

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

February 25, 2025

[REDACTED], OWNER/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 12/18/2024 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: 12/08/2008 Issued By: City of Philadelphia, L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 22 Waking Staff: 17

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 12/18/2024

Inspection Dates and Department Representative

12/18/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 27 Residents Served: 22

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 21 Are 60 Years of Age or Older: 12
 Diagnosed with Mental Illness: 22 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

12/18/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/19/2025

01/24/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/13/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/30/2025

Inspections / Reviews *(continued)*

02/06/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/14/2025

02/25/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

25b SOPb1 - Rent Rebate: Amount Collected

1. Requirements

2600.

25b.b.1. If the home collects a resident’s rent rebate under subsection (a), the resident-home contract is to include the following: The dollar amount or percentage of the rent rebate to be collected.

Description of Violation

The resident-home contract, dated [REDACTED] for resident #1 does not indicate the dollar amount or percentage of the rent rebate benefit the home will collect.

Plan of Correction

Accept ([REDACTED] - 01/23/2025)

Residents contract was updated to reflect percentage of rent rebate benefit. Administrator will ensure compliance by reviewing each document for completion in its entirety.

Licensee's Proposed Overall Completion Date: 01/17/2025

Implemented ([REDACTED] - 02/25/2025)

25b SOPb2 - Rent Rebate: Intended Use

2. Requirements

2600.

25b.b.2. If the home collects a resident’s rent rebate under subsection (a), the resident-home contract is to include the following: The home’s intended use of the revenue collected from the rent rebate.

Description of Violation

The home collects a portion of the rent rebate benefit for eligible residents. Resident #1 is an eligible resident. The resident-home contract, dated [REDACTED], for resident #1 does not include the home’s intended use for rent rebate revenues collected.

The home collects a portion of the rent rebate benefit for eligible residents. Resident #2 is an eligible resident. The resident-home contract, dated [REDACTED], for resident #2 does not include the home’s intended use for rent rebate revenues collected.

Plan of Correction

Accept ([REDACTED] - 01/23/2025)

Residents home-contract has since been updated to reflect intended use of rent rebate collected. Administrator will review each document for completion in its entirety, before filing to maintain compliance.

Licensee's Proposed Overall Completion Date: 01/17/2025

Implemented ([REDACTED] - 02/25/2025)

65f - Training Topics

3. Requirements

2600.

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

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.

65f - Training Topics (continued)

- 6. Safe management techniques.
- 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in medication self-administration training or safe management techniques during training year 2023.

Direct care staff person B did not receive training in medication self-administration training or safe management techniques during training year 2023.

Repeat Violation: 12/28/23.

Plan of Correction

Accept (█ - 02/06/2025)

1/20/25 training OAPSA was done for Direct Care Staff (DCS), 1/22/25 training for emergency preparedness and evacuation procedures were completed for DCS training. Training for Fire Safety has been scheduled for 2/13/25 by Fire Department. All other training will be completed on or before 12/15/25. Senior DCS is assigned to review training schedule quarterly to ensure all training are up to date.

Licensee's Proposed Overall Completion Date: 01/25/2025

Implemented (█ - 02/25/2025)

65g - Annual Training Content

4. 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:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3. Resident rights.
- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 5. Falls and accident prevention.
- 6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert or emergency preparedness procedures and recognition and response to crises and emergency situations during training year 2023. Videos prepared by a fire safety expert are acceptable for the fire safety training if accompanied by an onsite staff person trained by a fire safety expert.

Staff person B did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations during training year 2023.

Repeat Violation: 12/28/23.

65g - Annual Training Content (continued)

Plan of Correction

Accept () - 02/06/2025)

Direct Staffs have been trained in emergency preparedness on 1/22/25/. Senior Staff have been assigned to review training schedule on a quarterly basis to ensure all required training are up to date to maintain compliance.

Licensee's Proposed Overall Completion Date: 01/25/2025

Implemented () - 02/25/2025)

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

Two black chairs in the dining room had several rips and tears in the upholstery of the seat cushion and back support.

Two resident beds in bedroom #4 have new mattresses. Both mattresses were still covered in the plastic used to keep the mattress clean while shipping.

