



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 23, 2021

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

RE: Walnut Manor
License #: 117191

Dear Ms. Virgo:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection on November 13, 2020 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 117190 dated February 5, 2021 to February 5, 2022 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated February 5, 2021 to February 5, 2022 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from February 23, 2021 to August 23, 2021.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 or § 2800 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

Ms. Virgo

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55 Pa. Code Chapter 2600 or 2800	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
<hr/> Section: <hr/>					
252	III	24	\$3	\$72	15 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

Ms. Virgo

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This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer". The signature is written in a cursive style with a large, looped initial "J".

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
License
Licensing Inspection Summary

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

Facility Information

Name: WALNUT MANOR License #: 11719 License Expiration Date: 02/05/2021
 Address: 5032 WALNUT STREET, PHILADELPHIA, PA 19139
 County: PHILADELPHIA Region: SOUTHEAST

Administrator

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

Legal Entity

Name: GLEN AND JANET VIRGO
 Address: 5032 WALNUT STREET, PHILADELPHIA, PA, 19139
 Phone: 2155285297 Email: jpwvirgo@aol.com

Certificate(s) of Occupancy

Type: Other Date: 12/08/2020 Issued By: City of Phila

Staffing Hours

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

Inspection

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 11/13/2020

Inspection Dates and Department Representative

11/13/2020 - On-Site: David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 27 Residents Served: 24

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents:

Number of Residents Who:

Receive Supplemental Security Income: 24 Are 60 Years of Age or Older: 6
 Diagnosed with Mental Illness: 24 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

11/13/2020 - Full

Lead Inspector: David Carrion Follow-Up Type: POC Submission Follow-Up Date: 12/20/2020

Inspections / Reviews (*continued*)

12/21/2020 - POC Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *POC Submission*Follow-Up Date: *12/23/2020*

1/19/2021 - POC Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *Document Submission*Follow-Up Date: *03/02/2021*

20b1 - Financial Records

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for resident #1. However, The home's financial records do not include the amounts of deposits and the current balance.

Plan of Correction

Do Not Accept

At the time of inspection, documentation was incomplete. All transactions will be done upon disbursement to avoid violation and maintain compliance.

Completion Date: 12/16/2020 *Licensee's Proposed Date for POC Implementation*

Plan of Correction

Directed

1. Violation was corrected by completing all entries of financial transaction to reflect deposits withdrawal and balance. 2. Home will no longer manage residents funds. 3. The process will be reviewed firing quality management review semi annually. Administrator is responsible for ensuring procedure is followed and compliance is maintained.

DPOC 1/19/2021 CM: Immediately: The home will complete a record of financial transactions for resident #1 that will include all components of regulations 2600.20(b)(1), 2600.20(b)(3), and 2600.20(b)(8).

Within 15 days of the receipt of the accepted plan of correction: The administrator will compile a current list of resident and indicate the name or organization responsible for managing the residents' finances. Information will be provided to the Department.

Within 30 days of receipt of the accepted plan of correction: The administrator or designee will reconcile all resident accounts, for whom the home is providing financial management, including resident #1 for 2019 to present including accountability of all resident funds and proper documentation. The home will immediately refund any funds found to be owed to residents.

Not Implemented 2/11/21
CM

Completion Date: 12/16/2020 *Licensee's Proposed Date for POC Implementation*

20b4 - Use of Funds

1. Requirements

2600.

20b4 - Use of Funds (continued)

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 4. Resident funds and property shall only be used for the resident's benefit.

Description of Violation

On 6/03/20, Resident #1, Resident #2, and Resident #3 were asked to sign a document generated by the home, that would authorize the facility to take 50% of the resident's \$1200 stimulus check issued by the IRS Treasury. The document stated that the money collected will go towards the ongoing care and services provided by the home.

Plan of Correction

Do Not Accept

Residents volunteered to give funds to home. Document was written up and residents signed to show transparency. Funds were returned and moving forward, home will not accept any monetary contributions from residents to avoid unnecessary violations.

Completion Date: 12/16/2020 *Licensee's Proposed Date for POC Implementation*

Plan of Correction

Directed

1. Violation was corrected by returning any funds received from residents. 2. The new policy change to ensure regulation was met is that no funds will be accepted from any resident. Monitoring will not be necessary since no funds will be accepted. Administrator will ensure that each resident is given 100% of any funds that are recipients of.

