disinfectant wipes (4th Floor Kitchenette)

Training was completed on January 17, 2020 with Memory Care associates on the safety of residents on the memory care unit with poisonous materials. Training instructed by Wellness Director.

Memory Care Coordinator will monitor monthly to ensure ongoing compliance.

See Attachment (L) Poisonous Material safety training/review on the Memory Care unit.

Signature of Legal Entity Representative



Printed Name and Title of Legal Representative

Pamela A. Reiser - Executive Director

Date 03-31-2020

85b - Infestation

Regulations

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

The home has an ongoing active bed bug infestation, that was being retreated on 11-13-19.
On 11-14-19, room 407 displayed an active infestation of lady bug beetles.

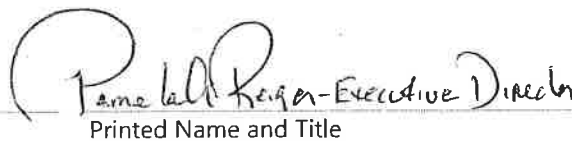
Plan of Correction (POC)

(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.)

PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature

 Pamela Regen-Executive Director 01/08/2020
Printed Name and Title Date

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

The above plan of correction is approved as of 4/2/2020 (Date) Plan of correction implementation status as of 4/2/2020 (Date)
The above plan of correction was approved by slw (Initials) Implemented Not Implemented

Chestnut Ridge Retirement Living

Regulation 2600.85.b.

Plan of Correction

The active infestation of lady bug beetles was immediately treated and removed by the maintenance department. Presently there are no signs of infestation.

The Community has an extensive bed bug policy, procedure, and treatment inspection 2020 contract with a pest control company to address all future bed bug infestations. Monthly inspection and treatment protocol are in place for the entire community.

Maintenance supervisor will monitor to ensure ongoing compliance and report any infested rooms to the Executive Director immediately.

See Attachment (M) Bed Bug policy Pages 1-2

85d - Trash Receptacles

Regulations

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation


On 11-14-19, at 3:40 pm, the trash cans located in the kitchen were full, uncovered and unattended.

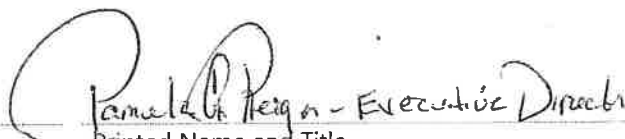
Plan of Correction (POC)

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PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature

 Pamela C. Reagin - Executive Director 01/28/2020
Printed Name and Title Date

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The above plan of correction was approved by slw (Initials) Implemented Not Implemented

Chestnut Ridge Retirement Living

Regulation 2600.85.d.

Plan of Correction

On November 14, 2019 at 3:40pm all trash cans in the kitchen were immediately removed and discarded.

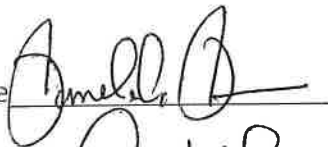
New trash cans with lids were purchased and placed on dollies with attached chains to ensure security.

Food and Dining Director will monitor hourly to ensure compliance.

See Attachment (N) Picture of new trash can and lid secured with chain.

Food Service Director will in-service all food and dining associates by April 10, 2020 on the importance of maintaining lids on trash cans for sanitary purposes, and prevention of insects and rodents.

Signature of Legal Entity Representative



Printed Name and Title of Legal Representative

Pamela Reigen - Executive Director

Date 03-31-2020

88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The ice machine located in the kitchen displayed long white streaks of an unknown substance on the outer casing of the machine. The trimming on the front kitchen counter is pulling away and hanging from the surface of the counter. The side trimming on the counter of the kitchen in room 519 is pulling away and hanging from the surface of the counter.

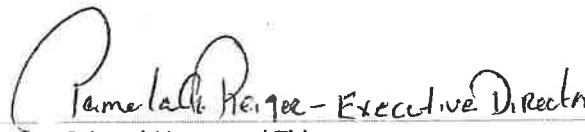
Plan of Correction (POC)

(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.)

PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature

 - Executive Director 04/28/2020
Printed Name and Title Date

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Implemented

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

Not Implemented

Chestnut Ridge Retirement Living

Regulation 2600.88.a.

Plan of Correction

The ice machine located in the kitchen was immediately cleaned and has been added to the weekly cleaning list.

Food and Dining Director will review end of shift daily check sheets 3 times per week to ensure ongoing cleaning compliance.

The side trimming on the kitchen counter in room 519 has been repaired.

See Attachment –Cleaning List – Page 1-1

Picture of kitchen counter in room 519 – Page 1-1

Signature of Legal Entity Representative



Printed Name and Title of Legal Representative

Pamela Reigan - Executive Director

Date

03-31-2020

95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

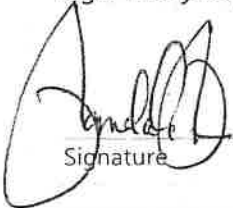
The mini blinds hanging in the kitchen window were rusty and soiled with a brown greasy substance. The chair on the patio is broken and lying on its back without the seat cushion. The trash compactor located in the compactor room is not in good repair and does not properly compact the trash. The utility elevator was inoperable and not in good repair.

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.)

PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature

 Pamela A. Reiger - Executive Director
Printed Name and Title

01/28/2020
Date

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Implemented

Not Implemented

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

Chestnut Ridge Retirement Living

Regulation 2600.95.a.

Plan of Correction

The following violations were immediately addressed:

- The mini blinds were removed.
- The broken chair was discarded and will be replaced when weather permits.
- The trash compactor has been repaired and the room has been cleaned and painted.
- The utility elevator was repaired in March 2020.

The Maintenance Director has a new maintenance checklist that he and his staff have implemented to assure all furniture and equipment is clean and in good repair.

Maintenance Director will review check list monthly to ensure ongoing compliance.

See Attachment (O) Maintenance Checklists Pages 1- 3

Signature of Legal Entity Representative



Printed Name and Title of Legal Representative

Pamela Reina - Executive Director

Date 03-31-2020

101j7 - Lighting/Operable Lamp

Regulations

2600.

101j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

The lamp in room 403 was not operable the knob was missing and the lamp cannot be reached from bedside.


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.)

PLAN OF CORRECTION ATTACHED

Legal Entity Representative


 Signature

 Pamela Reiger - Executive Director 04/28/2020
 Printed Name and Title Date

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

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Plan of correction implementation status as of 4/2/2020
(Date)

Implemented

Not Implemented

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

Chestnut Ridge Retirement Living

Regulation 2600.101.j.7

Plan of Correction

The lamp in room 403 has been replaced and is in good working condition. The bedside table has been moved so the resident can reach from their bedside.

Maintenance team will do monthly room checks to ensure all residents will be able to turn a source of lighting on and off at their bedside.

102h - Toilet Paper

Regulations

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 11-14-19, at 4:20 pm, there was no toilet paper in the bathroom located on the 1st floor common area.


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.)

PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature

 Pamela Berger - Executive Director
Printed Name and Title

01/28/2020
Date

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The above plan of correction is approved as of

4/2/2020
(Date)

Plan of correction implementation status as of

4/2/2020
(Date)

Implemented

Not Implemented

The above plan of correction was approved by

slw
(Initials)

Chestnut Ridge Retirement Living

Regulation 2600.102.h.

Plan of Correction

Housekeeping staff immediately supplied the 1st floor bathroom with toilet paper on November 14, 2019 when it was reported that it was missing from one of the stalls.

All common area bathrooms now have a checklist that each housekeeper signs when cleaning bathrooms. If any supplies are needed in these areas the housekeeping associates will alert the Maintenance Director for immediate action.

