

Department of Human Services  
Bureau of Human Service Licensing

August 25, 2021

[REDACTED] PCHA  
[REDACTED]

5032 WALNUT STREET  
PHILADELPHIA, PA 19139

RE: WALNUT MANOR  
5032 WALNUT STREET  
PHILADELPHIA, PA, 19139  
LICENSE/COC#: 11719

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/22/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
[REDACTED]

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: *WALNUT MANOR* License #: *11719* License Expiration Date: *08/23/2021*  
Address: *5032 WALNUT STREET, PHILADELPHIA, PA 19139*  
County: *PHILADELPHIA* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *2155285297* Email: [REDACTED]

**Legal Entity**

Name: [REDACTED]  
Address: *5032 WALNUT STREET, PHILADELPHIA, PA, 19139*  
Phone: *2155285297* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *12/08/2008* Issued By: *City of Philadelphia*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *23* Waking Staff: *17*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Provisional* Exit Conference Date: *07/22/2021*

**Inspection Dates and Department Representative**

07/22/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *27* Residents Served: *23*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *14*  
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**07/22/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/20/2021*

Inspections / Reviews *(continued)*

8/25/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *09/06/2021*

## 18 - Compliance With Laws

### 1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

#### Description of Violation

*Care Facility Carbon Monoxide Alarm Standards Act requires that a carbon monoxide detector be placed in close proximity to, but not less than 15 feet away from, any fossil fuel burning appliance. On 7/22/21, the carbon monoxide detectors, located in the basements on both the 5030 side of the home and the 5032 side of the home, are mounted in the ceiling rafters within 4 feet of the gas burning water heaters.*

#### Plan of Correction

Accept

*Carbon Monoxide detectors have been removed and placed within boundaries of compliance of 15 feet away from unit. Maintenance personel will ensure compliance.*

**Completion Date:** 07/22/2021

## 42q - Compensation

### 1. Requirements

2600.

- 42.q. A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home. Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the home.

#### Description of Violation

*Resident #1 has completed housekeeping duties (i.e. sweeping, moping of common areas and bathrooms) on several undocumented dates over the last several months. The home did not compensate the resident for this work. The staff of the home report that the resident will receive a can of soda or an extra snack for completing these duties. Resident reports that they have also asked to have a snack between meals and was then asked to clean an area to receive the requested snack.*

#### Plan of Correction

Directed

*Resident was compensated for anything ■ did at the facility, except compensation was not documented. No soda and snacks have ever been promised for completing duties. If resident needed anything extra, ■ would ask and it would be given to ■ without having to work for it. That was a fabrication on the part of resident. Administrator will ensure all compensation is documented to maintain compliance.*

*DPOC - SP - 08-25-2021*

*Within 10 days receipt of POC, home will create a compensation log for any and every resident who preforms labor task around the home. Compensation log will detail task completed, date of task, and monetary compensation paid to resident. Log will be maintained by administrator or designee and will be made available for Department review.*

**Completion Date:**

## 85a - Sanitary Conditions

### 1. Requirements

2600.

- 85.a. Sanitary conditions shall be maintained.

85a - Sanitary Conditions (continued)

**Description of Violation**

*On 7/22/21, a wet, black substance resembling mold is present on the tile flooring under the bathroom sink and surrounding the base of the toilet in resident bathrooms 5030-2a, 5030-3a, and 5032-3a.*

*On 7/22/21 at 1:15pm, a plastic bag containing spoiled, rotten, moldy, red potatoes, is present in the basement of the home on the 5032 side of the home.*

*Resident #1 is prescribed a glucometer for daily glucose checks. The resident stores the glucometer in their bedroom however, the resident does not have an appropriate container to store the glucometer in for sanitation purposes and to prevent contamination.*

**Plan of Correction**

**Directed**

*No mold in bathrooms. Housekeeping staff was directed how to properly clean surface around toilet and under bathroom sink to remove black spot resembling mold.*

*DPOC - SP - 08-25-2021*

*Sanitary conditions will be maintained in the home in accordance with regulation 2600.85a. Administrator shall create a checklist to include all resident areas.*

*Checklist should be completed within 10 days receipt of POC. Maintenance or a house keeping staff member will be responsible for maintaining sanitary conditions throughout the home. A checklist shall be completed weekly on Mondays within 10 days receipt of POC and made available for Department review. Administrator or a designated staff member shall perform weekly walkthroughs to maintain checklist and sanitary conditions within 10 days of receipt of POC. Resident #1 will be provided with a proper sanitary container for glucometer.*

**Completion Date:** 07/26/2021

85b - Infestation

**1. Requirements**

2600.