DPOC 1/19/2021 CM: Within 15 days of the receipt of the accepted plan of correction: The administrator will compile a current list of resident and indicate the name or organization responsible for managing the residents' finances. Information will be provided to the Department.

Within 30 days of receipt of the accepted plan of correction: The administrator or designee will reconcile all resident accounts, for whom the home is providing financial management, including resident #1 for 2019 to present including accountability of all resident funds and proper documentation. The home will immediately refund any funds found to be owed to residents.

Not Implemented 2/11/21

Completion Date: 12/16/2020 *Licensee's Proposed Date for POC Implementation*

CM

42b - Abuse

1. Requirements

2600.

- 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

42b - Abuse (continued)**Description of Violation**

On 6/03/20, Resident #1 was asked to sign a document generated by the home, that would authorize the facility to take 50% of the resident's \$1200 stimulus check issued by the IRS Treasury. The letter states that the money will be used for the ongoing care and services that have been provided on daily basis.

Resident #1 stated that he receives \$85 a month from his personal needs allowance monthly, and \$20 every other day from the stimulus.

Resident #1's bank statement dated for the period of 4/7/20 to 5/06/20 shows the deposit of \$1200 completed by the IRS Treasury on 4/29/20 and an online transfer made to the business account on 5/1/20 for the entire amount. Resident #1's record of financial transactions, kept by the home, has a heading that reads "stimulus" and does not have a deposit amount or a balance of how much the resident has left from the stimulus. The statement shows multiple withdraws of \$20 through June and July 2020. for a total \$320 from 6/4/2020 through 7/27/2020. \$280 has not been accounted for.

Staff Person A reported that, in conjunction with Resident #4's case manager, decided to tell Resident #4 that the disbursements from the resident's stimulus money was a loan that had to be repaid to the home.

Plan of Correction**Do Not Accept**

Residents received stimulus funds in its entirety. In dealing with resident in question he has severe behavioral/mental issues, case manager and home decided overtime to use money as incentive since that's the most effective tool that works. When the stimulus came about about, it was decided to use the funds to continue the process, only this time he's given a larger amount. At times he uses the side of his bed as a bathroom. He received more than stimulus amount. No exploitation. Home will remain in compliance.

Completion Date: 12/16/2020 *Licensee's Proposed Date for POC Implementation*

42b - Abuse (continued)

Plan of Correction

Directed

Violation was corrected with a policy change that the home will no longer provide financial management. Residents will be given all funds to do whatever they want with it. Administrator will be responsible for ensuring policy is followed.

DPOC 1/19/2021 CM: Immediately: The home will complete a record of financial transactions for resident #1 that will include all components of regulations 2600.20(b)(1), 2600.20(b)(3), and 2600.20(b)(8).

Within 15 days of the receipt of the accepted plan of correction: The administrator will compile a current list of residents and indicate the name or organization responsible for managing the residents' finances. Information will be provided to the Department.

Within 30 days of receipt of the accepted plan of correction: The administrator or designee will reconcile all resident accounts, for whom the home is providing financial management, including resident #1 for 2019 to present including accountability of all resident funds and proper documentation. The home will immediately refund any funds found to be owed to residents, including \$280 to resident #1 for which the accounting of money was incomplete.

Within 30 days of the receipt of the accepted plan of correction, all staff will receive training related to the provision of services to people with mental illness including behavioral management and positive behavioral modification techniques from a professional trainer or mental health professional. The administrator will provide documentation of training to the Department's Southeastern Regional Office.

Not Implemented 2/11/21

Completion Date: 12/16/2020 Licensee's Proposed Date for POC Implementation

CM

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 11/02, a total of 33 hours of direct care was required. However, only 16 of the required hours, or 48 percent, were provided during waking hours.

On 11/06, a total of 32 hours of direct care was required. However, only 21 of the required hours, or 65 percent, were provided during waking hours.

On 11/07, a total of 42 hours of direct care was required. However, only 24 of the required hours, or 57 percent, were provided during waking hours.

