



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 25 2017

Mr. Martin E. Steinberger,
Manager
Abington Senior Care, LLC
1000 Legion Place, Suite 1600
Orlando, Florida 20004

RE: The Terrace at Chestnut Hill
495 East Abington Avenue
Philadelphia, Pennsylvania 19118
License #: 141570

Dear Mr. Steinberger:

As a result of the Department of Human Services' annual licensing inspection on June 6, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 14157 - 06/06/2017 - Freeman, Sabrina
PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa. Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

The home failed to ensure that direct care staff person A & B received at least 12 hours of annual training for the 2016 training year.

Direct care staff person A received only 3.5 hours of annual training.

Direct care staff person B received only 5 hours of annual training.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PLEASE SEE ATTACHED

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

CARRIE HEHN

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

CARRIE HEHN, AEO, INTERIM

Date *07/26/2017*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

[Signature]
(Date)

Plan of correction implementation status as of

7/27/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

The Terrace at Chestnut Hill
 495 E. Abington Ave.
 Philadelphia, PA 19118
 215-247-5307

Administrator: Bill Kofron (at time of inspection)
 Inspection Date: June 6, 2017
 Regional Licensing Supervisor: Roslyn Brewer

Regulation	Dates	Plan of Correction
§2600.65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	01/2017	Immediate: The majority of the management team is new to the community as of January 2017. In preparing for the annual state inspection, documentation of staff training for 2016 could not be located in the community beyond March 2016. Direct care staff person A & B did not have documentation of 12 hours of training. The Assistant Executive Director developed the 2017 training plan and the training schedule. Monthly staff meetings, including annual state trainings, have been held consistently since January 2017.
	Beginning 01/2017	Current: Monthly staff meetings are being held consistently to include annual state trainings as outlined in the attached 2017 State Training Plan for the community. Documentation of attendance from each training has been filed.
	06/2017 - Ongoing	Ongoing: Monthly staff meeting with annual state trainings have been scheduled for the remainder of the 2017 year. The Assistant Executive Director and the Administrative Assistant are filing documentation of attendance from these meetings, as well as identifying staff members who have missed trainings. Training sessions will be scheduled with department directors for those staff members who have missed meetings to ensure that they have completed their 12 hours of required training by December 31, 2017.
Direct care staff person A will complete 20.5 hours of training during the 2017 training year. Direct care staff person B will complete 17 hours of training during the 2017 training year.		

EW

Administrator Signature: *CARRIE HESTER, CEO, INTERMED*

Date: 07/26/2017

Violation Report: 14157 - 08/06/2017 - Freeman, Sabrina
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 65 Pa.Code §2800

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.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The home failed to ensure that direct care staff person A & B received the following annual training for the 2016 training year:

- 1. medication self-administration
- 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 impairment
- 4. infection control & general principles of cleanliness and hygiene and areas associated with immobility and malnutrition and dehydration
- 5. personal care service needs of the resident
- 6. safe management techniques
- 7. care for residents with mental illness or mental retardation, or both

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PLEASE SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Carrie Hehn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CARRIE HEHN, AED, INTERIM ED* Date *07/26/2017*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/27/17
 (Date)

Plan of correction implementation status as of 7/27/17
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*
 (Initials)

The Terrace at Chestnut Hill
495 E. Abington Ave.
Philadelphia, PA 19118
215-247-5307

Administrator: Bill Kofron (at time of inspection)

Inspection Date: June 6, 2017

Regional Licensing Supervisor: Roslyn Brewer

<p>(5)personal care service needs of the resident (6)safe management techniques (7)care for residents with mental illness or mental retardation, or both, if the population is served in the home.</p>		
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Administrator Signature:

Carrie Hertz, CEO, INTERMED

Date:

07/26/2017

Violation Report: 14157 - 06/08/2017 - Freeman, Sabrina
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600

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.
- (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.