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

**Description of Violation**

*On 7/22/21, a large swarm of small flying insects is present in the basement of the home. The flies are concentrated in and around the area where a bag of rotten, spoiled potatoes is sitting out.*

**Plan of Correction**

**Accept**

*Bag with rotten potatoes were disposed of immediately. Maintenance personnel will daily check site for proper sanitary condition to remain in compliance.*

**Completion Date:** 07/22/2021

88a - Surfaces

**1. Requirements**

2600.

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

## 88a - Surfaces (continued)

**Description of Violation**

*In the 5030-2a resident bathroom there is a puddle of water approximately 12in in diameter present under the sink. Staff of the home report that the sink is very small and creates a significant amount of splash back or spilling over while the sink is in use.*

**Plan of Correction****Directed**

*There was no conversation about the size of sink. However, residents leave water on the floor whether sink is large or small. Administrator implemented sporadic check of bathroom to ensure all surface is dry.*

*DPOC - SP - 08-25-2021*

*Surfaces will be maintained in the home in accordance with regulation 2600.88a. Administrator shall create a checklist to include all resident areas.*

*Checklist should be completed within 10 days receipt of POC. Maintenance or a house keeping staff member will be responsible for maintaining surfaces throughout the home. A checklist shall be completed weekly on Mondays within 10 days receipt of POC and made available for Department review. Administrator or a designated staff member shall perform weekly walkthroughs to maintain checklist and guarantee surfaces are clean and hazard free within 10 days of receipt of POC.*

**Completion Date:** 07/28/2021

## 95 - Furniture and Equipment

**1. Requirements**

2600.

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

**Description of Violation**

*On 7/22/21, a metal folding chair in the living room area is missing the backrest of the chair.*

**Plan of Correction****Accept**

*Chair with missing backrest has since been removed from living room. In order to maintain compliance, site manager will ensure no furniture in disrepair is in any area used by resident.*

**Completion Date:** 07/22/2021

## 96a - First Aid Kit

**1. Requirements**

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

**Description of Violation**

*The first aid kit does not include scissors, eye coverings, thermometer, or breathing shield.*

**Plan of Correction****Accept**

*Scissors, eye covering, thermometer and breathing shield were shown to inspector, but were separated from ready-made kit. These items have since been place in a bag in addition to first aid kit to maintain compliance.*

**Completion Date:** 07/22/2021

## 102i - Soap Dispenser

## 1. Requirements

2600.

- 102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

## Description of Violation

*There was no soap in the soap dispenser in the 3b resident bathroom.*

## Plan of Correction

Accept

*All soap dispensers have since been replenished. Direct staff will check daily to ensure compliance whether or not bathroom is in use.*

**Completion Date:** 07/22/2021

## 103e - Left Overs

## 1. Requirements

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

*On 7/22/21, there was an unlabeled, undated, unsealed container of left over rice and beans in kitchen area refrigerator.*

## Plan of Correction

Accept

*Rice and beans was administrator's lunch hurriedly placed in refrigerator in order to accommodate inspector. Administrator has since implemented daily review of contents in refrigerator to ensure all items are labeled and dated.*

**Completion Date:** 07/22/2021

## 103f - Refrigerator/Freezer Temps

## 1. Requirements

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 7/22/21, the temperature in the 1st chest freezer in the basement was 12 degrees Fahrenheit .*

*On 7/22/21, the temperature in the new upright freezer in the basement was 10 degrees Fahrenheit .*

## Plan of Correction

Directed

*Thermometer reading on inside of freezers reflect differently from digital. Please see attached. Site personnel will continue monitoring thermometers to ensure compliance.*

*DPOC - SP - 08-25-2021*

*Within 10 days receipt of POC administrator will develop a temperature log checklist to check temperatures in homes refrigerators and freezers. Temperatures will be checked weekly and recorded on log. Checklist to be made available for Department review.*

**Completion Date:**

**103i - Outdated Food****1. Requirements**

2600.

