



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
November 15, 2024

[REDACTED]
Administrator
VS Wallingford, LLC
2700 Chestnut Parkway
Chester, Pennsylvania 19013

RE: Chestnut Ridge Retirement Living
2700 Chestnut Parkway
Wallingford, Pennsylvania 19086
License #: 14141

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on October 7, 2024 and November 8, 2024 of the above facility, we have determined that your submitted plan of correction for the August 20, 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]

Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: CHESTNUT RIDGE RETIREMENT LIVING **License #:** 14141 **License Expiration:** 12/30/2024
Address: 2700 CHESTNUT PARKWAY, CHESTER, PA 19086
County: DELAWARE **Region:** SOUTHEAST

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 10/19/1998 **Issued By:** L&I

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 133 **Waking Staff:** 100

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 08/20/2024

Inspection Dates and Department Representative

08/20/2024 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 130 **Residents Served:** 87

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Care **Capacity:** 50 **Residents Served:** 33

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 87
Diagnosed with Mental Illness: 26 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 46 **Have Physical Disability:** 1

Inspections / Reviews

08/20/2024 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 09/21/2024

Inspections / Reviews (*continued*)

10/02/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/07/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/07/2024

10/07/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/07/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/07/2024

11/15/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/07/2024

Reviewer: [REDACTED]

Follow Up Type: Exception

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted] at [redacted], the computer on the 7th floor medication cart housing residents' medication records and personal information was unlocked, unattended, and accessible to residents, staff and visitors.

Repeat Violation Date: 4/8/4 et al

Plan of Correction

Do Not Accept [redacted] - 10/02/2024)

- 1. The computer was immediately locked to secure residents' medication records and personal information
- 2. All Med Techs to be trained on regulation 2600.17 by 9/30/24. Training to be done by Wellness director or designee
- 3. All med techs to be trained monthly on regulation 2600.17 at monthly staff meeting starting October 24th x 3 months. Training to be done by Wellness director or designee and completed by 12/26/24

Licensee's Proposed Overall Completion Date: 12/26/2024

Update: 10/02/2024

Please indicate a method to audit/monitor for ongoing compliance. This might include daily/weekly rounds to assess all areas to ensure confidentiality of resident information. Please include start dates, frequency and title of persons responsible.

Plan of Correction

Accept [redacted] - 10/07/2024)

- 1. The computer was immediately locked to secure residents' medication records and personal information
- 2. All Med Techs to be trained on regulation 2600.17 by 9/30/24. Training to be done by Wellness director or designee
- 3. All med techs to be trained monthly on regulation 2600.17 at monthly staff meeting starting October 24th x 3 months. Training to be done by Wellness director or designee and completed by 12/26/24
- 4. Memory care director, Wellness director or designee will continue weekly audits of laptops during rounds to be sure it's locked when not in use. Audits to begin 10/7/24 x 6 weeks.

Licensee's Proposed Overall Completion Date: 10/07/2024

Evidence of Completion

Not Implemented [redacted] - 11/08/2024)

See attached.

Update: 11/08/2024

No audit documentation provided.

42b - Abuse

2. Requirements

42b - Abuse (continued)

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] at approximately [redacted], Staff Member A was alerted by Resident #1's visiting family member that a backpack that did not belong to Resident #1 was found in Resident #1's closet. Staff Member A stated that the backpack smelled like marijuana so they did not open the backpack. Staff Member A brought the backpack to their office, locked it up and called the police. When police officers arrived, they opened the backpack to find a loaded handgun, marijuana and an employee ID card belonging to Staff Member B. Staff Member B was called to Staff Member A's office and questioned by the police. Staff Member A advised that Staff Member B told the police they were licensed to carry a weapon and brought it with them for protection as they were attending a party after their shift in Philadelphia. The police unloaded the handgun and confiscated it along with the backpack and its contents. They arrested Staff Member B on site and they were removed from the building without incident. Resident #1 did not know that this backpack was in [redacted] closet. Staff Member B was terminated and is no longer allowed back at the home. The home stated Staff Member B was employed since March of 2023 and had no prior disciplinary occurrences.

Plan of Correction

Accept [redacted] - 10/02/2024)

- 1. Staff immediately made sure resident was in a safe location and out of harms way
- 2. All staff to be trained on Abuse to be sure no resident may not be neglected, intimidated, physically or verbally abused, mistreated subjected to corporal punishment, or disciplined in any way. Training to be done by ED or designee to be completed by 10/18/24
- 3. All staff to be trained on the community's policy on weapons and drugs at the workplace to be done by Ed or designee by 10/1/24.

Licensee's Proposed Overall Completion Date: 10/18/2024

Evidence of Completion

Not Implemented [redacted] - 11/08/2024)

See attached.

Update: 11/08/2024

20 Staff did not receive training in abuse/abuse reporting on 10/16/24
No documentation of weapons/drugs policy training for any staff.

51 - Criminal Background Check

3. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The criminal background check for Staff Member B completed on [redacted] was returned with a response: "request under review for control [redacted]" The home did not follow up on this criminal background check until an incident occurred at the home on [redacted] when the home ran an additional background check that also came back as "request under review for control # [redacted]" on [redacted]. It is unclear if Staff Member B has a criminal record.

