

Department of Human Services
Bureau of Human Service Licensing

April 20, 2022

[REDACTED]
VS WALLINGFORD LLC
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/04/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

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 RIDGE RETIREMENT LIVING License #: 14141 License Expiration: 12/30/2022
Address: 2700 CHESTNUT PARKWAY, CHESTER, PA 19013
County: DELAWARE Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: 6104470710 Email: [REDACTED]

Legal Entity

Name: VS WALLINGFORD LLC
Address: 2700 CHESTNUT PARKWAY, CHESTER, PA, 19013
Phone: 6104470710 Email: [REDACTED]

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: 121 Waking Staff: 91

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 03/04/2022

Inspection Dates and Department Representative

03/04/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 130 Residents Served: 85

Secured Dementia Care Unit

In Home: Yes Area: Memory Care Capacity: 22 Residents Served: 18

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 85
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 36 Have Physical Disability: 0

Inspections / Reviews

03/04/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/08/2022

04/08/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/18/2022*

04/20/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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.

Description of Violation

On [redacted]/22, during the morning rounds in the secured dementia unit, resident#1 approached staff member A with arms extended. Staff member A thought the resident was asking for assistance to button [redacted] shirt. Staff member A observed a large bruise on the inside of the resident's right wrist, and three finger-print sized bruises to the inside of the resident's left forearm.

Resident#1's primary language is [redacted] Staff member A asked staff member B to translate. Resident#1 stated a tall [redacted] identified as staff member C, grabbed [redacted] arms and twisted, then demonstrated this to staff A and B.

Staff member C stated that, on [redacted]/22, resident #1 needed a lot of redirection during the 11pm to 7am shift. The resident was crying, talking loudly in [redacted] and going into other resident's rooms. Staff member C and staff member D stated that resident #1 was redirected during the overnight shift multiple times.

Plan of Correction

Accept

Directors, med techs and residential aids were educated on 3/9/2022 on regulation #2600.42b abuse. See attachment A.

Staff member C was immediately suspended to protect the safety of the resident and subsequently terminated. To ensure the ongoing health and safety of the Residents, staff will conduct body checks of all Memory Care Residents, 2x per week, x 1 month, then weekly x 4 weeks to ensure ongoing compliance. See attachment A-1 The Health & Wellness Director and/or designee is responsible for ongoing compliance. Results of the audit will be reviewed via monthly QA process.

Completion Date: 04/07/2022

Document Submission

Implemented

105f - Labeling/Return of Clothes

1. Requirements

2600.

105.f. Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning. The resident's clean clothing shall be returned to the resident within 24 hours after laundering

Description of Violation

During the initial walk through, a basket full of clothes was found in the 6th floor laundry room. The basket did not have the name of the resident or the room number. The home does not have a system to safeguard resident laundry from loss.

Plan of Correction

Accept

Directors, Nurses/LPN's, med techs and residential aids were educated on 3/15/2022 on regulation #2600.105.f Labeling/ Returning of clothes. See attachment B.

Area of citation was corrected day of visit March 4, 2022.

Residents laundry will be washed according to their laundry schedule and returned to their apartment immediately upon completion. Staff will also assist with putting away the clean clothes. To ensure there is no sitting laundry in

105f - Labeling/Return of Clothes (continued)

the laundry area, the Health & Wellness Director and/or designee will check all laundry rooms during each shift daily x 1 month, then weekly x 1 month, then randomly monitor to ensure ongoing compliance. See attachment B1. Health & Wellness Director and/or designee is responsible for ongoing compliance. Results of the audit will be reviewed via monthly QA process.

Completion Date: 04/07/2022

Document Submission

Implemented

234a - Admission Support Plan**1. Requirements**

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] 22. However, the resident's initial support plan was completed on [REDACTED]/22.

Plan of Correction

Accept

Directors, Nurses/LPN's, and Med Techs were educated on regulation #2600.236 Staff Training. See attachment C. Six (6) hours of Dementia Training was provided to Associates on 9/22/2021. Health & Wellness Director and/or designee will ensure that all staff working in the Memory Care neighborhood have six (6) hours, up to date training on Dementia, prior to being assigned to the Memory Care neighborhood. The Business Office Manager will schedule Dementia training for all new hires in a timely manner and audit employee training records monthly x 2 months, then monthly monitoring to ensure ongoing compliance. See attachment C1. Health & Wellness Director and/or designee is responsible for ongoing compliance. Results of the audit will be reviewed via monthly QA process.

Completion Date: 04/07/2022

Document Submission

Implemented

236 - Staff Training**1. Requirements**

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 C, who works in the Secure Dementia Care Unit (SDCU) had 0 hours of training in dementia care during the training year.

Plan of Correction

Accept

Residential Service Director, med techs and residential aids were educated on regulation #2600.234.a, Admission Support Plan See attachment D. Area of citation was corrected on 2/1/2022. The Health & Wellness Director and/or designee will develop the Residents Support Plan 72 hours prior to the

236 - Staff Training (continued)

Residents admission or 48 hours after admission. The Support Plan will be updated annually and with any change in condition to ensure ongoing compliance. A chart audit of all Memory Care charts will be completed by April 15, 2022 and then monthly for 3 months to assure ongoing compliance. See attachment D1. Health & Wellness Director and/or designee is responsible for ongoing compliance. Results of the audit will be reviewed via monthly QA process.

Completion Date: 04/07/2022

Document Submission

Implemented