



Pennsylvania Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JULY 30, 2025

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

RE: Chestnut Ridge Retirement Living
2700 Chestnut Parkway
Wallingford, Pennsylvania 19086
License #: 141411

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection May 2 and June 10, 2025 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance June 11, 2025 dated June 11, 2026 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026(b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from July 30, 2025 to January 30, 2026.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, PA 17105-2675
[REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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: 116 Waking Staff: 87

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 06/10/2025

Inspection Dates and Department Representative

05/02/2025 - On-Site: [REDACTED]
 06/10/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 130 Residents Served: 71

Secured Dementia Care Unit
 In Home: Yes Area: scdu Capacity: 50 Residents Served: 21

Hospice
 Current Residents: 5

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 70
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 45 Have Physical Disability: 0

Inspections / Reviews

05/02/2025 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/04/2025

07/07/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/12/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/12/2025

Inspections / Reviews *(continued)*

07/16/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/12/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/23/2025

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 4/29/2025, Resident 1 had a fall with serious injuries to their head and face [REDACTED]

[REDACTED] The home did not report this incident to the department until 5/1/2025.

Plan of Correction

Repeated Violation: 3/20/25

Accept ([REDACTED] - 07/07/2025)

The incident that occurred on 4/29/25 was immediately investigated by the Director of Memory Care; unfortunately, the Reportable Incident was not submitted to DHS timely due to the ongoing investigation. On 5/5/25, the Executive Director met with the Director of Memory Care to re-educate [REDACTED] on the Reportable Incident Procedure regarding Initial and Final reports. A new Director of Health & Wellness will begin employment on [REDACTED] will undergo training on Abuse/Neglect and Reportable Incidents during [REDACTED] Orientation process. On 6/26/25, the Director's Team was re-educated on the policy and procedure for reporting abuse/neglect and incident reporting. The Director's Team was presented with a training video and was also provided with company guidelines regarding incident reporting. On 7/9/25, an All-Staff Inservice will be conducted regarding the policy and procedure for reporting abuse/neglect and incident reporting. The Executive Director or Designee will review Abuse/Neglect and Incident Reporting procedures at all monthly staff meetings for six months and quarterly thereafter. The ERAC or Designee will continue to present an Abuse/Neglect and Incident Reporting training to all new hires during the Orientation process. The Executive Director will continue to review all incidents monthly at QAPI for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/04/2025

Not implemented ([REDACTED] - 7/21/25)

17 - Record Confidentiality

2. 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 6/10/2025, the following items were unlocked, unattended, and accessible in common areas of the home:

- at 9:32 AM, on the 7th floor in the corridor in front of the elevators, resident information was displayed on an open laptop on top of the medication cart.
- at 9:42 AM, resident care assignments sheets were observed on a table in the 6th floor in the common living/television room.

Plan of Correction

Accept ([REDACTED] - 07/07/2025)

On 6/26/25, The Executive Director conducted a Confidentiality Audit walkthrough of the facility; no deficiencies were found at that time. Effective 7/1/25, the Director of Health and Wellness and/or Director of Memory Care will conduct weekly Confidentiality Audits for 12 weeks, monthly audits for 4 months, and random audits for an

17 - Record Confidentiality (continued)

additional 4 months; the Executive Director will review all audits to monitor for compliance. On 6/26/25, all staff received a laminated pocket card regarding HIPAA Compliance to keep on their persons for quick reference. The staff person indicated received re-education regarding HIPAA guidelines and compliance on 7/2/25. On 7/9/25, an All-staff Inservice will be conducted to discuss PA Code 2600.17. The Executive Director will continue to review findings monthly at QAPI for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/04/2025

Not implemented ([REDACTED] - 7/21/25)

23a - Activities of Daily Living Assistance

3. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated 9/4/2024, for resident 1 indicates the resident requires assistance with being escorted and taken to their meals and activities. On 4/29/2025, the resident did not receive this assistance as required and suffered a fall down a flight of concrete steps causing severe injuries to their head and face.

Plan of Correction

Directed ([REDACTED] - 07/16/2025)

When a Resident is seen by an ancillary provider, the Director of Health & Wellness and/or Director of Memory Care will review notes for any status changes; updates will be notated in ECP and a RASP Addendum will be completed and added to the current Care Plan. All changes will be reviewed during the shift report, so that all nursing staff are made aware of any changes in status. On 6/26/25, the Executive Director re-educated the Director of Memory Care on RASP Compliance, PA regulations 2600.142 and 2600.225. The new Director of Health & Wellness will begin employment on [REDACTED]. [REDACTED] will undergo training on RASPs and RASP Compliance during [REDACTED] Orientation process. A RASP procedure has been created and implemented to ensure the residents are receiving the needed care per their individual care; on 7/9/25, the Director of Memory Care and the Wellness Coordinator were educated on this procedure. The Director of Health and Wellness and the Director of Memory Care will conduct audits to ensure that the care provided to residents aligns with their current RASP. Each director will audit 3 residents a week for 6 weeks, then 3 residents a month for 6 months, and randomly thereafter. The Executive Director will review these audits at the monthly QAPI meeting to ensure ongoing compliance. On 7/9/25, staff were re-educated on Resident ADL assistance and RASP compliance. On 7/10/25, The Director of Memory Care and the Wellness Coordinator reviewed all RASPs to ensure that the Assignment Sheets provided to the nursing staff were accurate and up to date.