51 - Criminal Background Check (continued)

Repeat Violation Date: 4/8/24 et al; 7/10/24 et al

Plan of Correction

Accept () - 10/02/2024

1. All staff will receive a criminal background check to show "no record" prior to start of employment effective immediately.
2. An audit of all active employee charts will be done to be sure all employees have a criminal background check on file. Audit will be done by business office manager or designee starting 10/1/24 and continue weekly until 100% compliant.
3. All managers to be trained on regulation 2600.51. Training will be done by ED to be completed by 9/25/24

Licensee's Proposed Overall Completion Date: 10/31/2024

Evidence of Completion

Not Implemented () - 11/08/2024

See attached.

Update: 11/08/2024

No Training documentation provided for managers

Audit document is incomplete and does not contain enough information to determine compliance with POC.

88a - Surfaces

4. Requirements

2600.

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

Description of Violation

On 8/20/24 at 12:30pm, the ceiling in the common living room outside of the main elevators on the 8th floor was in disrepair from a leak. There was paint peeling and water spots were observed.

Plan of Correction

Do Not Accept () - 10/02/2024

The plant operations manager received a quote to get this ceiling repaired on 8/19/24 and was on scheduled to be repaired on 8/20/24. This ceiling was repaired on 8/20/24.

Licensee's Proposed Overall Completion Date: 09/24/2024

Update: 10/02/2024

Please indicate a method to audit/monitor for ongoing compliance. This might include weekly rounds to assess all areas and/or include in-service training on when or how to report areas in the home needing attention to prevent hazards. Please include start dates, frequency and title of persons responsible.

Plan of Correction

Accept () - 10/07/2024

1. The plant operations manager received a quote to get this ceiling repaired on 8/19/24 and was on scheduled to be repaired on 8/20/24. This ceiling was repaired on 8/20/24.
2. Plant operations manager to conduct daily walk through of the building by using environmental check list and fix any repairs that requires immediate attention. Starting 10/1/24 x 6 mo.
3. All staff to be in-service on when or how to report areas in the home needing attention to prevent hazards. In-service to be done at town hall 10/24/24.

88a - Surfaces (continued)

Licensee's Proposed Overall Completion Date: 10/31/2024

Evidence of Completion

Not Implemented (████) - 11/08/2024)

See attached.

Update: 11/08/2024

38 staff on training log.

Audit documentation is not acceptable. Clearly photocopied pages with a date changed at the top of each page with same information for several pages of audits.

95 - Furniture and Equipment

5. Requirements

2600.

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

Description of Violation

On 8/20/24 at approximately 9:15am, the door to the bathroom on the right side in the hallway where the physical therapy room is located was unable to shut properly or lock. This bathroom is available for use by residents, visitors and staff members.

Plan of Correction

Accept (████) - 10/02/2024)

- 1. The door to the bathroom lock was repaired on 8/20/24 by maintenance assistant.
- 2. Plant operations manager or designee to conduct daily walk through of the building starting 10/1/24, by using environmental check list and fix any repairs that requires immediate attention x 6mo

Licensee's Proposed Overall Completion Date: 04/01/2025

Evidence of Completion

Not Implemented (████) - 11/08/2024)

See attached.

Update: 11/08/2024

Audit documentation is not acceptable. There are clearly photocopied pages with a date changed at the top of each page with same information for several pages of audits.

183e - Storing Medications

6. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On ██████, the following medication cards were observed to have a punctured blister foil with the medication still present in the spot, exposing it to contamination or improper sanitation: Resident #2's ██████ tab blister pack; Resident #2's ██████ tab blister pack.

Repeat Violation Date: 4/8/24 et al; 7/10/24 et al

183e - Storing Medications (continued)

Plan of Correction

Accept () - 10/02/2024)

- 1. An audit of all medication blister packs to be conducted to be sure the foil is not puncture. The Audit to be done by wellness director or designee to be completed by 10/2/24
- 2. All Med techs to be educated on proper storage of medications to be done by Wellness director or designee completed by 10/2/24
- 3. Med techs to continue weekly medication blister pack audits starting 10/7/24 x 6wks.

Licensee's Proposed Overall Completion Date: 11/19/2024

Evidence of Completion

Not Implemented () - 11/08/2024)

See attached.

Update: 11/08/2024

7 staff on training log from 9/30/24.

Audit documentation is questionable. There is a list of dates, cart numbers, a notation of NO for each date, and initials, however, the documents appear to have been completed in one sitting and not actually completed.

185a - Implement Storage Procedures

7. 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 #3 is prescribed () tablet- take one tablet by mouth twice per day. On (), there were 4 tablets in the pack in the narcotics locked box and a count of 9 was recorded on the narcotics record.

Plan of Correction

Accept () - 10/02/2024)

- 1. All med techs to be trained on regulation 2600.185a by wellness director or designee by 10/2/24
- 2. Wellness director or designee to conduct an audit of all narcotics to be sure it matches the narcotic record by 10/2/24
- 2. Wellness director or designee to conduct a narcotic record audit wkly x 6wks starting 10/7/24

Licensee's Proposed Overall Completion Date: 11/19/2024

Evidence of Completion

Not Implemented () - 11/08/2024)

See attached.

Update: 11/08/2024

audit documents are only for one date 9/29/24. No additional narcotic audits were provided for verification. 8 staff on training log.