



pennsylvania
DEPARTMENT OF HUMAN SERVICES

[REDACTED] January 24, 2025

[REDACTED]
[REDACTED]
Chestnut Manor, LLC
[REDACTED]
[REDACTED]

RE: Chestnut Manor
License #: 101880

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on June 24, 2024 and September 20, 2024, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary



pennsylvania
DEPARTMENT OF HUMAN SERVICES

[REDACTED] January 24, 2025

[REDACTED]
[REDACTED]
Chestnut Manor, LLC
[REDACTED]
[REDACTED]

RE: Chestnut Manor
License #: 10188

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on August 2 and 15, 2024 of the above facility, we have determined that your submitted plan of correction for the June 24, 2024 inspection is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]
[REDACTED]

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: CHESTNUT MANOR License #: 10188 License Expiration: 08/13/2024
Address: 4926 CHESTNUT STREET, PHILADELPHIA, PA 19139
County: PHILADELPHIA Region: SOUTHEAST

Administrator

Name: [REDACTED]

Legal Entity

Name: CHESTNUT MANOR LLC
Address: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 05/06/2011 Issued By: City of Phila

Staffing Hours

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

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 06/24/2024

Inspection Dates and Department Representative

06/24/2024 - 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

Number of Residents Who:

Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 6
Diagnosed with Mental Illness: 11 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: -0

Inspections / Reviews

06/24/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/19/2024

Inspections / Reviews (*continued*)

07/24/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/20/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/29/2024

08/07/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/29/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/12/2024

01/23/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/11/2024

Reviewer: [REDACTED]

Follow-Up Type: Exception

65f - Training Topics

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]

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:

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

Description of Violation

Staff person A did not receive training in the following topics during training year 2023:

- Resident rights
- Older Adult Protective Services Act (OAPSA)
- Falls and accident prevention

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

- Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
- Older Adult Protective Services Act (OAPSA)
- Falls and accident prevention

Plan of Correction

Do Not Accept [REDACTED] - 07/24/2024)

Staff person A has now received the following training that was over look for the training year 2023 Residents Rights, Older Protective Service Act, and, Falls and Accident Prevention.

Staff person B is scheduled to receive Fire safety training from a Fire expert. Please see for the year in question the training record for O.A.P.S.A and Falls and accident prevention. To prevent this violation from reoccurring. Starting 7/19/2024 the administrator has created a more comprehensive yearly training checklist that has been posted on our bulletin board to be viewed by all staff that will serve as a constant reminder of all required training.

Licensee's Proposed Overall Completion Date: 07/19/2024

Update: 07/24/2024

Please indicate the date staff person A received training.

Please indicate the date staff person B will receive training.

Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance.

Plan of Correction

Accept [REDACTED] - 08/07/2024)

Staff person A has now received the following training that was overlooked for the training year 2023 Residents Rights, Older Protective Service Act, and, Falls and Accident Prevention.

65g - Annual Training Content (continued)

Staff person B is scheduled to receive Fire safety training from a Fire expert. Please see for the year in question the training record for O.A.P.S.A and Falls and accident prevention. To prevent this violation from reoccurring. Starting 7/19/2024 the administrator has created a more comprehensive yearly training checklist that has been posted on our bulletin board to be viewed by all staff that will serve as a constant reminder of all required training.

Staff person A received the required training on 7-16-24 and staff person B received the required Fire Safety Training from a fire expert on 7-29-24.

The additional step is that the yearly training checklist will be monitored every six months starting 07-29-24 by the Administrator to ensure all necessary training will be conducted in a timely manner.

Licensee's Proposed Overall Completion Date: 07/29/2024

Update: 08/07/2024

Documentation of education shall be kept in accordance with 2600.65i.

Documentation of audits shall be kept for Department review.

Evidence of Completion

Not Implemented [redacted] - 08/15/2024)

Please See attached documents .

91 - Telephone Numbers

3. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the kitchen.

Plan of Correction

Do Not Accept [redacted] - 07/24/2024)

Starting 06/25/2024 a Stationary telephone has been now placed in the kitchen with a reposting list of all the required emergency telephone numbers by the administrator. To prevent the violation from reoccurring the posted list will be monitored daily by the staff on-duty and administrator for continued compliance.

Licensee's Proposed Overall Completion Date: 07/19/2024

Update: 07/24/2024

Please indicate any additional steps/actions that will be put into place to educate staff about this regulation.

Plan of Correction

Accept [redacted] - 08/07/2024)

Starting 06/25/2024 a Stationary telephone has been now placed in the kitchen with a reposting list of all the required emergency telephone numbers by the administrator. To prevent the violation from reoccurring the posted list will be monitored daily by the staff on-duty and administrator for continued compliance.

Starting on 7-25-24 a weekly meeting will be conducted with all staff by the CO-Administrator as an additional step that will be put in place to educate staff about maintaining this compliance regulation.

Licensee's Proposed Overall Completion Date: 07/29/2024

91 - Telephone Numbers (continued)

Update: 08/07/2024

Documentation of education shall be kept in accordance with 2600.65i.

Evidence of Completion

Not Implemented () - 08/15/2024)

See attached document.

95 - Furniture and Equipment

4. Requirements

2600.

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

Description of Violation

On 6/24/2024, there was an unfastened wall mirror propped against a wall on a dresser in upstairs bedroom #1.

