pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [redacted]
January 14, 2025

[redacted]
Regional Director of Operation
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 November 8, 2024 and January 14, 2025 of the above facility, we have determined that your submitted plan of correction for the October 10, 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]

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *CHESTNUT RIDGE RETIREMENT LIVING* **License #:** *14141* **License Expiration:** *04/04/2025*

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] **Email:** [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *05/19/1997* **Issued By:** *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *128* **Waking Staff:** *96*

Inspection Information

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Fine* **Exit Conference Date:** *10/10/2024*

Inspection Dates and Department Representative

10/10/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *130* **Residents Served:** *86*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *4th and 5th floors* **Capacity:** *50* **Residents Served:** *31*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *86*

Diagnosed with Mental Illness: *14*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *42*

Have Physical Disability: *1*

Inspections / Reviews

10/10/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *11/01/2024*

Inspections / Reviews *(continued)*

11/04/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *12/16/2024*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *11/07/2024*

11/08/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *12/16/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *12/06/2024*

01/14/2025 - Document Submission

Submitted By: [redacted] **Date Submitted:** *12/16/2024*

Reviewer: [redacted] **Follow-Up Type:** *Exception*

82c - Locking Poisonous Materials

1. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

A bottle of premium hand sanitizer, and a bottle of Dermisal coco butter both with a manufacture's label indicating "if ingested contact poison control", were unlocked, unattended, and accessible to residents in the 5th floor kitchen. Not all the residents of the home, including residents in the 5th floor Secure Dementia Care Unit, have been assessed as capable of recognizing and using poisons safely.

2 bottles of Listerine cool mint mouthwash, Powderfresh deodorant, Mckeeson anti-perspirant, Dermasil dry skin treatment, Good and Clean disinfectant wipes lemon scented, a large yellow container of Arm and Hammer liquid laundry detergent and a spray can of HomeBright disinfection spray, all with a manufacture's label indicating "if ingested contact poison control", were unlocked, unattended, and accessible to residents in room 503 in the bathroom cabinet and under the sink in the kitchenette. Not all the residents of the home, including residents in the 5th floor Secure Dementia Care Unit, have been assessed as capable of recognizing and using poisons safely.

Medline remedy Zinc oxide paste, 4 bottles of Anti-fungal powder, A stick of Degree deodorant, Sparklefresh mouthwash, Medline no-rinse foam cleanser, A tube of Fixodent and Polydent tablets , all with a manufacture's label indicating "if ingested contact poison control", were unlocked, unattended, and accessible to residents in room 417 in an unlocked lower cabinet in the kitchenette. Not all the residents of the home, including residents in the 4th floor Secure Dementia Care Unit, have been assessed capable of recognizing and using poisons safely.

Repeat Violation: 2/21/2024, 4/8/2024 et al, 7/10/2024 et al.

Plan of Correction ***Accept ([redacted] - 11/08/2024)***

1. All staff was educated on the importance of locking poisonous materials and trained on regulation 82c. The training was completed 10/24/24 by executive director.
2. A secure locking device was placed on a cabinet in each resident's apartment completed on 10/15/24, to secure poisonous material when not in use by staff. A lock box was purchased for each resident to secure poisonous materials. An in-service on this locking device was conducted on 10/24/24 by Ed.
3. Memory care director/ designee will audit memory care apartments every other day, daily x 30 days then weekly until 100% compliant. Started on 10/21/24

Licensee's Proposed Overall Completion Date: *11/22/2024* Not Implemented - ([redacted] 1/14/25)

85a - Sanitary Conditions

2. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 10/10/2024 at 8:04 AM, 10/9/2024 at 7:40 AM, and 10/8/2024 at 8:41 AM resident 1's glucometer was used to

85a - Sanitary Conditions (continued)

take resident's 2's blood glucose readings.