2a. DESCRIPTION OF VIOLATION

The home failed to ensure that direct care staff person A & B received the following annual training for the 2016 training year:

- 1. fire safety completed by a fire safety expert or by a 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
- 5. falls & accident prevention

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please See Attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Carrie Hehn*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *CARRIE HEHN, AED, INTERIM EO* Date *07/20/2017*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *7/20/17*
 (Date)

Plan of correction implementation status as of *7/27/17*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The Terrace at Chestnut Hill
 495 E. Abington Ave.
 Philadelphia, PA 19118
 215-247-5307

Administrator: Bill Kofron (at time of inspection)
 Inspection Date: June 6, 2017
 Regional Licensing Supervisor: Roslyn Brewer

Regulation	Dates	Plan of Correction
§2600.65g 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 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 (5) falls and accident prevention (6) new population groups that are being served at the home that were not	01/2017	Immediate: The majority of the management team is new to the community as of January 2017. In preparing for the annual state inspection, documentation of staff training for 2016 could not be located in the community beyond March 2016. Direct care staff person A & B did not have documentation of the listed training topics for 2016. The Assistant Executive Director developed the 2017 training plan and the training schedule. Monthly staff meetings, including annual state trainings, have been held consistently since January 2017.
	Beginning 01/2017	Current: Monthly staff meetings are being held consistently to include annual state trainings as outlined in the attached 2017 State Training Plan for the community. Documentation of attendance from each training has been filed. Each of the listed training topics is included in the 2017 training plan.
	06/2017 - Ongoing	Ongoing: Monthly staff meeting with annual state trainings have been scheduled for the remainder of the 2017 year. The Assistant Executive Director and the Administrative Assistant are filing documentation of attendance from these meetings, as well as identifying staff members who have missed trainings. Training sessions will be scheduled with department directors for those staff members who have missed meetings to ensure that they have completed the listed training topics by December 31, 2017. The administrator or designee will ensure Staff persons A and B complete the annual required training within the next 30 days. Documentation of the training will be submitted to the Department for review and the home will maintain the documentation with the staffs training reports. [SW 7/28/17]

Administrator Signature: _____

Carrie A. [Signature] ADD, INTERIM ED

Date: _____

07/26/2017

The Terrace at Chestnut Hill
495 E. Abington Ave.
Philadelphia, PA 19118
215-247-5307

Administrator: Bill Kofron (at time of inspection)

Inspection Date: June 6, 2017

Regional Licensing Supervisor: Roslyn Brewer

previously served, if applicable.		
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Administrator Signature: _____

Date: _____

Violation Report: 14157 - 06/06/2017 - Freeman, Sabrina
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The trash can in private bathroom #537 does not have a lid.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PLEASE SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *CARRIE HEATH*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *CARRIE HEATH, AGO, INTERIM ED* Date *07/20/2017*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *7/20/17*
 (Date)

Plan of correction implementation status as of *7/20/17*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The Terrace at Chestnut Hill
 495 E. Abington Ave.
 Philadelphia, PA 19118
 215-247-5307

Administrator: Bill Kofron (at time of inspection)
 Inspection Date: June 6, 2017
 Regional Licensing Supervisor: Roslyn Brewer

Regulation	Dates	Plan of Correction
§2600.85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	07/2017	Immediate: The trash can in private bathroom #537 did not have a lid. A trash can with a lid was purchased and placed in the bathroom of #537. Please see attached receipt for purchase.
	Beginning 07/2017	Current: The maintenance department is conducting an audit of all resident room and bathroom trash cans, common area trash cans and kitchen trash cans for lids. Any trash cans that do not have a lid and cannot be placed with a closed cabinet to prevent the penetration of insects and rodents will be replaced with new trash cans with lids.
	07/2017 - Ongoing	Ongoing: The maintenance department will only purchase trash cans with lids going forward for any resident room and bathrooms, common areas and kitchens.