Plan of Correction

Do Not Accept

Not certain how many hours were calculated. Roster and schedule indicated on 11/2 there were 50 hours; 11/6 there were 43 hours. I have attached roster, schedule and time cards to provide hours of compliance. If this is not acceptable, please advise. Home is determined to be in compliance. Administrator will stay on it.

Completion Date: 12/16/2020 Licensee's Proposed Date for POC Implementation

57d - Waking Hours (continued)

Plan of Correction**Directed**

On 11/2 Administrators hours were 16 and 13 and direct care staff was 10, 6 and 5

On 11/6 Administrators hours were 16 and 13 and direct care staff was 10, 6 and 5

On 11/7 Administrators hours were 11 and 12 and direct care staff was 8 and 12. Another copy of the schedule can be provided for your review.

DPOC 1/19/2021 CM: Immediately: The administrator shall develop and implement a schedule that includes the availability of providing at least one hour per day of personal care services for each mobile resident and two hours per day of personal care services for each resident who has mobility needs. At least 75% of the required personal care service hours will be available during waking hours and additional personal care service staffing hours will be scheduled to meet the needs of the residents as specified in the resident's assessments, support plans and as needed to safely evacuate the residents in the event of an emergency.

Immediately: The administrator shall review the schedule and residents' assessments and support plans at least weekly to ensure adequate staffing is scheduled.

Not Implemented 2/11/21

CM

Completion Date: 12/16/2020 Licensee's Proposed Date for POC Implementation

65g - Annual Training Content

1. Requirements

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.

Description of Violation

Staff person B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.

Plan of Correction**Do Not Accept**

To be in compliance, administrator will ensure all staff receive annual training in all required areas especially fire safety from an expert in the field.

Completion Date: 12/16/2020 Licensee's Proposed Date for POC Implementation

65g - Annual Training Content (continued)

Plan of Correction

Directed

Staff member was signed up for an OSHA certified course in fire safety to be completed by the first week of the new year. The OSHA course is the (OSHA) training requirement as stated in Title 29 of the Code of Federal Regulations at 29 CFR 1910.38 (Emergency Action Plans) and Title 29 of the Code of Federal Regulations at 29 CFR 1910.39 (Fire Prevention Plans). The administrator will be responsible for ensuring all staff have received the training. A certificate of completion will be kept as documentation of required training.

DPOC 1/19/2021 CM: Immediately - The administrator or designated staff person will monitor all direct care staff training through the quality management review process to ensure all staff persons receive the required trainings in accordance with regulation 2600.65(g) during each established training year.

Completion Date: 12/16/2020 Licensee's Proposed Date for POC Implementation

Implemented 2/11/21
2600.65 (g) *CM*

The direct care staff shall complete the annual training within 90 days from the date the suspension of the regulation is lifted.

141a - Medical Evaluation

1. Requirements

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.

Description of Violation

Resident #13's medical evaluation was not completed within 60 days prior to admission or within 30 days after admission of the resident.

Plan of Correction

Do Not Accept

Under normal circumstances, medical evaluation of incoming residents are done before admission. Due to the current health situation we currently find ourselves in, doctors visits for non-emergency issues are more difficult. However, as best as we can deal with these issues, home will ensure that all necessary information is obtained before admission.

Completion Date: 12/16/2020 Licensee's Proposed Date for POC Implementation

141a - Medical Evaluation (*continued*)**Plan of Correction****Directed**

Administrator connected with a new doctor who will evaluate residents and complete form. No resident will be admitted without completed form. Administrator will ensure compliance of this.

DPOC 1/19/2021 CM: Immediately – Resident #13 will have an in-person medical evaluation completed by a physician, physician's assistant or certified registered nurse practitioner and documented on the Department's form.

Immediately: The administrator or designated staff person shall review all current medical evaluations to ensure that all required information is completed, including special health or dietary needs, medication list, level of care and allergies. Incomplete medical evaluations will be returned to the physician for completion or new medical evaluations will be scheduled.

Within 15 days of the receipt of the accepted plan of correction: The administrator will develop and implement a tracking system to ensure medical evaluations are completed in accordance with regulation 2600.141(a).

Not Implemented 2/11/21

CM

Completion Date: 12/16/2020 *Licensee's Proposed Date for POC Implementation*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident # 14's most recent medical evaluation was completed on 03/11/20. The resident's previous medical evaluation was completed on 01/28/19.