Plan of Correction ***Accept (- 11/08/2024)***

1. All med techs to be in-service on glucometer usage and the importance of not sharing machines. Training to be conducted by memory care director/designee on 11/8/24 at med tech meeting.
2. Wellness coordinator or designee to audit all glucometers weekly starting 11/7/24 x 3 months.
3.3. The audits will be brought to the monthly QAPI meeting for the Executive Director to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: *12/06/2024*

Implemented (- 1/14/25)

127a - Portable Space Heaters

3. Requirements

2600.
127.a. Portable space heaters are prohibited.

Description of Violation

On 10/10/2024 at 10:20 AM, a Dimplex fireplace portable space heater was observed in resident room 417.

Plan of Correction ***Accept (- 11/08/2024)***

1. The Space heater was immediately removed.
2. All staff was in-service on portable space heaters being prohibited. In-service was held on 10/24/24 completed by Plant operator.
3. During daily rounds staff to report to ED/Plant operator if a resident is observed with a space heater so it can be removed immediately and reviewed during monthly QAPI meeting by the Executive Director to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: *11/22/2024*

Not Implemented - (1/14/25)

183b - Meds and Syringes Locked

4. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 10/10/2024 at 9:13 AM, Medline anti-fungal powder was unlocked, unattended, and accessible in in room

On 10/10/2024 at 9:26 AM, a bottle of Day-quil cold and flu, A bottle of Prolinc callus remover and a tub of Blue Star medicated ointment were unlocked, unattended, and accessible in in room

On 10/10/2024 at 10:20 AM, 4 bottles of Medline anti-fungal powder were unlocked, unattended, and accessible in in room

Repeat Violation: 4/8/2024 et al, 7/10/2024 et al.

183b - Meds and Syringes Locked *(continued)*

Plan of Correction ***Accept (- 11/08/2024)***

1. All staff was educated on the importance of securing/locking up all medications. Staff was trained on regulation 183b.The training was completed 10/24/24 by executive director.
2. A secure locking device was placed on a cabinet in each resident's apartment and completed on 10/15/24. A lock box was purchased for each resident to secure all medications. An in-service on this locking device was conducted on 10/24/24 by Ed.
3. Memory care director/ designee will audit memory care apartments every other day x 30 days then weekly until 100% compliant. Started on 10/21/24

Licensee's Proposed Overall Completion Date: *11/22/2024* Not Implemented - (1/14/25)

184b - Labeling OTC/CAM

5. Requirements

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 10/10/2024, a bottle of Medline remedy anti-fungal powder belonging to resident 3 was in the kitchenette of room and was not labeled with the resident's name.

On 10/10/2024, a bottle of Day-quil cold and flu, A bottle of Prolinc callus remover and a tub of Blue Star medicated ointment belonging to resident 4 were in room and was not labeled with the resident's name.

On 10/10/2024, 4 bottles of Medline remedy anti-fungal powder belonging to resident 5 were in the kitchenette of room and was not labeled with the resident's name.

Repeat Violation: 12/14/2023, 4/8/2024 et al.

Plan of Correction ***Accept (- 11/08/2024)***

1. All staff was educated on the importance of securing/locking and labeling all medications. Staff was trained on regulation 184b.The training was completed 10/24/24 by executive director.
2. 2. A secure locking device was placed on a cabinet in each resident's apartment for securing medications which was completed by 10/15/24. A lock box was purchased for each resident to secure all medications. An in-service on this locking device was conducted on 10/24/24 by Ed.
3. 3. Memory care director/ designee will audit memory care apartments every other day x 30 days then weekly until 100% compliant. Started on 10/21/24

Licensee's Proposed Overall Completion Date: *11/22/2024* Not Implemented - (1/14/25)

185a - Implement Storage Procedures

6. 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

On 10/10/24 the following glucometers were not calibrated to the correct date and time:

- *at 12:54 PM resident 1's glucometer read 10/11 at 12:54*

185a - Implement Storage Procedures (continued)