Administrator Signature: Carrie Kofron AEO, INTERIM
 Date: 07/26/2017

Violation Report: 14167 - 06/08/2017 - Freeman, Sabrina
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 6/6/17, at 3:30PM, the water temperature exceeded 120 degrees F:

- The water temperature in apartment 333 measured 123 degrees Fahrenheit.
- The water temperature in apartment 337 measured 132 degrees Fahrenheit.
- The water temperature in apartment 358 measured 129.7 degrees Fahrenheit.
- The water temperature in apartment 428 measured 122.7 degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please See Attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *CARRIE HETZ*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *CARRIE HETZ, AEP, INTERIMED* Date *07/26/2017*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *7/26/17*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of *8/1/17*
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The Terrace at Chestnut Hill
 495 E. Abington Ave.
 Philadelphia, PA 19118
 215-247-5307

Administrator: Bill Kofron (at time of inspection)
 Inspection Date: June 6, 2017
 Regional Licensing Supervisor: Roslyn Brewer

Regulation	Dates	Plan of Correction
§2600.89d Hot water temperatures in areas accessible to the resident may not exceed 120°F.	06/2017	Immediate: At time of inspection, the water temperature in the following rooms exceeded the allowable temperature: #333, #337, #356 and #428. The maintenance department was immediately notified of the high water temperatures. Maintenance personnel checked the boiler and made adjustments as needed.
	Beginning 06/2017	Current: The maintenance department is conducting an audit of resident bathrooms and, where applicable, kitchenettes for water temperatures to ensure that the temperature does not exceed 120°F.
	07/2017 - Ongoing	Ongoing: The maintenance department is conducting routine checks of water temperatures in the resident rooms and, where applicable, kitchenettes to ensure that the temperature does not exceed 120°F and to determine if any adjustments need to be made to the boiler temperature, at a minimum weekly. <i>B</i>
		All Direct care staff will be trained on the importance of checking hot water temperatures prior to bathing any residents, within 30 days of receipt of this plan of correction. The training will include how to measure the temperature of the water, how to prevent scalding or burn related injuries and why it is important to ensure the hot water temperature is under 120 degrees Fahrenheit. Documentation of the training will be maintained. [SW 7/28/17]

Administrator Signature: *Carrie Heston, Interim*
 Date: *07/26/2017*

Violation Report: 14167 - 06/06/2017 - Freeman, Sabrina
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

Apartment 358 does not have emergency service numbers posted on or by the telephone.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please See Attached

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/21/2016
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Carrie Heston*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *CARRIE HESTON, AEO, INTERIM EEO* Date *07/26/2017*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *7/27/17*
 (Date)

Plan of correction implementation status as of *7/27/17*
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*
 (Initials)

The Terrace at Chestnut Hill
 495 E. Abington Ave.
 Philadelphia, PA 19118
 215-247-5307

Administrator: Bill Kofron (at time of inspection)
 Inspection Date: June 6, 2017
 Regional Licensing Supervisor: Roslyn Brewer

Regulation	Dates	Plan of Correction
§2600.91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	06/2017	Immediate: At time of inspection, room #356 did not have emergency service numbers posted on or by the telephone. A label with emergency numbers has now been placed on the telephone in room #356.
	Beginning 07/2017	Current: The maintenance department is conducting an audit of resident rooms for telephones with outside lines without posted emergency services numbers. Maintenance personnel are placing emergency services number labels on all landline telephones and posting a list of the emergency services numbers in the resident rooms for those who are using cell phones.
	07/2017 - Ongoing	Ongoing: The maintenance department is conducting routine checks of resident rooms to ensure the emergency services numbers remain posted. The maintenance department will check all new resident rooms for telephones with outside lines as they move in to provide them with the list or label for their phones, where applicable, of the emergency services numbers, and at a minimum bi-annually. <i>(Signature)</i>

Administrator Signature: *Charles Hest, DOB, INTERIM*
 Date: *07/26/2017*

Violation Report: 14157 - 06/06/2017 - Freeman, Sabrina
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600
 2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.

