

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

March 20, 2026

[REDACTED]
VS WALLINGFORD LLC
[REDACTED]

RE: CHESTNUT RIDGE RETIREMENT
LIVING
2700 CHESTNUT PARKWAY
CHESTER, PA, 19086
LICENSE/COC#: 14141

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/26/2026, 02/27/2026 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: CHESTNUT RIDGE RETIREMENT LIVING **License #:** 14141 **License Expiration:** 01/30/2026

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: [REDACTED]

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

Certificate(s) of Occupancy

Type: C-2 LP	Date: 10/19/1998	Issued By: Commonwealth of Pennsylvania, L&I
Type: Other	Date: 10/19/1998	Issued By: Commonwealth of Pennsylvania, L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 84 **Waking Staff:** 63

Inspection Information

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

Reason: Monitoring **Exit Conference Date:** 02/27/2026

Inspection Dates and Department Representative

02/26/2026 - On-Site: [REDACTED]

02/27/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 130 **Residents Served:** 65

Secured Dementia Care Unit

In Home: Yes **Area:** LifeStories **Capacity:** 50 **Residents Served:** 16

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: NA	Are 60 Years of Age or Older: 65
Diagnosed with Mental Illness: NA	Diagnosed with Intellectual Disability: NA
Have Mobility Need: 19	Have Physical Disability: NA

Inspections / Reviews

02/26/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/14/2026

03/17/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/19/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/19/2026

03/20/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/19/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a Sanitary Conditions

1. Requirements

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

Description of Violation

On [REDACTED], at approximately 9:30 am, resident [REDACTED]'s bedroom had a strong odor of urine.

Plan of Correction

Accept [REDACTED] - 03/17/2026)

Resident room was visited again the following day on 2/27/2026 by DHS surveyor and found to have no urine odor.

Short Term Actions

Immediate Room Cleaning and Odor Elimination

Action Plan: To ensure resident [REDACTED]'s room is free from odors and meets sanitary conditions.

Steps:

Assess the room to identify and clean any areas with urine or other odors.

Use appropriate cleaning agents to sanitize affected areas.

Ensure adequate ventilation to dissipate odors.

Responsible Party: Housekeeping Supervisor or designee

Time line: Completed on 2.26.2026

Staff Training on Sanitation Protocols

Action Plan: Reinforce training for all staff on maintaining sanitary conditions and promptly addressing odors.

Steps:

Organize a training session on sanitary protocols and odor management.

Review procedures for regular room checks and cleanliness standards.

Responsible Party: Executive Operations Officer or Designee

Time line: Completed on 3.10.2026

Long Term Actions

Regular Room Inspection Protocol

Action Plan: Implement ongoing inspections to maintain high sanitation standards in resident rooms.

Steps:

Develop a checklist for weekly random room inspections for 3 rooms focusing on identifying unsanitary conditions.

Ensure any deviations noted during inspection are logged and addressed immediately.

Responsible Party: Housekeeping Director or designee

Timeline: Weekly for 90 days Implemented by 3/2/26

Licensee's Proposed Overall Completion Date: 03/14/2026

Implemented [REDACTED] - 03/20/2026)

234a Admission Support Plan

2. Requirements

2600.

234a Admission Support Plan (continued)

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident’s admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's initial support plan was completed on [redacted].

Plan of Correction

Accept [redacted] - 03/17/2026)

Staff Training on Timely Support Plan Documentation

Action Plan: To educate RWD, LPN and Memory Care Director on the importance and procedure of timely support plan documentation.

Steps:

Schedule a training session focusing on compliance with PA regulation code 2600.234.a.

Provide written guidelines on developing and documenting support plans effectively.

Conduct post training assessments to ensure understanding and retention.

Responsible Party: Executive Operations Officer or designee

Time line: Completed on 2.27.2026

Quality Assurance QuickAudit

Action Plan: To perform a quick audit to check compliance with support plan requirements.

Steps:

Conduct an audit of all memory care resident files to check compliance with 72 hour support plan documentation policy.

Generate an immediate report listing compliant and non compliant cases.

Responsible Party: Resident Wellness Director or designee

Time line: Complete by 3.14.2026

Long Term Actions

Implement a Systematic Documentation Review Process

Action Plan: To prevent future violations by regularly reviewing resident admissions and support plan documentation.

Steps:

Resident Wellness Director or designee to review new admissions to SDU to ensure compliance.

Regularly update the checklist and process based on feedback and any new regulatory guidance.

Responsible Party: Resident Wellness Director or Designee

Time line: Monthly for 90 days Implemented by 3/14/2026

Licensee's Proposed Overall Completion Date: 03/14/2026

Implemented [redacted] - 03/20/2026)