The Assistant Executive Director will monitor all common area bathrooms for cleanliness and review cleaning checklist daily for ongoing compliance.

See Attachment (P) Housekeeping checklist – Pages 1-1

Signature of Legal Entity Representative



Printed Name and Title of Legal Representative

Pamela Reigen - Executive Director

Date 03-31-2020

103e - Left Overs

Regulations

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation


There were 6 undated, unlabeled, plastic containers with a variety of foods located in the freezer.
On the counter of the kitchenette in memory care there was a undated and unlabeled sandwich covered in plastic wrap.


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.)

PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature

 - Executive Director
Printed Name and Title
01/26/2020
Date

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(Date)

Plan of correction implementation status as of 4/2/2020
(Date)

Implemented

Not Implemented

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

Chestnut Ridge Retirement Living

Regulation 2600.103.e.

Plan of Correction

The six undated, unlabeled plastic containers were immediately label and dated with expirations dates and returned to freezer. Note this food was from a family who brings food for their love one. Food and Dining Director educated this family on all food placed in the kitchenette refrigerator and freezer must be labeled and dated.

Food and Dining department will check daily to ensure all food in the memory care kitchenette and all food placed in the kitchenette refrigerator and freezer is labeled and dated and has not exceed its expiration date.

103f - Refrigerator/Freezer Temps

Regulations

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.

Description of Violation

On 11-14-19, at 3:25 pm, the temperature in the ice cream freezer was 10 degrees Fahrenheit and at 3:40 pm it was 8 degrees Fahrenheit.


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.)

PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature

 Pamela Regal - Executive Director 01/29/2020
Printed Name and Title Date

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(Date)

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

Implemented
 Not Implemented

Chestnut Ridge Retirement Living

Regulation 2600.103.f.

Plan of Correction

The thermometer in the ice cream freezer was replaced with a brand new one on November 15, 2019. Temperature was 10 degrees Fahrenheit during time of inspection by surveyors at 3:45pm due to a 3:00 pm ice cream social event in the community.

Food and Dining Director will record and monitor temperature in the ice cream freezer daily to ensure compliance.

103i - Outdated Food

Regulations

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation


There was a packet of sugar free mousse mix in the dry food storage area with an expiration date of 12-12-18.

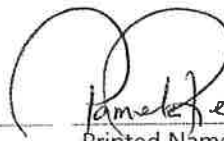
Plan of Correction (POC)

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PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature

 - Executive Director 01/28/2020
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of 4/2/2020
(Date)

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

Implemented
 Not Implemented

Chestnut Ridge Retirement Living

Regulation 2600.103.i.

Plan of Correction

The packet of sugar free mouse mix was removed immediately from the dry food storage area. An audit was done by the Food and Dining Director of all remaining food in the dry storage area to ensure all items were labeled and dated.

Food and Dining Director will monitor daily to ensure ongoing compliance.

Signature of Legal Entity Representative



Printed Name and Title of Legal Representative

Pamela A. Reiga - Executive Director

Date 03-31-2020

105g - Lint Removal and Duct Cleaning

Regulations

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 11-14-19, there was an approximate 1/8 inch accumulation of lint in the lint trap of the dryer on the 7th floor. There were no clothes in the dryer at the time.

On 11-14-19, there was an approximate 1/4 inch accumulation of lint in the lint trap of the dryer on the 8th floor. There were no clothes in the dryer at the time.

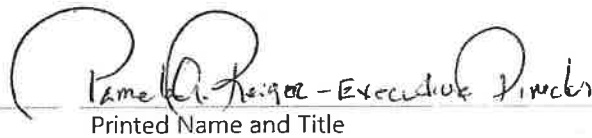
Plan of Correction (POC)

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PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature

 Pamela A. Rogers - Executive Director 01/28/2020
Printed Name and Title Date

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Plan of correction implementation status as of 4/2/2020 (Date)

Implemented

Not Implemented

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

Chestnut Ridge Retirement Living

Regulation 2600.105.g.