2a. DESCRIPTION OF VIOLATION
 3rd floor secured unit - A bowl of uncovered ice cream was observed in the freezer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please See Attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Carrie Hahn*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *CARRIE HAHN, AEO, INTERIM EO* Date *07/26/2017*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>8/11/17</i> (Date)	Plan of correction implementation status as of <i>8/11/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

The Terrace at Chestnut Hill
 495 E. Abington Ave.
 Philadelphia, PA 19118
 215-247-5307

Administrator: Bill Kofron (at time of inspection)
 Inspection Date: June 6, 2017
 Regional Licensing Supervisor: Roslyn Brewer

Regulation	Dates	Plan of Correction
§2600.103c Food shall be protected from contamination while being stored, prepared, transported and served.	06/2017	Immediate: At time of inspection, a bowl of uncovered ice cream was observed in the freezer on the 3 rd floor secured unit. The bowl of ice cream was immediately removed from the freezer in the department representative's presence. Direct care staff and housekeeping staff were instructed to check the refrigerators on each shift for uncovered food and to dispose of any found.
	Beginning 07/2017	Current: Direct care staff has been instructed to cover/wrap and label any food being placed in the program refrigerators for the residents. Direct care staff and housekeeping staff have been instructed to check the refrigerators on the program floors on each shift for any uncovered food and to dispose of it.
	07/2017 - Ongoing	Ongoing: Direct care staff and housekeeping staff will continue to check the program refrigerators for any uncovered food on each shift and dispose of it. New staff members will be trained regarding covering and labeling food during orientation. Department directors will check program refrigerators for any uncovered food during rounds of the building, at least weekly. (R)

Administrator Signature: Carrie Hertz, ADG, INTERIM
 Date: 07/26/2017

Violation Report: 14167 - 06/06/2017 - Freeman, Sabrina
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 65 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

Observed on the 3rd floor secured unit:

A bowl of uncovered ice cream in the freezer without a label or date.

Six plastic bags containing food for residents' was observed in the refrigerator without a label or date.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PLEASE SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Carrie Hahn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carrie Hahn, AEO, INTERIM EO</i>	Date <i>07/20/2017</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *[Signature]*
 Date

Plan of correction implementation status as of *8/14/17*
 Date

The above plan of correction was approved by *[Signature]*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The Terrace at Chestnut Hill
 495 E. Abington Ave.
 Philadelphia, PA 19118
 215-247-5307

Administrator: Bill Kofron (at time of inspection)
 Inspection Date: June 6, 2017
 Regional Licensing Supervisor: Roslyn Brewer

Regulation	Dates	Plan of Correction
§2600.103e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	06/2017	Immediate: At time of inspection, a bowl of uncovered ice cream was observed in the 3 rd floor secured unit freezer with a label or date. Six plastic bags containing food for residents were observed in the 3 rd floor secured unit refrigerator without a label of a date. The bowl of uncovered ice cream was removed from the freezer in the department representative's presence. The direct care staff was instructed to label and date the bags of food for the residents they belonged to or to dispose of them.
	Beginning 07/2017	Current: Direct care staff has been instructed to label and date any food being place in the program refrigerators for the residents either from a community provided meal or from their friends/families. Direct care staff and housekeeping staff have been instructed to check the refrigerators on the program floors on each shift for any unlabeled food and to dispose of it.
	07/2017 - Ongoing	Ongoing: Direct care staff and housekeeping staff will continue to check the program refrigerators for any unlabeled food on each shift and dispose of it. New staff members will be trained regarding covering and labeling food during orientation. Department directors will check program refrigerators for any unlabeled food during rounds of the building, at least weekly. <i>JCF</i>

Administrator Signature: *Carrie A. [Signature]*, Acting, INTERIM EO
 Date: 07/26/2017

Violation Report: 14157 - 06/06/2017 - Freeman, Sabrina
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

The home failed to provide documentation that fire drills were conducted during the month of July 2016, August 2016, September 2016, October 2016 and November 2016.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PLEASE SEE ATTACHMENTS

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Carrie Hertz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CARRIE HERTZ, AEO, INTERIM AEO</i>	Date <i>07/26/2017</i>
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DEPARTMENT USE ONLY. HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *7/26/17*
 (Date)

