

Department of Human Services
Bureau of Human Service Licensing

November 2, 2020

KIM SMITH, VP OF OPERATIONS
VS WALLINGFORD LLC
2700 CHESTNUT PARKWAY
CHESTER, PA 19013

RE: CHESTNUT RIDGE RETIREMENT
LIVING
2700 CHESTNUT PARKWAY
CHESTER, PA, 19013
LICENSE/COC#: 14141

Dear Ms. Smith,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/16/2020, 09/17/2020, 09/18/2020, 09/22/2020, 09/23/2020, 09/24/2020, 09/25/2020, 09/29/2020, 09/30/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: CHESTNUT RIDGE RETIREMENT LIVING License #: 14141 License Expiration Date: 12/30/2020
Address: 2700 CHESTNUT PARKWAY, CHESTER, PA 19013
County: DELAWARE Region: SOUTHEAST

Administrator

Name: Kristina W. Wilhelmsen Phone: 6104470710 Email:
twilhelmsen@sagelife.com,

Legal Entity

Name: VS WALLINGFORD LLC
Address: 2700 CHESTNUT PARKWAY, CHESTER, PA, 19013
Phone: 6104470710 Email: ksmith@sagelife.com

Certificate(s) of Occupancy

Type: C-2 LP Date: 09/19/1998 Issued By: City of Chester

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 113 Waking Staff: 85

Inspection

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 09/30/2020

Inspection Dates and Department Representative

09/16/2020 - Off-Site: Dean Gray
09/17/2020 - Off-Site: Dean Gray
09/18/2020 - Off-Site: Dean Gray
09/22/2020 - Off-Site: Dean Gray
09/23/2020 - Off-Site: Dean Gray
09/24/2020 - Off-Site: Dean Gray
09/25/2020 - Off-Site: Dean Gray
09/29/2020 - Off-Site: Dean Gray
09/30/2020 - Off-Site: Dean Gray

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 130 Residents Served: 73

Secured Dementia Care Unit

In Home: Yes Area: Memory Care Capacity: 22 Residents Served: 17

Resident Demographic Data as of Inspection Dates (*continued*)**Hospice**Current Residents: *8/10***Number of Residents Who:**Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *73*Diagnosed with Mental Illness: *0*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *40*Have Physical Disability: *1***Inspections / Reviews****09/16/2020 - Partial**Lead Inspector: *Dean Gray*Follow-Up Type: *POC Submission*Follow-Up Date: *10/17/2020***10/27/2020 - POC Submission**Lead Reviewer: *Mia Johnson*Follow-Up Type: *Document Submission*Follow-Up Date: *11/27/2020***11/2/2020 - Document Submission**Lead Reviewer: *Mia Johnson*Follow-Up Type: *Not Required*

57c - 2 Hours/Day

1. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On Saturday, 09/05/2020, there were 73 residents in the home, including 40 residents with mobility needs, requiring a total minimum of 113 hours of direct care service. On this date, only 89 hours of direct care staffing was provided.

Plan of Correction

Accept

Regulation 2600.57.c.

Plan of Correction

Resident Service Director was educated on Direct Care staffing requirements for residents who have mobility needs on 10/21/2020.

HWD and or Resident Service Director will audit Direct Care Staffing schedules and mobility list weekly for 4 weeks, then bi-weekly for 2 months and randomly audit to ensure they are compliant with regulation 2600.57.c.

Results of the audits will be reviewed monthly via QA.

(Please see attachment A)

Completion Date: 01/20/2021

Update - 10/26/2020

Provide documentation

Document Submission

Implemented

RSD was in-serviced on 10/21/20. Audit completed for 10/25/20 - 10/28/20. Please view attachments

57d - Waking Hours

1. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On Saturday, 09/05/2020, a total of 113 hours of direct care was required. However, only 67 of the required hours, or 59 percent, were provided during waking hours.