Plan of Correction

Housekeeping Department completed a cleaning of all lint traps within the dryers of the building on January 27, 2020. Lint logs are posted next to each dryer for the associates to initial as documentation that lint traps have been cleaned following each load of laundry. Maintenance Director will daily audits of all dryers to prevent an accumulation of lint in the dryer traps to ensure ongoing compliance.

The importance of lint removal and duct cleaning to reduce the risk of fire hazards topic has been added to the May 2020 training schedule for housekeeping, maintenance, care associates and department managers.

See Attachment (Q) Blank lint log – Page 1-1

Signature of Legal Entity Representative



Printed Name and Title of Legal Representative

Pamela A. Reiger - Executive Director

Date 03-31-2020

107c - Food/Water 3 Day Supply

Regulations

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 11-14-19, the home served 87 residents, requiring 261 gallons of emergency drinking water. However, the home had only 27 gallons. The home does not have a contract with a local bottled water supplier.


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.)

PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature

 Pamela Heigel - Executive Director 01/28/2020
Printed Name and Title Date

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Plan of correction implementation status as of 4/1/2020 (Date)

Implemented

Not Implemented

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

Chestnut Ridge Retirement Living

Regulation 2600.107.c.

Plan of Correction

The community has obtained 43 cases of 6 gallons per case of spring water delivered on December 10, 2019.

Food and Dining Director will monitor drinking water supply bi-annually to ensure there is always a 3-day supply per resident and ongoing compliance.

Signature of Legal Entity Representative 

Printed Name and Title of Legal Representative Pamela A. Reyer Executive Director

Date 03-31-2020

132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

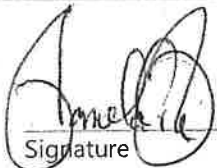
During the fire drill on 8-18-19, at 5:40 am, the home did not evacuate the residents to the fire safe areas.

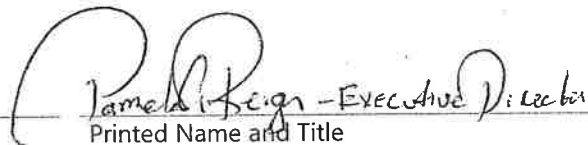
Plan of Correction (POC)

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PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature

 - Executive Director
Printed Name and Title

01/28/2020
Date

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(Date)

Implemented

Not Implemented

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

Chestnut Ridge Retirement Living

Regulation 2600.132.d.

Plan of Correction

All residents will be evacuated to a safe area during fire drills. Executive Director will review monthly fire alarm report following drill to ensure documentation/report states residents were evacuated to a designated fire safe area and indicating the evacuation route.

Fire drills will be done monthly to ensure ongoing compliance.

See Attachment (S) Fire Alarm Report - Pages 1-3

Signature of Legal Entity Representative 

Printed Name and Title of Legal Representative Pamela A. Reilly - Executive Director

Date 03-31-2008

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. 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:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

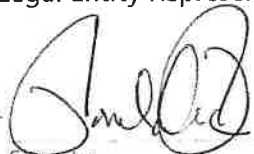
The medical evaluation for residents #2, 3 and 4 did not include the weight and temperature.

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.)

PLAN OF CORRECTION ATTACHED

Legal Entity Representative



Signature

 Executive Director 01/28/2020

Printed Name and Title

Date

141a 1-10 Medical Evaluation Information *(continued)*

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4/2/2020
(Date)

Plan of correction implementation status as of

4/2/2020
(Date)

Implemented

Not Implemented

The above plan of correction was approved by

slw
(Initials)

Chestnut Ridge Retirement Living

Regulation 2600.141.a.

Plan of Correction

All initial, annual, and change of status DME's will be audited for accuracy by Health and Wellness Director and Executive Director. Any resident records that are incomplete will be returned to the physician updated for accuracy and review by the Health and Wellness Director within 48 hours.