Plan of correction Implementation status as of *7/26/17*
 (Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*
 (Initials)

The Terrace at Chestnut Hill
 495 E. Abington Ave.
 Philadelphia, PA 19118
 215-247-5307

Administrator: Bill Kofron (at time of inspection)

Inspection Date: June 6, 2017

Regional Licensing Supervisor: Roslyn Brewer

Regulation	Dates	Plan of Correction
§2600.132a An unannounced fire drill shall be held at least once a month.	01/2017	Immediate: The majority of the management team is new to the community as of January 2017. In preparing for the annual state inspection, documentation of monthly unannounced fire drills for 2016 for July, August, September, October and November could not be located in the community. Although the community staff members report having participated in fire drills and signing attendance sheets, this documentation cannot be located. Unannounced fire drills have been consistently occurring in the community on a monthly basis since January 2017.
	Beginning 01/2017	Current: Monthly unannounced fire drills continue to occur consistently under the supervision of the Maintenance Director. The drills are documented on the state approved form. Please see attached. Staff participation in the fire drills is documented on a sign in sheet. Please see attached.
	06/2017 - Ongoing	Ongoing: Monthly unannounced fire drills will continue to occur consistently under the supervision of the Maintenance Director. The drills will be documented on the state approved form. Staff participation will be documented on a sign in sheet. Both forms are kept in the Life Safety Binder in the Maintenance Director's office.

Administrator Signature: _____

Carrie Hertz, ADD, INTERIM

Date: _____

07/26/2017

Violation Report: 14157 - 06/06/2017 - Freeman, Sabrina
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The last drill conducted during sleeping hours was on 4/27/17. However, the home failed to provide documentation of the previous overnight fire drill.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PLEASE SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Carrie Heth*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *CARRIE HETH, AEO INTERIM* Date *07/26/2017*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>7/26/17</u> (Date)	Plan of correction implementation status as of <u>7/26/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

The Terrace at Chestnut Hill
 495 E. Abington Ave.
 Philadelphia, PA 19118
 215-247-5307

Administrator: Bill Kofron (at time of inspection)
 Inspection Date: June 6, 2017
 Regional Licensing Supervisor: Roslyn Brewer

Regulation	Dates	Plan of Correction
§2600.132e A fire drill shall be held during sleeping hours once every 6 months.	01/2017	Immediate: The majority of the management team is new to the community as of January 2017. In preparing for the annual state inspection, documentation of bi-annual fire drills held during sleeping hours could not be located in the community. Although the community staff members report having participated in fire drills and signing attendance sheets, this documentation cannot be located. Fire drills during sleeping hours have held on 03/31/2017 and 04/27/2017. Please see attached.
	Beginning 01/2017	Current: Fire drills during sleeping hours are being held bi-annually under the supervision of the Maintenance Director. The drills are documented on the state approved form. Please see attached. Staff participation in the fire drills is documented on a sign in sheet. Please see attached.
	06/2017 - Ongoing	Ongoing: Fire drills during sleeping hours will continue to occur bi-annually under the supervision of the Maintenance Director. The drills will be documented on the state approved form. Staff participation will be documented on a sign in sheet. Both forms are kept in the Life Safety Binder in the Maintenance Director's office.
		An unannounced sleeping time fire drill will be conducted within the next 90 days, and then again in six months to ensure the residents are familiar with evacuating in an emergency during sleeping time hours. Documentation of the fire drill will be maintained. [SW 7/28/17]

Administrator Signature: Carrie H. Adams, Interim
 Date: 07/26/2017

Violation Report: 14157 - 06/06/2017 - Freeman, Sabrina
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident #5 was admitted to the home on [redacted] 16. At the time of inspection, the home failed to complete a medical evaluation for resident #5.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please See Attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Carrie Hertz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CARRIE HERTZ, CEO, INTERIM CO* Date *07/26/2017*

DEPARTMENT USE ONLY | HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>7/26/17</i> (Date)	Plan of correction implementation status as of <i>7/27/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