57d - Waking Hours *(continued)***Plan of Correction****Accept***Regulation 2600.57.d.**Plan of Correction**Resident Service Director was educated on Direct Care staffing requirements for waking hours on 10/21/2020.**HWD / Resident Service Director or designee will ensure staffing minimum is met for waking hours by reviewing mobility needs and adjust staffing accordingly, each day.**RSD will audit weekly for 4 weeks, then bi-weekly for 2 months to ensure waking hour staffing requirements are compliant with regulation 2600.57.d.**ED or designee will randomly audit direct care schedules and mobility list ongoing to ensure continued compliance.**Results of the audits will be reviewed monthly via QA.***Completion Date:** 01/20/2021**Update - 10/26/2020***Provide documentation***Document Submission****Implemented***RSD was in-serviced on 10/21/20. Audit completed for 10/25/20 - 10/28/20. Please view attachments*

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation*Based on interviews with staff and residents, multiple services are delayed or skipped due to lack of available care staff in the home. Reported instances include: staff delaying morning routines (changing, washing up...) because they need to stay "on schedule", skipping of bathing assignments, medications being late including an incident where a resident's pain medication was up to 11 hours late and staff picking up doubles because as stated "or else no one would be here".***Plan of Correction****Accept***Regulation 2600.60.a.**Plan of Correction**Resident Service Director was re- educated 10/23/20 on the requirement that staffing shall be provided to meet the needs of the residents**The RSD is responsible for sustained compliance. The ED or Designee will audit staffing schedules weekly for 4 weeks, monthly for 2 months, then randomly audited to ensure that there are sufficient staff persons on duty at all times to meet residents' needs, being compliant with regulation 2600.60.a.**Results of the audits will be reviewed monthly via QA***Completion Date:** 01/20/2021**Update - 10/26/2020***Provide documentation*

60a - Staff/Support Plan (continued)

Document Submission

Implemented

RSD was in-serviced on 10/21/20. Audit completed for 10/25/20 - 10/28/20. Please view attachments

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Per staff interview when bathing residents, staff are forced to share items including soap, towels and washcloths due to a shortage of supplies.

Plan of Correction

Accept

Regulation 2600.85.a.

Plan of Correction

HWD/RDS was never made aware of a shortage of supplies. Inventory was checked on day of survey and supply was on hand in house.

All Direct Care Staff will be trained on inappropriate sharing of personal hygiene products between residents by 11/26/2020.

Building engineer is responsible for ensuring linen inventory is adequate for sustained compliance, and RSD is responsible for ensuring personal hygiene product inventory is adequate for sustained compliance with regulation 2600.85.a. Both were in serviced on maintaining adequate supplies in house on 10/23/2020

Care Staff will audit inventory via check list ongoing as part of their daily assignments.

RSD will audit inventory Weekly x 4 weeks; then monthly x 2 months.

ED and or designee will spot audit for continued compliance.

(Please see attachment B, B-1 and C)

Completion Date: 11/26/2020

Update - 10/26/2020

provide documentation

Document Submission

Implemented

Direct care staff was in-serviced 10/23/20. RSD and ED Scheduled to audit 11/3/2020. Please see the attached.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

141b1 - Annual Medical Evaluation (continued)

Description of Violation

Resident #1's most recent medical evaluation was completed on 04/03/20. The resident's previous medical evaluation was completed on 02/16/20. A medical evaluation for calendar year 2019 has not been completed. The resident was admitted to the home on 02/01/18.

Resident #2's most recent medical evaluation was completed on 05/28/20. The resident's previous medical evaluation was completed on 02/16/20. A medical evaluation for calendar year 2019 has not been completed. The resident was admitted to the home on 03/30/18.

Resident #3's most recent medical evaluation was completed on 5/28/20. A medical evaluation for calendar year 2019 has not been completed. The resident was admitted to the home on 04/04/18.

Plan of Correction

Accept

Regulation 2600.141.b.1

Plan of Correction

Community was sited in a previous POC and prescreens were completed for the entire community May 2020.

Medical evaluations for residents #1, 2 and 3 cannot be corrected as move in dates were in 2018.

Resident Service Director and Nurses will be re-educated on the medical evaluation and the time frames in which they are to be completed by 11/1/2020.

RSD and or Designee will complete a full house audit on resident's medical evaluation to be completed by 11/26/20.

Then, monthly audits x 2 months for sustained compliance with regulation 2600.141.b.1

Results of the audit will be reviewed monthly by Executive Director via QA.