- Resident #2 – Resident was discharged December 3, 2019
- Resident #3 – Annual DME will be updated April 2020
- Resident #4 – 2019 initial was updated indicating weight and temperature on January 26, 2020.

Signature of Legal Entity Representative



Printed Name and Title of Legal Representative

Pamela Reigo - Executive Director

Date 03-31-2020

161d - Dietary Needs

Regulations

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation


On 11-14-19, during staff interviews it was stated that the kitchen does not have a list of diets for all personal care residents. The home currently does not have low sodium option meals.

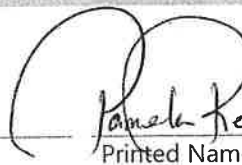
Plan of Correction (POC)

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PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature

 Pamela Reigan - Executive Director 01/20/2020
Printed Name and Title Date

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Plan of correction implementation status as of 4/1/2020
(Date)

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

- Implemented
- Not Implemented

Chestnut Ridge Retirement Living

Regulation 26.00.161.d.

Plan of Correction:

On November 15, 2019 a list and picture of all resident with special dietary needs was developed and posted on a resident diet board in the kitchen for staff reference.

New residents who require special dietary needs and any resident with a dietary change the Food and Dining Director will institute the change on the resident photo diet board as to the diet plan and review the change with all food and dining associates immediately to ensure safety and ongoing compliance.

Signature of Legal Entity Representative



Printed Name and Title of Legal Representative

Pamela A. Regal - Executive Director

Date 03-31-2020

183b - Meds and Syringes Locked

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 11-14-19, prescription medication Proctozone HC 2.5% cream was unlocked, unattended, and accessible in the bathroom cabinet in room 407.


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.)

PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature

 Pamela H. Reiger - Executive Director - 04/28/2020
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of 4/2/2020
(Date)

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

Implemented
 Not Implemented

Chestnut Ridge Retirement Living

Regulation 2600.183.b.

Plan of Correction

On November 14, 2019 the prescription medication Protozone HC 2.5% cream was immediately removed from the unlocked cabinet in room 407.

Training was completed on January 17, 2020 with Memory Care associates on the locking/safety of all medication and syringes in residents' rooms on the secure dementia unit. Training instructed by Health and Wellness Director.

Memory Care Coordinator with monitor/check residents' rooms daily to ensure ongoing compliance.

Signature of Legal Entity Representative



Printed Name and Title of Legal Representative

Pamela A. Reiser - EXECUTIVE DIRECTOR

Date 03-31-2020

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #5 is prescribed Mirtazapine 15 mg. However, resident #5's medication administration record does not indicate a diagnosis.

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.)

PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature


Pamela Reiger - Executive Director of LaPlaza
Printed Name and Title Date

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The above plan of correction is approved as of 4/2/2020
(Date)

Plan of correction implementation status as of 4/2/2020
(Date)

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

Implemented
 Not Implemented

Chestnut Ridge Retirement Living

Regulation 2600.187.a.

Plan of Correction

The pharmacy was notified by the Health and Wellness Director immediately regarding resident #5 omission of diagnosis on the electronic medication administration record. The pharmacy updated the medication administration record within 2 hours.

Nurse and medication technicians have been educated to report a missing diagnose from a resident's medication administration record to the Health and Wellness Director.

Health and Wellness Director will audit medication administration records monthly against physician order statement to ensure accuracy. When a diagnosis is missing the Health and Wellness Director will immediately contact the pharmacy to update.

Signature of Legal Entity Representative



Printed Name and Title of Legal Representative

Pamela A. Reiger, EXECUTIVE DIRECTOR

Date 03-31-2020

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #6, prescribed Famotidine 40 mg, Metoprolol Tarate, Celecoxib, Atovastain 20 mg. However, on 11-10-19, at 8:00 am, resident was administered the medications of another resident.


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.)

PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature

 Pamela Pezart - Executive Director 01/28/2020
Printed Name and Title Date

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Implemented
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Chestnut Ridge Retirement Living

Regulation 2600.187.d.