13A

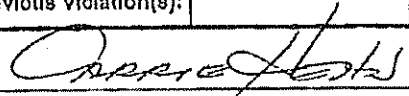

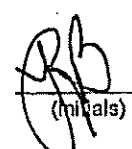
The Terrace at Chestnut Hill
495 E. Abington Ave.
Philadelphia, PA 19118
215-247-5307

Administrator: Bill Kofron (at time of inspection)
Inspection Date: June 6, 2017
Regional Licensing Supervisor: Roslyn Brewer

Regulation	Dates	Plan of Correction
<p>§2600.141a1</p> <p>A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.</p>	<p>06/2017</p> <p>Beginning 06/2017</p> <p>07/2017 - Ongoing</p>	<p>Immediate: At time of inspection, resident #5 had been admitted to the home on [REDACTED]/2016 without an approved medical evaluation. The majority of the management team at the community is new as of January 2017. In the absence of a Resident Care Director, the Assistant Executive Director has been overseeing the nursing department. In reviewing resident #5's medical record, an ADME had been completed at the time of her admission and not an DME. The DME was completed by her physician on 06/01/2017. Please see attached.</p> <p>Current: In the absence of a Resident Care Director, the Assistant Executive Director is overseeing the nursing department. The AED and nurses are conducting an audit of the resident medical records to ensure compliance of DMEs with proper form and timeliness. DMEs will be completed as needed to ensure compliance.</p> <p>Ongoing: The Assistant Executive Director and the Resident Care director (beginning 08/01/2017) will review all admission DMEs for correct form and timeliness prior to move in to ensure they are in compliance upon move in. All annual and significant change DMEs will be completed on the state approved DME form for personal care homes.</p>

Administrator Signature: Carrie Hertz, AED, INTERIM EO

Date: 07/26/2017

Violation Report: 14157 - 06/06/2017 - Freeman, Sabrina	
PCH Name: THE TERRACE AT CHESTNUT HILL	
1. REGULATION 65 Pa.Code §2600 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.	
2a. DESCRIPTION OF VIOLATION Resident #3's last medical evaluation was completed on 3/21/17. The previous medical evaluation was complete on 2/23/16.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	
<i>PLEASE SEE ATTACHED</i>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i> 	
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> <i>Carrie Hertz, Assoc. Interim</i>	Date <i>07/26/2017</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of  <i>(Date)</i>	Plan of correction implementation status as of <i>7/27/17</i> <i>(Date)</i>
The above plan of correction was approved by  <i>(Initials)</i>	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

The Terrace at Chestnut Hill
 495 E. Abington Ave.
 Philadelphia, PA 19118
 215-247-5307

Administrator: Bill Kofron (at time of inspection)
 Inspection Date: June 6, 2017
 Regional Licensing Supervisor: Roslyn Brewer

Regulation	Dates	Plan of Correction
§2600.141b1 A resident shall have a medical evaluation at least annually.	06/2017	Immediate: At time of inspection, resident #3's last medical evaluation had been completed on 03/21/2017. The previous medical evaluation was completed on 02/23/2016. The majority of the management team at the community is new as of January 2017. In the absence of a Resident Care Director, the Assistant Executive Director has been overseeing the nursing department. In auditing medical records, the AED and nurses observed that resident #3's DME had not been completed in February 2016. It was completed upon discovery on 03/21/2017. Please see attached.
	Beginning 06/2017	Current: In the absence of a Resident Care Director, the Assistant Executive Director is overseeing the nursing department. The AED and nurses are conducting an audit of the resident medical records to ensure compliance of DMEs with timeliness. DMEs will be completed as needed to ensure compliance.
	07/2017 - Ongoing	Ongoing: The Assistant Executive Director and the Resident Care director (beginning 08/01/2017) will review all admission DMEs for timeliness prior to move in to ensure they are in compliance upon move in. All annual DMEs will be completed to ensure compliance with the annual state requirement.