Plan of Correction**Do Not Accept**

Resident #14 went for his medical evaluation in January 2020, but he left before he was attended to. Case manager rescheduled his appointment and he was seen 2/11/20 which was still within the date of compliance. Unfortunately the form was not completed until 3/11/20 due to the unavailability of the individual that normally completes the form.

Completion Date: 12/16/2020 *Licensee's Proposed Date for POC Implementation*

141b1 - Annual Medical Evaluation (*continued*)**Plan of Correction****Directed**

Resident #14 had an annual medical evaluation. Administrator will ensure that all medical evaluations are up to date and monitored semi-annually to ensure compliance.

DPOC 1/19/2021 CM: Immediately: The administrator or designated staff person will review all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year and the medical evaluation is completed accurately and in its entirety including all required information. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed.

2600.141 (b) (1) If the resident's primary care physician determines that the medical evaluation can be conducted at a later date, then the facility can postpone the medical evaluation to the date determined by the physician; provided that, the medical evaluation must be performed no later than 90 days after the Emergency Declarations is lifted. The facility shall document the primary care physician's determination in the resident's record for subsequent review.

Within 15 days of the receipt of the accepted plan of correction: A resident document tracking system will be developed and implemented to ensure all residents have a medical evaluation completed within the required timeframe. Documentation shall be kept.

Completion Date: 12/16/2020 *Licensee's Proposed Date for POC Implementation*

Implemented 2/11/21

CM

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident 13, who was admitted to the home on 7/7/20.

Plan of Correction**Do Not Accept**

Assessment for resident #13 was completed, except first page of another resident was mistakenly attached. inspector saw the residents signature on page 11 to realize it was a mistake, but he insisted it was a violation. Administrator will be careful to review information before filing to avoid unnecessary violations.

Completion Date: 12/16/2020 *Licensee's Proposed Date for POC Implementation*

Plan of Correction**Directed**

Assessment was immediately corrected by attaching correct front page information. Administrator will be responsible to ensure proper documents are attached for each resident before filing.

DPOC 1/19/2021 CM: Immediately, The administrator or designee will review all resident assessments for accuracy and completion. Any incomplete or inaccurate assessments will be corrected immediately.

Completion Date: 12/16/2020 *Licensee's Proposed Date for POC Implementation*

Not Implemented 2/11/21

CM

225c - Additional Assessment

1. Requirements

225c - Additional Assessment (*continued*)

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 10/1/19.

Plan of Correction**Do Not Accept**

Resident #1 assessment has been updated. Administrator will ensure all files are updated annually to reflect compliance and avoid unnecessary violations.

Completion Date: 12/16/2020 *Licensee's Proposed Date for POC Implementation*

Plan of Correction**Accept**

Resident #1 assessment has been updated. Administrator will ensure all current residents assessments are up to date by creating a spreadsheet that list with upcoming assessments that are due. Administrator will be responsible for ensuring this policy/procedure is followed in the future and will check resident folders quarterly.

Completion Date: 12/16/2020 *Licensee's Proposed Date for POC Implementation* Not Implemented 2/11/21

252 - Record Content

1. Requirements

2600.

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

3. A photograph of the resident that is no more than 2 years old.

Description of Repeat Violation

Resident 13's record does not include a photograph of the resident that is no more than 2 years old.

Repeat Violation dated 09/04/19.

Plan of Correction**Do Not Accept**

Residents record is currently updated with photograph. Administrator will ensure all photographs are no more than 2 years old to be in compliance and avoid unnecessary violations.

Completion Date: 12/16/2020 *Licensee's Proposed Date for POC Implementation*

252 - Record Content (continued)

Plan of Correction**Directed**

Residents record is currently updated with photograph. Administrator will check residents folders annually to ensure all photographs are up to date.

DPOC 1/19/2021 CM: Immediately: The administrator or designee shall conduct a review of all resident records at least quarterly to ensure all required documentation in accordance with regulation 2600.252 is present in each resident's record.

Completion Date: 12/16/2020 *Licensee's Proposed Date for POC Implementation*

Not Implemented 2/11/21
CM