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

**Description of Violation**

*On 7/22/21, there was an unlabeled, undated bag of chicken nuggets, a bag of chicken pot pies, a bag containing what appeared to be roast beef in the chest freezers in the basement.*

**Plan of Correction****Accept**

*Items purchased in bulk will be labeled and dated after they are removed from original containers. Administrator will revisit monthly during inventory, to maintain compliance.*

**Completion Date:** 07/24/2021**107d - Procedure Emergency Management Agency Submission****1. Requirements**

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

**Description of Violation**

*The home's written emergency procedures have not been submitted to the local emergency management agency since 2019.*

**Plan of Correction****Accept**

*Written emergency management procedures have since been sent to local agency. During quarterly quality management meetings administrator will review polices and procedures to ensure compliance is maintained.*

**Completion Date:** 08/17/2021**130h - Inoperable Smoke Detector****1. Requirements**

2600.

130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

**Description of Violation**

*The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.*

**Plan of Correction****Accept**

*Emergency procedures have since been revised to indicate procedures to be implemented should smoke detector or fire alarms are inoperable.*

**Completion Date:** 08/16/2021**141a 1-10 Medical Evaluation Information****1. Requirements**

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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**

*Resident #1's medical evaluation dated [REDACTED] did not include resident's special health or dietary needs of the resident. Resident and home was advised by their physician to begin a heart healthy diet due to a recent diagnosis of diabetes. The DME also did not include the resident's height under the general physical examination by a physician, physician's assistant or nurse practitioner.*

*Resident #2's medical evaluation dated 2/18/21 did not include resident's height under the general physical examination by a physician, physician's assistant or nurse practitioner.*

**Plan of Correction**

**Directed**

*Resident #1's medical evaluation has since been updated to reflect heart healthy diets. Resident #2's medical evaluation has since been updated to reflect height. Second direct care staff with assist administrator in reviewing each record to ensure all information is recorded to maintain compliance.*

*DPOC - SP - 08-25-2021*

*Within 10 days receipt of POC, administrator will audit all resident DME's for timeliness and accuracy. All DME's should be completed entirely. All incomplete DME's will be sent back to physician for completion. Results of audit to be made available for Department review.*

**Completion Date:**

185a - Implement Storage Procedures

**1. Requirements**

2600.

- 185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*Resident #1 is prescribed glucose checks daily. Resident #1's glucometer is not calibrated to the correct date and time, it is not also not set to store the residents daily glucose readings.*

185a - Implement Storage Procedures (*continued*)**Plan of Correction****Directed**

*Resident #1 is now been observed during glucometer check. Reading is logged and sent to PCP for further instructions. Administrator will continue to observe and report to PCP.*

*DPOC - SP - 08-25-2021*

*Within 10 days receipt of POC, administrator will ensure all resident glucometers will be calibrated to the correct date and time. Staff will be in-serviced on glucometers and recording blood sugar levels. Documentation to be made available for Department review.*

**Completion Date:**

## 187a - Medication Record

**1. Requirements**

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

**Description of Violation**

*Resident #1's medication administration record does not indicate diagnosis or purpose for any of resident's medication.*

*Resident #3's medication administration record does not indicate diagnosis or purpose for any of resident's medication.*

*Resident #4's medication administration record does not indicate diagnosis or purpose for any of resident's medication.*

**Plan of Correction****Accept**

*Resident #1's MAR comes directly from pharmacy and reflects all information.*

*MAR for residents 3 and 4 have been written have been written manually. Required information have since been recorded on MAR to reflect compliance. Direct Care Staff will review MAR monthly to ensure all information is recorded to maintain compliance.*

**Completion Date:** 08/16/2021

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.

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

187d - Follow Prescriber's Orders (*continued*)**Description of Violation**

Resident #1 is prescribed [REDACTED]

[REDACTED] The resident administers their own insulin however, the resident has not followed the instruction to [REDACTED] Resident and the home have not been recording the residents daily glucose readings or number of insulin units administered.

**Plan of Correction****Accept**

Resident#1 has been observed for his glucometer reading and is following the instructions to administer the proper unit per directions from PCP.

Completion Date: 07/23/2021