Administrator Signature: _____

Carrie Hester, AED, INTERIM EO

Date: _____

07/26/2017

Violation Report: 14157 - 06/06/2017 - Freeman, Sabrina
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600
 2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

2a. DESCRIPTION OF VIOLATION
 On 6/8/17, the food listed on the posted menu for lunch was not served. Mushroom Barley & chicken soup, tossed green salad, broccoll & onion quiche, grilled hot dog with topping, baked beans, vegetable blend, dinner rolls, pickles, angel food cake, ice cream and fresh fruit or jello was served instead.
 No notice was provided to the residents in advance of the meal.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please See Attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Carrie Hertz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CARRIE HERTZ, CEO, INTERIM CEO* Date *07/26/2017*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>7/26/17</i> (Date)	Plan of correction implementation status as of <i>7/27/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

The Terrace at Chestnut Hill
 495 E. Abington Ave.
 Philadelphia, PA 19118
 215-247-5307

Administrator: Bill Kofron (at time of inspection)
 Inspection Date: June 6, 2017
 Regional Licensing Supervisor: Roslyn Brewer

Regulation	Dates	Plan of Correction
§2600.162e A change to the menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with §2600.161 (relating to nutritional adequacy).	06/2017	Immediate: At time of inspection, the food listed on the posted menu for lunch was not the food that was served. No notice had been provided to the residents in advance of the meal. The menu that had been posted had been from the previous week. The menu for the week at the time of inspection was immediately posted while the Department representatives were on site.
	Beginning 07/2017	Current: The Dining Services Director posts both a weekly menu outside of the dining room and a daily menu on each of the tables in the dining room. The Dining Services Director posts any changes to the menu on each of the tables prior to service for that meal.
	07/2017 - Ongoing	Ongoing: The Dining Services Director will continue to post both a weekly menu outside of the dining room and a daily menu on each of the tables in the dining room. The Dining Services Director will continue to post any changes to the menu on each of the tables prior to service for that meal.

Administrator Signature: _____

Carrie Hertz, PA, INTERIM

Date: _____

07/26/2017

Violation Report: 14157 - 06/06/2017 - Freeman, Sabrina
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2800
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 The home did not have resident #3's prescribed medications:

The home failed to administer resident #7's Oyster Calcium W/Vit D at 9AM on 6/6/17. At the time of medication inspection on 6/6/17 at 4PM the medication was still in the individual medication packet.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PLEASE SEE ATTACHED

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/21/2016
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Signature of Legal Entity Representative (Required on EVERY Page) *CARRIE HERTS*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CARRIE HERTS, AED, INTERMED* Date *07/26/2017*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>[Signature]</i> (Date) <i>7/27/17</i>	Plan of correction implementation status as of <i>7/27/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

The Terrace at Chestnut Hill
 495 E. Abington Ave.
 Philadelphia, PA 19118
 215-247-5307

Administrator: Bill Kofron (at time of inspection)
 Inspection Date: June 6, 2017
 Regional Licensing Supervisor: Roslyn Brewer

Regulation	Dates	Plan of Correction
§2600.187d The home shall follow the directions of the prescriber.	06/2017	Immediate: At time of inspection, the home did not have two of resident #3's prescribed medications. The Acetamin/COD 300-30mg for dental pain had been a PRN medication for dental pain in 10/2016. It has been discontinued from his orders. See attached. Nitrostat 1/150 (0.4mg) 4825 has been reordered. Resident #4 had two unprescribed medications on the cart: Lorazepam 0.5mg/1ml gel and Lorazepam 0.5mg tab. These orders had been discontinued. The medications were removed from the cart in the presence of the Department representative. Resident #6's prescribed Namenda order was documented as Namenda XR 21mg cap; however, the medication label in the cart read Namenda 28mg cap. The order for Namenda XR 21mg cap was discontinued and reordered as Namenda 28mg cap. The home failed to administer resident #7's Oyster Calcium W/Vit D at 9am on 06/06/2017. It was still in the medication packet. The resident had been out of the community at that time. It had not been documented correctly in the MAR. This was corrected. Please see attached.
	Beginning 06/2017	Current: In the absence of a Resident Care Director, the Assistant Executive Director is overseeing the nursing department. The AED has instructed the nurses and medication technicians to conduct weekly med cart audits to ensure that the medications are present in the cart or removed if d/c'd and that the labels match the MAR orders. The medication technicians have been instructed to check the labels of any new/refilled medications received against the MAR for accuracy. The nurses have been instructed to check any new orders for medications received against the orders entered by the pharmacy into the electronic MAR to ensure accuracy. The pharmacy, MedCare LTC, provides a bi-annual med cart audit for the community.
	07/2017 - Ongoing	Ongoing: The Assistant Executive Director and the Resident Care director (beginning 08/01/2017) with the nurses and medication technicians will continue to audit the med carts, check new/refilled medications against the MAR and check new orders against the pharmacy entered data in the MAR for accuracy.