Plan of Correction

Do Not Accept () - 07/24/2024)

on 7/19/2024 The wall mirror in bedroom #1 has now been fastened and secured to the wall by our maintenance personnel. All other wall mirrors in each bedroom as been checked in making sure they are all secure. To prevent this violation from recurring each staff on duty will check the mirror every week for continued compliance.

Licensee's Proposed Overall Completion Date: 07/19/2024

Update: 07/24/2024

Please indicate any additional steps/actions that will be put into place to educate staff about this regulation.

Plan of Correction

Accept () - 08/07/2024)

on 7/19/2024 The wall mirror in bedroom #1 has now been fastened and secured to the wall by our maintenance personnel. All other wall mirrors in each bedroom as been checked in making sure they are all secure. To prevent this violation from recurring each staff on duty will check the mirror every week for continued compliance.

Starting on 7-25-24 a weekly meeting will be conducted with all staff by the CO-Administrator as an additional step that will be put in place to educate staff about maintaining this compliance regulation.

Licensee's Proposed Overall Completion Date: 07/29/2024

Update: 08/07/2024

Documentation of education shall be kept in accordance with 2600.65i.

Evidence of Completion

Not Implemented () - 08/15/2024)

See the attached picture of the mirror mounted on the wall.

96a - First Aid Kit

5. 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 in the medication room does not include tweezer.

Plan of Correction

Do Not Accept () - 07/24/2024)

As of 06/25/2024, the Administrator has placed a new tweezer in the First Aid Kit. To prevent this violation from reoccurring each time the First Aid Kit is used it will be inspected by the administrator and on an ongoing weekly

96a - First Aid Kit (continued)

basis for continued compliance.

Licensee's Proposed Overall Completion Date: 07/19/2024

Update: 07/24/2024

Please indicate any additional steps/actions that will be put into place to educate staff about this regulation.

Plan of Correction

Accept [redacted] - 08/07/2024)

As of 06/25/2024, the Administrator has placed a new tweezer in the First Aid Kit. To prevent this violation from reoccurring each time the First Aid Kit is used it will be inspected by the administrator and on an ongoing weekly basis for continued compliance.

Starting on 7-25-24 a weekly meeting will be conducted with all staff by the CO-Administrator as an additional step that will be put in place to educate staff about maintaining this compliance regulation.

Licensee's Proposed Overall Completion Date: 07/29/2024

Update: 08/07/2024

Documentation of education shall be kept in accordance with 2600.65i.

Evidence of Completion

Not Implemented [redacted] 08/15/2024)

Please See the picture of a new tweezer in the First Aid kit.

103f - Refrigerator/Freezer Temps

6. 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 6/24/2024 at 11:00 am, the temperature in the refrigerator was 51 degrees Fahrenheit.

Plan of Correction

Do Not Accept [redacted] - 07/24/2024)

On 07/17/2024 A new refrigerator door seal was replaced by the appliance service technician for the maintenance of the required temperature which now reads 40 Fahrenheit. To ensure continued compliance with the regular the staff on duty will monitor the refrigerator temperature daily.

Licensee's Proposed Overall Completion Date: 07/19/2024

Update: 07/24/2024

Please indicate any additional steps/actions that will be put into place to educate staff about this regulation.

Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance.

This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies and titles of person responsible for each step.

Plan of Correction

Accept [redacted] - 08/07/2024)

On 07/17/2024 A new refrigerator door seal was replaced by the appliance service technician for the maintenance of the required temperature which now reads 40 Fahrenheit. To ensure continued compliance with the regular the staff on duty will monitor the refrigerator temperature daily.

103f - Refrigerator/Freezer Temps (continued)

Starting on 7-25-24 a weekly ongoing meeting will be conducted by the CO-Administrator. The refrigerator temperature will be checked and recorded on a daily basis by the staff member on duty, as an additional step to educate, monitor and to maintain compliance.

Licensee's Proposed Overall Completion Date: 07/29/2024

Update: 08/07/2024

Documentation of education shall be kept in accordance with 2600.65i.

Documentation of audits shall be kept for Department review.

Evidence of Completion

Not Implemented [REDACTED] - 08/15/2024)

See attached documents.

109a - Pets

7. Requirements

2600.

109.a. The home rules shall specify whether the home permits pets on the premises.

Description of Violation

Withdrawn [REDACTED] E - 07/24/2024)

The home rules do not specify whether the home permits pets.

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

September 20, 2024

[REDACTED]
CHESTNUT MANOR LLC
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 09/10/2024 of the above facility, no regulatory citations have been identified as a result of this inspection.

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

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: CHESTNUT MANOR License #: 10188 License Expiration: 08/13/2024
 Address: 4926 CHESTNUT STREET, PHILADELPHIA, PA 19139
 County: PHILADELPHIA Region: SOUTHEAST

Administrator

Name: [REDACTED]

Legal Entity

Name: CHESTNUT MANOR LLC
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 05/06/2011 Issued By: City of Phila

Staffing Hours

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

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 09/10/2024

Inspection Dates and Department Representative

09/10/2024 - 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
 Number of Residents Who:
 Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 7
 Diagnosed with Mental Illness: 11 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

09/10/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: Not Required

NO DEFICIENCIES FOUND