- *at 11:16 AM resident 2's glucometer read 10/09 at 23:13*
- *at 11:57 AM resident 6's glucometer read 10/09 at 23:56*
- *at 12:50 PM resident 7's glucometer read 10/10 at 11:52 AM*
- *at 12:53 PM resident 8's glucometer read 10/10 at 11:50 AM*
- *at 01:33 PM resident 9's glucometer read 10/10 at 6:52 AM*

Plan of Correction ***Accept ([redacted] - 11/08/2024)***

1. All med techs to be in-service on glucometer usage and the importance of calibrating machines to show the correct date and time. Training to be conducted by memory care director/designee on 11/8/24 at med tech meeting.
2. Wellness coordinator or designee to audit all glucometers weekly starting 11/7/24 x 3 months.
3.3. The audits will be brought to the monthly QAPI meeting for the Executive Director to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: *12/06/2024*

Not Implemented - ([redacted] 1/14/25)

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's October 2024 glucose log had a reading of 146 on 10/2/24 at 3:52 PM, however the resident's glucometer did not have this reading.

Resident 6's October 2024 glucose log had a reading of 206 on 10/2/24 at 8 AM, however the resident's glucometer did not have this reading.

Resident 10's October 2024 glucose log had a reading of 113 on 10/3/24 at 4:24 PM, however the resident's glucometer did not have this reading.

Plan of Correction ***Accept ([redacted] - 11/08/2024)***

1. All med techs to be in-service on glucometer usage and the importance of proper documentation. Training to be conducted by memory care director/designee on 11/8/24 at med tech meeting.
2. Wellness coordinator or designee to audit all glucometers weekly against the MAR starting 11/7/24 x 3 months.
3. The audits will be brought to the monthly QAPI meeting for the Executive Director to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: *12/06/2024*

Not Implemented - ([redacted] 1/14/25)

8. 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

On 10/9/24 at 8:02 AM resident 1's had a glucometer reading of 270 that was transcribed as 330 in [redacted] October 2024 glucose log.

On 9/29/24 at 23:00 resident 2's had a glucometer reading of 413 that was transcribed as 431 in [redacted] September 2024 glucose log.

185a - Implement Storage Procedures (continued)

On 10/5/24 at 04:55 resident 2's had a glucometer reading of 376 that was transcribed as 373 in [redacted] October 2024 glucose log.

On 10/5/24 at 8:56 AM resident 9's had a glucometer reading of 396 that was transcribed as 356 in [redacted] October 2024 glucose log.

Plan of Correction ***Accept ([redacted] - 11/08/2024)***

1. All med techs to be in-service on glucometer usage and the importance of proper documentation. Training to be conducted by memory care director/designee on 11/8/24 at med tech meeting.
2. Wellness coordinator or designee to audit all glucometers against the MAR weekly starting 11/7/24 x 3 months.
3. The audits will be brought to the monthly QAPI meeting for the Executive Director to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: *12/06/2024*

Implemented ([redacted] - 1/15/25)

187d - Follow Prescriber's Orders

9. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 3 is prescribed glucose checks 3 times a day before meals. On 10/2/2024 at 3:52 PM it is documented that the resident's blood glucose level was 146, however this reading was not found on the resident's glucometer, and therefore not taken.

Resident 6 is prescribed glucose checks 3 times a week. Based on the September 2024 medication administration record the resident's readings were only taken twice during the week of 9/1/2024-9/7/2024

Repeat Violation: 12/14/23 and 7/10/2024 et al.

Plan of Correction ***Accept ([redacted] - 11/08/2024)***

1. All med techs to be in-service on following prescriber's orders. Training to be conducted by memory care director/designee at med tech meeting on 11/8/24.
2. Wellness coordinator or designee to audit all glucometers against the MAR weekly starting 11/7/24 x 3 months.
3. The audits will be brought to the monthly QAPI meeting for the Executive Director to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: *12/06/2024*

Implemented ([redacted] - 1/14/25)