

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

June 11, 2024

[REDACTED], ADMINISTRATOR
GLEN AND JANET VIRGO
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 review on 12/28/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: WALNUT MANOR License #: 11719 License Expiration: 12/21/2024
 Address: 5032 WALNUT STREET, PHILADELPHIA, PA 19139
 County: PHILADELPHIA Region: SOUTHEAST

Administrator

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

Legal Entity

Name: GLEN AND JANET VIRGO
 Address: 5032 WALNUT STREET, PHILADELPHIA, PA, 19139
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 08/20/2008 Issued By: City of Phila L&I

Staffing Hours

Resident Support Staff: 5 Total Daily Staff: 25 Waking Staff: 19

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 12/28/2023

Inspection Dates and Department Representative

12/28/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 27 Residents Served: 20

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: 11
 Diagnosed with Mental Illness: 16 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

12/28/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/15/2024

01/11/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/11/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/16/2024

Inspections / Reviews (*continued*)

05/14/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/14/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

06/11/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Staff person B did not receive training in the following topics during training year 2022:

- Medication self-administration training
- Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- Personal care service needs of the resident.
- Safe management techniques.

Plan of Correction

Directed () - 01/16/2024

No resident self-administer medication. Administrators only administer medication. however, direct staffs will receive medication administration training. Dates of training and completion will be due to availability of trainer. Staff persons received training in other required topics 1/12/24 & 1/13/24. During Quality Management review, administrator will review record of each staff to ensure compliance.

Proposed Overall Completion Date: 01/14/2024

Directed Plan of Correction 1/16/24 ()

Within 30 days of the receipt of the acceptable plan of correction, the administrator shall review all staff records and provide education on medication self-administrator to all direct care staff.

Within 30 days of the receipt of the acceptable plan of correction, the administrator shall update the staff training plan to include this required topic.

Directed Completion Date: 02/24/2024

Implemented () - 06/11/2024

65g - Annual Training Content

2. 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:

Description of Violation

Staff person B did not receive training in the following topics during training year 2023.

- The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102)
- Falls and accident prevention

These topics were not covered in the staff training plan.

Plan of Correction

Directed () - 01/16/2024

Staff persons received training on the recommended topics 1/12/24 & 1/13/24. During Quality Management

65g - Annual Training Content (continued)

review, semi-annually, administrator will review staffs' records to ensure records are updated to maintain compliance.

Proposed Overall Completion Date: 01/14/2024

Directed Plan of Correction 1/16/24 [REDACTED]

Within 15 days of the receipt of the acceptable plan of correction, the administrator shall ensure that staff B is trained on the missing topics.

Within 30 days of the receipt of the acceptable plan of correction, the administrator shall review all direct care staff records and provide education on any required topics that have not been completed in 2023.

Within 30 days of the receipt of the acceptable plan of correction, the administrator shall review and update the annual training plan to ensure that all topics required by 2600.65g are present and scheduled for the 2023 training year, or the home's current training year.

Directed Completion Date: 02/24/2024

Implemented ([REDACTED] - 06/11/2024)

89b - Hot Water Temperature

3. Requirements

2600.

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

Description of Violation

On 12/28/2023 at 12:50pm, the hot water temperature of the sink in bathroom B on the first floor measured 123.6 degrees Fahrenheit. At 12:55, the hot water temperature of the sink in bathroom 2A was 125 degrees Fahrenheit.

Plan of Correction

Directed ([REDACTED] - 01/16/2024)

New hot water tank was installed 11/10/23. Water temperature was adjusted 12/28.23. Reading is within regulated range. Water temperature will be checked daily by maintenance and housekeeping staff to ensure compliance.

Proposed Overall Completion Date: 01/14/2024

Directed Plan of Correction 1/16/24 [REDACTED]

Starting 10 days from the date of the receipt of the acceptable plan of correction, the administrator shall conduct weekly audits of water temperatures for 30 days, and provide the completed audits to the Department.

Directed Completion Date: 02/24/2024

Implemented ([REDACTED] - 05/14/2024)

95 - Furniture and Equipment

4. Requirements

95 - Furniture and Equipment (continued)

2600.

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

Description of Violation

On 12/28/2023, the door to bathroom B on the first floor could not be fully closed or locked. Also, the hot-water knob on the tub was loose and difficult to operate.

Plan of Correction

Accept ([redacted]) - 01/16/2024)

Immediately after the discovery that hot water knob was loosened on 12.28.23, administrator secured the knob. Bathroom door lock on first floor was replaced 12.29.23. Check list was updated to include all items to be checked daily. Housekeeping staff will check and report to administrator any broken or malfunction furniture and equipment to maintain compliance.

Proposed Overall Completion Date: 01/14/2024

Licensee's Proposed Overall Completion Date: 01/14/2024

Implemented ([redacted]) - 05/14/2024)

101j7 - Lighting/Operable Lamp

5. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 12/28/2023, resident #1's bedside lamp was inoperable. The resident did not have access to a source of light that could be turned on/off at bedside.

Plan of Correction

Directed ([redacted]) - 01/16/2024)

Lamp was operable during inspection. Inspector asked resident in the presence of administrator if his lamp worked. The resident responded "Yes". Inspector turned on lamp and it worked. ALL rooms have operable lamps, accessible to each resident. Housekeeping staff will daily check functionality of lamps and initial check list to maintain compliance.

Proposed Overall Completion Date: 01/14/2024

Directed Plan of Correction 1/16/24 [redacted]

Within 15 days of the receipt of the acceptable plan of correction, the administrator shall conduct an initial room audit to check for presence and operation of bedside lamps.

Starting within 10 days of the date of the receipt of the acceptable plan of corrections, the administrator shall perform quarterly audit of resident rooms to ensure bedside lights are present and operable.

Directed Completion Date: 02/10/2024

Implemented ([redacted]) - 05/14/2024)

123b - Emergency Procedures Posted

6. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

On 12/28/2023, the home's emergency procedures were not posted in a conspicuous and public place in the home.

Plan of Correction

Directed ([redacted]) - 01/16/2024)

Emergency procedure was posted 12.28.23. Administrator will daily check for posted items to ensure and maintain compliance.

Proposed Overall Completion Date: 01/14/2024

Directed Plan of Correction 1/16/24 [redacted]

Starting within 15 days of the receipt of the plan of correction, the administrator will perform audits of required postings weekly for four weeks, then monthly for three months.

Directed Completion Date: 02/15/2024

Implemented ([redacted]) - 05/14/2024)

143a - Emergency Medical Plan

7. Requirements

2600.

143.a. The home shall have a written emergency medical plan that includes the following:

- 1. The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
- 2. Emergency transportation to be used.
- 3. An emergency-staffing plan.

Description of Violation

The home's written emergency medical plan does not include:

- The hospital or source of health care that will be used in an emergency.
- Emergency transportation to be used.
- An emergency-staffing plan

Plan of Correction

Directed ([redacted]) - 01/16/2024)

Emergency Medical Plan was replaced as of 12.28.23. Administrator will daily check wall to ensure items are still posted to maintain compliance.

Proposed Overall Completion Date: 01/14/2024.

Directed Plan of Correction 1/16/24 [redacted]

Starting within 15 days of the receipt of the plan of correction, the administrator will perform audits of required postings weekly for four weeks, then monthly for three months.

Directed Completion Date: 02/15/2024

143a - Emergency Medical Plan *(continued)*

Implemented ([REDACTED] - 06/11/2024)