(Please see attachment D)

Completion Date: 11/26/2020

Update - 10/27/2020

provide documentation

Document Submission

Implemented

RSD and Nurses were in-serviced on 10/23/20. Full House audit will be complete by 11/29/20

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on 02/01/18; however, the resident's preadmission screening form was completed on 05/19/20.

Resident #2 was admitted to the home on 03/30/18; however, the resident's preadmission screening form was completed on 05/21/20.

Resident #3 was admitted to the home on 04/04/18; however, the resident's preadmission screening form was completed on 05/21/20.

224a - Preadmission Screen Form (continued)

Plan of Correction

Accept

Regulation 2600.224.a

Plan of Correction

Community was sited in a previous POC and prescreens were completed for the entire community May 2020.

Preadmission screens for residents #1, 2 and 3 cannot be corrected as move in dates were in 2018.

Resident Service Director and Nurses will be re-educated on the Preadmission screen and the time frames in which they are to be completed on by 11/1/2020

Resident Service Director will audit prescreens upon move in and track compliance with a tickler for sustained compliance with regulation 2600.224.a.

Results of the audit will be reviewed monthly by Executive Director via QA

(Please see attachment D)

Completion Date: 11/26/2020

Update - 10/27/2020

provide documentation

Document Submission

Implemented

RSD was in-serviced on 10/23/20. Audit will be completed with move-in's

225c - Additional Assessment

1. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Repeat Violation

Resident #1's current assessment was completed on 05/19/20. However, the resident's previous assessment was completed on 02/06/19.

Resident #2's current assessment was completed on 05/20/20. The resident's previous assessment is not available. The resident was admitted to the home on 03/30/18.

Resident #3's current assessment was completed on 05/20/20. The resident's previous assessment is not available. The resident was admitted to the home on 04/04/18.

Repeat Violation: 11/13/2019

225c - Additional Assessment (*continued*)**Plan of Correction****Accept***Regulation 2600.225.c.**Plan of Correction**Current nurses will be re-educated on Resident Assessment Support Plan and the time frames in which they are to be completed by 11/1/2020.**Resident Service Director and or designee will complete a full house audit and tickler file to record and track due dates for both DME and RASP completion by 11/26/2020.**Resident files will be randomly audited for completion by the Executive Director or designee on a monthly basis to ensure on going compliance.**Resident Service Director is responsible for sustained compliance for Regulation 2600.225.c.**(Please see attachment D)***Completion Date:** 11/26/2020**Update - 10/27/2020***provide documentation***Document Submission****Implemented***RSD and Nurses were in-serviced on 10/23/20. Full House audit will be complete by 11/26/20*

252 - Record Content

1. Requirements

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.

252 - Record Content *(continued)*

- 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 #1's record does not include the previous 2 years' physician's examination reports, including copies of the medical evaluation forms, the original preadmission screening and initial intake assessment.

Resident #2's record does not include the previous 2 years' physician's examination reports, including copies of the medical evaluation forms, the original preadmission screening and initial intake assessment.

Resident #3's record does not include the previous 2 years' physician's examination reports, including copies of the medical evaluation forms, the original preadmission screening and initial intake assessment.

Plan of Correction

Accept

Regulation 2600.252

Plan of Correction

The RSD and Nurses will be re-educated on resident record content by the ED by 10/30/20.

All residents will have preadmission screenings prior to move in, an initial intake assessment, current DME and Physician examination reports in their medical records.

RSD and or Designee will complete a full house audit on resident's record contents to be completed by 11/26/20.

Then, monthly audits of 10% of census x 2 months.

Resident Records will be randomly audited for completion by the Executive Director or designee on a monthly basis to ensure on going compliance with regulation 2600.252

Resident Service Director will maintain a tickler file to record dates for Pre-admission screen, DME, RASP and physician examination reports.

Results of the audits will be reviewed via QA.

(Please see attachment D)

Completion Date: 11/26/2020

Update - 10/27/2020

provide documentation

Document Submission

Implemented

RSD and Nurses were in-serviced on 10/23/20. Full House audit will be complete by 11/26/20