

Department of Human Services
Bureau of Human Service Licensing

June 1, 2021

██████████ ADMINISTRATOR
CHESTNUT MANOR LLC
4926 CHESTNUT STREET
PHILADELPHIA, PA 19139

RE: CHESTNUT MANOR
4926 CHESTNUT STREET
PHILADELPHIA, PA, 19139
LICENSE/COC#: 10188

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/12/2021 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 - PUBLIC**

Facility Information

Name: CHESTNUT MANOR **License #:** 10188 **License Expiration Date:** 06/09/2021
Address: 4926 CHESTNUT STREET, PHILADELPHIA, PA 19139
County: PHILADELPHIA **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 2157476327 **Email:** [REDACTED]

Legal Entity

Name: CHESTNUT MANOR LLC
Address: 4926 CHESTNUT STREET, PHILADELPHIA, PA, 19139
Phone: 2157476327 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 05/06/2011 **Issued By:** City of Philadelphia, L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 11 **Waking Staff:** 8

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 04/12/2021

Inspection Dates and Department Representative

04/12/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 13 **Residents Served:** 11

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0/0

Number of Residents Who:

Receive Supplemental Security Income: 10 **Are 60 Years of Age or Older:** 9
Diagnosed with Mental Illness: 11 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

04/12/2021 - Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/03/2021

Inspections / Reviews *(continued)*

5/19/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow-Up Date: *05/22/2021*

6/1/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

66b - Training Plan Content

1. Requirements

2600.

- 66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
 1. The name, position and duties of each direct care staff person.
 2. The required training courses for each staff person.
 3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include the name, position and duties of each direct care staff person nor does the plan cover all of the required training courses for each staff person.

Plan of Correction

Accept

The home has compiled a training plan consisting of all required criteria . The Administration will review plan on a monthly basis or as needed to ensure plan is performing as designed and will amend when necessary to meet regulatory guidelines

Completion Date: 04/13/2021

Document Submission

Implemented

see attachment

85d Trash Receptacles

1. Requirements

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 04/12/21 there was a partially full, uncovered, unattended trash can in the first floor bathroom.

Plan of Correction

Accept

The home has purchased a covered trash receptacle for the first floor bathroom to ensure future compliance direct care staff will as part of daily checklist make sure that trash receptacles' are in place and covered.

Completion Date: 05/06/2021

Document Submission

Implemented

see attachment

89b - Hot Water Temperature

1. Requirements

2600.

- 89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 04/12/21, the hot water temperature at the first floor bathroom sink measured 131.0 degrees Fahrenheit.

On 04/12/21, the hot water temperature at the second floor shower spigot measured 128.8 degrees Fahrenheit.

89b - Hot Water Temperature (*continued*)**Plan of Correction****Accept**

The water was adjusted during the inspection to lower the temperature and subsequently retested to bring temp under 120f. A bi-weekly temp check will be conducted by the administrator to ensure ongoing compliance with the regulation the Hot water Temperature now read 110F

Completion Date: 04/13/2021

Document Submission**Implemented**

see attachment

101r - Bedroom - shades/drapes/window covering

1. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The window blinds in the second floor front bedroom are covered with a layer of dirt and dust.

The window shade in the second floor bathroom is partially torn halfway across the bottom of the shade.

The window shade in the third floor bathroom is dirty and in disrepair.

Plan of Correction**Accept**

The home has replaced, all torn window shade as necessary and also clean all dust from window shades. Staff will inspect all blinds for up keep as part of their daily walk through of the building to ensure future adherence to the regulation

Completion Date: 04/13/2021

Document Submission**Implemented**

see attachment

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 [REDACTED]; however, the resident's preadmission screening form was not completed.

Plan of Correction**Accept**

The Screen form has been completed for the resident. The home has updated the intake checklist to include the preadmission screening form and that it must be in place and complete to consummate the intake process. To ensure ongoing compliance of the regulation the administrator will verify that the form is in place and complete at each intake interview

Completion Date: 04/13/2021

Document Submission**Implemented**

see attachment

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.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident home contract.
26. A termination notice, if any.

Description of Violation

Resident #2's record does not include the resident's medical insurance information.

Plan of Correction

Accept

The residents records has now been updated to include relevant medical insurance information . To ensure future compliance the administrator will incorporate into intake checklist a medical information check of item to be completed as part of the intake process.

Completion Date: 04/13/2021

Document Submission

Implemented

see attachment