Plan of Correction

All residents will receive their own prescribed medication. The nurses and medication technicians were reeducated on the 5 rights of medication administration. The specific medication technician who administered the wrong medication to resident #6 was educated on 11-14-19 – The Five Rights of Medication and on 11-11-19 – Health and Wellness Director observed a medication pass to 3 residents. For the month of November and December associate was shadowed on all medications passes.

Health and Wellness Director will review the Five right of medication administration for the months of May, June and July 2020 with nurses and medication- technicians.

Health and Wellness Director who is also a trained Medication Practicum Observer will conduct bi-annually medication administration observations to all nurses and medication -technicians.

See Attachment (T) Five Right of Medication Administration- Pages 1-4

Signature of Legal Entity Representative



Printed Name and Title of Legal Representative

Pamela Rigney - Executive Director

Date 03-31-2020

188d - System to Document Medication Errors

Regulations

2600.

188.d. There shall be a system in place to identify and document medication errors and the home's pattern of error.

Description of Violation:

The home does not have a system to identify and document medication errors and patterns of errors. Neither the administrator, or Wellness Director, who is responsible for medication administration, are able to describe such a system.

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.)

PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature

 Pamela Page - Executive Director
Printed Name and Title

01/28/2020
Date

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(Date)

Implemented

Not Implemented

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(Initials)

Chestnut Ridge Retirement Living

Regulation 2600.188.d.

Plan of Correction

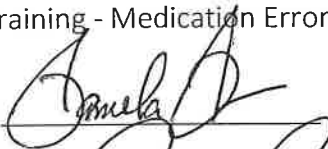
A medication error log has been developed and implemented to document/record any medication errors. Wellness Director or Executive Director will review monthly for patterns /and repeat errors.

All nurses and medication technicians were trained on the community's medication error policy and medication error log documentation on January 27, 2020. New nursing associates and medication technicians will be trained on medication error policy and medication error log within their first 40 hours of employment bi- annually, and before administering medication to a resident.

Medication errors will be discussed and reviewed at nursing and medication-technician meetings for the next three months of May, June, and July.

- See Attachment (V) Medication Log – Page 1-1
- (W) Medication Error Policy – Page 1-1
- (X) Documentation of Training - Medication Error Pag 1-1

Signature of Legal Entity Representative



Printed Name and Title of Legal Representative

Pamela Berger - EXECUTIVE DIRECTOR

Date 03-31-2020

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #1's most recent assessment was completed on 9-30-16.


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.)

PLAN OF CORRECTON ATTACHED

Legal Entity Representative


Signature

 Pamela Reigan - Executive Director 01/28/2020
Printed Name and Title Date

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(Date)

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- Not Implemented

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(Initials)

Chestnut Ridge Retirement Living

Regulation 2600.225.c.

Plan of Correction

All residents will have additional assessments at least annually as required. Resident #1 assessment was located and it was dated October 11, 2019. This and all other RASP's will be updated at least annually per PA state regulation.

Health and Wellness Director will keep a calendar for quick reference and a tickler file to record actual dates for both DME and RASP completion.

Resident files will be spot audited for completion by the Executive Director or designee on a monthly basis to ensure on going compliance.

See Attachment (Y) Resident #1 Annually Assessment – Pages 1-12

Signature of Legal Entity Representative



Printed Name and Title of Legal Representative

Pamela Reigen - Executive Director

Date

03-31-2020

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 #4, dated 2-1-19, indicates the resident has a need for services. The support plan does not indicate the degree level of the residents need. The resident's support plan, does not have a finalization date.