Plan of Correction

Accept () - 01/24/2025)

Black chairs were replaced immediately after citation. Manufacturers plastic have since been removed from any newly purchased mattresses. Maintenance person will be assigned this task to ensure compliance is maintained.

Licensee's Proposed Overall Completion Date: 01/17/2025

Implemented () - 02/25/2025)

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 12/18/24, at approximately 2:50 PM, the temperature in the second basement freezer was 10 degrees Fahrenheit and at approximately 2:55 PM it was 20 degrees Fahrenheit.

Plan of Correction

Accept () - 02/06/2025)

During inspection, thermometer was discovered to be broken and was replaced. 12/19/24. Staff was assigned to check thermometers in freezer daily and report reading to Administrator to ensure compliance. Assignment was effective 1/20/25.

Licensee's Proposed Overall Completion Date: 01/25/2025

Implemented () - 02/25/2025)

107a - Emergency Preparedness

7. Requirements

2600.

107a - Emergency Preparedness (continued)

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Description of Violation

Staff person C, the administrator, does not have and is not familiar with the emergency preparedness plan for the local municipality.

Plan of Correction

Accept () - 02/06/2025

Administrator received required information from local municipality on 1/14/25. After full review, staffs were informed to familiarize themselves with the information provided by local municipality. Administrator will be responsible to review with staffs, the emergency preparedness plan, both for facility and from local municipality.

Licensee's Proposed Overall Completion Date: 01/25/2025

Implemented () - 02/25/2025

132e - Fire Drill Sleeping Hours

8. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home's administrator provided a letter stating the home's sleeping hours are between 10:00 PM to 7:00 AM. The last fire drill conducted during the above sleeping hours was on 11/26/24 at 11:15 PM. The previous sleeping hours fire drill was conducted on 09/24/24 at 7:00 AM; however, the next fire drill conducted during the stated sleeping hours was on 02/18/24 at 10:33 PM.

Plan of Correction

Accept () - 01/24/2025

Next fire drill is scheduled for January 21, 2025 at 11:00. Fire drill log will be reviewed by maintenance person monthly to determine time of next drill to ensure these drills are conducted to meet the required time frame for compliance.

Licensee's Proposed Overall Completion Date: 01/17/2025

Implemented () - 02/25/2025

187a - Medication Record

9. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.

187a - Medication Record (continued)

- 9. Administration times.
- 10. Duration of therapy, if applicable.
- 11. Special precautions, if applicable.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 is prescribed three different medications. However, the resident's December 2024 medication administration record does not indicate the diagnosis or purpose for the medications.

Resident #3 is prescribed five different medications. However, the resident's December 2024 medication administration record does not indicate the diagnosis or purpose for the medications.

Plan of Correction

Accept (█ - 01/24/2025)

Medication administration record has since been corrected. Upon discovery of missing information, the pharmacy was immediately called. Administrator will review MAR upon receipt from pharmacy for any discrepancy/missing information and have it corrected immediately to maintain compliance.

Licensee's Proposed Overall Completion Date: 01/17/2025

Implemented (█ - 02/25/2025)

224c - Preadmission Screening

10. Requirements

2600.

224.c. The preadmission screening shall be completed by the administrator or designee. If the resident is referred by a State-operated facility, a county mental health and intellectual disability program, a drug and alcohol program or an area agency on aging, a representative of the referral agent may complete the preadmission screening.

Description of Violation

Resident #2, admitted █, did not have a preadmission screening form completed.

Plan of Correction

Directed (█ - 02/06/2025)

Preadmission screening was overlooked by inspector during inspection. Administrator created a checklist for Senior Staff to review quarterly and report any discrepancies. Administrator will revisit during quality management meetings.

Proposed Overall Completion Date: 01/25/2025

Directed

By 2/14/25: The administrator or designated staff person will review all current and newly completed support plans to ensure all support plans are complete, accurate and indicate the care and services the home will provide to the resident. The administrator will ensure all requested documentation is provided to the Department upon request. █

Directed Completion Date: 01/25/2025

Implemented (█ - 02/25/2025)