Proposed Overall Completion Date: 07/12/2025

Directed step of POC:

Immediately: The administrator or designee shall monitor the care and services of for residents whom require assistance with ambulating, supervision, mental health or behavioral care and services for at least three residents a week for three months and biannually thereafter to ensure the residents are receiving the care and services indicated in the resident's support plans. Documentation of monitoring shall be kept.

Directed Completion Date: 07/18/2025

Not implemented ([REDACTED] - 7/21/25)

42b - Abuse

4. Requirements

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

Resident 1, who had a diagnosis of dementia and a history of wandering, had previously been found on different occasions by staff on other floors of the home, in a stairwell, and on the loading dock of the home. A psychological evaluation, dated [REDACTED], indicates resident 1 [REDACTED].

On 4/29/2025, at approximately 7:00 AM, staff person A left resident 1 in their wheelchair next to the elevators on the 6th floor, unattended. The resident's support plan, dated 9/4/2024, indicates resident 1 requires "some physical assistance for ambulating"; the plan to meet this service need indicates "care staff will be responsible to escort [resident] to meals and activities". When staff person B "clocked in and did the huddle" they were informed by staff person A that "everything is good on the 6th floor and resident 1 was in the elevator on the way down to breakfast".

At approximately 7:30 AM, staff person C asked staff person B if they had seen resident 1 to which staff person B responded "No, I didn't get downstairs yet, but I will look when I get down there and let you know". Staff person B brought another resident down to breakfast, and at that time looked for resident 1 in the dining room, and asked multiple staff if they had seen resident 1; all responded that they had not. Staff person B informed staff that "they were looking for" resident 1, and, at approximately 7:45 AM proceeded to go to each floor of the home, asking the med techs on each floor if they had seen resident 1 that morning. None of the individuals asked had seen the resident. Staff person B continued to search for the resident with the assistance of staff persons C and D looking through each floor, calling into each stairwell, and looking outside. Just before 9:00 AM, staff person E called over the walkie talkie that resident 1 had been found and asked, "can somebody come to the 4th floor stairwell?" and to "call 911". Staff person [REDACTED] a licensed practical nurse, did not check the resident's vitals and did not attempt to perform first aid. When staff persons B, C and D arrived in the stairwell, they called resident 1's name; the resident responded and was trying to move. Staff person B called 911 at 9:00 AM. The resident was ultimately found to be lying on their left side on the fire stairwell landing between floors 5 and 6, bleeding [REDACTED].

The resident was transported by EMS to the hospital and was determined to have the following injuries: [REDACTED]

The resident was discharged from the hospital on [REDACTED] and returned to the home receiving hospice services. The resident passed away on [REDACTED] as a result of their injuries.

The

Plan of Correction

Accept ([REDACTED]) - 07/07/2025)

An in-house investigation was conducted on 5/29/25-5/31/25, based on the findings, the staff person(s) involved in this incident no longer work in this community. On 6/27/25, the Directors Team was re-educated on the policy and procedure for reporting abuse/neglect and incident reporting. The Directors Team was re-educated and presented with a training video and was also provided with company guidelines regarding Abuse/Neglect. A new Director of Health & Wellness will begin employment on [REDACTED] will undergo training on Abuse/Neglect and Reportable

225c - Additional Assessment (continued)

Plan of Correction

Directed (█ - 07/16/2025)

When a Resident is seen by an ancillary provider, the Director of Health & Wellness and/or Director of Memory Care will review notes for any status changes; changes will be notated in ECP and a RASP Addendum will be completed and added to the current Care Plan. All changes will be reviewed during the shift report, so that all nursing staff are made aware of the updates. On 6/26/25, the Executive Director re-educated the Director of Memory Care on RASP Compliance, PA regulations 2600.142 and 2600.225. The new Director of Health & Wellness will begin employment on █ will undergo training on RASPs during █ Orientation process. A RASP procedure has been created and implemented to ensure the residents are receiving the needed care per their individual care; on 7/9/25, the Director of Memory Care and the Wellness Coordinator were educated on this procedure. On 7/9/25, staff were re-educated on Resident ADL assistance and RASP compliance. The Director of Health and Wellness and the Director of Memory Care will conduct audits to ensure that the care provided to residents aligns with their current RASP. Each director will audit 3 residents a week for 6 weeks, then 3 residents a month for 6 months, and randomly thereafter. The Executive Director will review these audits at the monthly QAPI meeting to ensure ongoing compliance. On 7/10/25, the Director of Memory Care and the Wellness Coordinator reviewed all RASPs to ensure that the assignment sheets provided to the nursing staff were accurate and up to date.

Proposed Overall Completion Date: 07/12/2025

Not implemented (█ - 7/21/25)

Directed step of POC:

Within 5 days of the receipt of the plan of correction: The administrator or designee shall review all resident assessments for accuracy and completion to ensure the proper supervision and needs of the residents have been assessed for each individual resident. Documentation of the review shall be kept.

Directed Completion Date: 07/21/2025

227g -Support Plan Signatures

7. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 1 participated in the development of █ support plan on 9/4/2024. However, the resident did not sign the support plan.

Plan of Correction

Accept (█ - 07/07/2025)

On 6/26/25, the Executive Director re-educated the Director of Memory Care on the importance of having all residents sign their support plans; if a resident is unable to sign or refuses to sign, that occurrence needs to be documented. On 6/26/25, the Director of Memory Care conducted an audit of all resident support plans to confirm compliance of PA 2600.227; these audits will continue for the next six months on all new admissions. The new Director of Health & Wellness will begin employment on 7/15/25; █ will undergo training on RASPs during █ Orientation process. The Executive Director will continue to review all RASP Audits monthly at QAPI for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/04/2025

Not implemented (█ - 7/21/25)