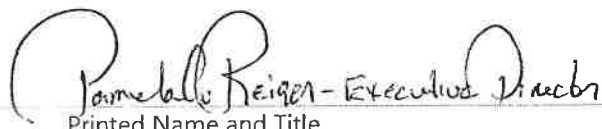
Plan of Correction (POC)

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PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature

 Pamela Reiger - Executive Director 01/29/2020
Printed Name and Title Date

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Plan of correction implementation status as of 4/2/2020 (Date)

Implemented

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

Not Implemented

Chestnut Ridge Retirement Living

Regulation 2600.227.d.

Plan of Correction

A new support plan was initiated for resident #4. The new support plan includes the resident's need for services and specifies to what degree that resident will be supported.

Support plans will be reviewed by the Wellness Director immediately after completion and before the resident signs the plan.

Resident Support plans will be spot checked monthly to ensure ongoing compliance.

See Attachment - Resident #4 – Annual Assessment – Pages 1-11

233a - Lock Approval

Regulations

2600.

233.a. Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

Description of Violation

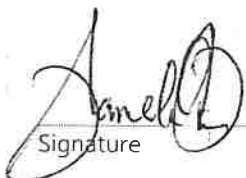
The home does not have written approval from the Department of Labor and Industry, Department of Health or local building authority for the locking system, used on the exit doors from the SDCU.

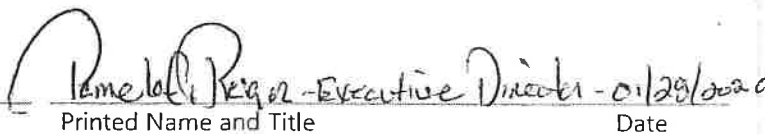
Plan of Correction (POC)

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PLAN OF CORRECTION ATTACHED

Legal Entity Representative


Signature


Printed Name and Title: Pamela Regier - Executive Director - 01/29/2020
Date

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Chestnut Ridge Retirement Living


Regulation 2600.233.a.

Plan of Correction

The Executive Director of the community has contacted the Chester City Labor and Industry Department (Cynthia Scarbough) in writing and by phone on January 27, February 11, and February 27, 2020. On March 31, 2020, Pennsylvania Department of Health (Laurie Devlin) and Fire and Life Safety Solutions (Robert Muller).

After ongoing attempts to obtain reinspection of the secure dementia unit and due to the Corona Virus (Covid-19), inspection will be obtained within the next 60 days.

The Executive Director of the community will immediately forward the letter of permission to the Pennsylvania Department of Human Services, Bureau of Human Services Licensing when it is received.

Signature of Legal Entity Representative 

Printed Name and Title of Legal Representative Pamela A. Reigan - Executive Director

Date 03-31-2020

236 - Staff Training

Regulations

2600.

236. Training - 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).

Description of Violation

Direct care staff person D, who works in the Memory Care Unit, did not have any hours of training in dementia care during the 2018 training year.

Direct care staff person G, who works in the Memory Care Unit, did not have any hours of training in dementia care during the 2018 training year.


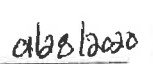
Plan of Correction (POC)

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Legal Entity Representative


Signature

 Pamela C. Reigar - Executive Director 
Printed Name and Title Date

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Implemented
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Chestnut Ridge Retirement Living

Regulation 2600.236

Plan of Correction

Staff person C received 6 hours of dementia care training on November 14, 2019.

Staff person D received 6 hours of dementia care training on November 14, 2019.

A dementia care training was held for associates on November 14 & 15, 2019.

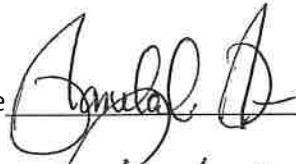
All associates/staff persons will receive 6 hours of dementia training prior and in addition to the 12 hours of annual training before being assigned to working on the secured dementia unit.

See Attachment (A-1) Trainer Certification

(A-2) Gem Training Program Overview

Health and Wellness Director will review the bi-weekly schedule to ensure associates assigned to the secure dementia unit have received the 6 hours of required dementia training.

Signature of Legal Entity Representative



Printed Name and Title of Legal Representative

Pamela A. Reigan

Date 03-31-2020