Administrator Signature: *Carrie [Signature]*, CEO, INTERMED

Date: 07/26/2017

Violation Report: 14157 - 08/06/2017 - Freeman, Sabrina
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 65 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

The home failed to administer resident #7's Oyster Calcium W/Vit D at 9AM on 6/6/17. At the time of medication inspection on 6/6/17 at 4PM the medication was still in the individual medication packet.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PLEASE SEE ATTACHED

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Carrie Hertz*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Carrie Hertz, AGO, INTERIM EO* Date *07/26/2017*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *7/27/17*
 (Date)

Plan of correction implementation status as of *7/27/17*
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*
 (Initials)

The Terrace at Chestnut Hill
 495 E. Abington Ave.
 Philadelphia, PA 19118
 215-247-5307

Administrator: Bill Kofron (at time of inspection)
 Inspection Date: June 6, 2017
 Regional Licensing Supervisor: Roslyn Brewer

Regulation	Dates	Plan of Correction
§2600.188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	06/2017	<p>Immediate: At time of inspection, resident #6's prescribed Namenda order was documented as Namenda XR 21mg cap; however, the medication label in the cart read Namenda 28mg cap. The resident, the resident's designated person and the physician were informed. The order for Namenda XR 21mg cap was discontinued and reordered as Namenda 28mg cap. The home failed to administer resident #7's Oyster Calcium W/Vit D at 9am on 06/06/2017. It was still in the medication packet. The resident had been out of the community at that time. It had not been documented correctly in the MAR. This was corrected. The resident, the resident's designated person and the physician were notified of the missed dosage.</p>
	Beginning 06/2017	<p>Current: In the absence of a Resident Care Director, the Assistant Executive Director is overseeing the nursing department. The AED has instructed the nurses and medication technicians to conduct weekly med cart audits to ensure that the medications are present in the cart or removed if d/c'd and that the labels match the MAR orders. The medication technicians have been instructed to check the labels of any new/refilled medications received against the MAR for accuracy. The nurses have been instructed to check any new orders for medications received against the orders entered by the pharmacy into the electronic MAR to ensure accuracy. The nurses and medication technicians have been instructed to document any medication errors accurately and to inform the resident, the resident's designated person and the physician of any errors.</p>
	07/2017 - Ongoing	<p>Ongoing: The Assistant Executive Director and the Resident Care director (beginning 08/01/2017) with the nurses and medication technicians will continue to audit the med carts, check new/refilled medications against the MAR and check new orders against the pharmacy entered data in the MAR for accuracy. Medication errors will be reported and documented as required by state regulations.</p>

Administrator Signature: *Christie Heston, AED, INTERIM AED*
 Date: 07/26/2017

Violation Report: 14157 - 06/08/2017 - Freeman, Sabrina
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2800
 2800.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 Resident #2's pre-admission screening form was partially complete on [redacted] 17. The home failed to complete page 2 of the form, part two was incomplete or the resident's personal care and medical needs, sensory needs, medical psychological, and behavioral diagnoses, history or problematic behavior, and whether or not the resident can safely use and avoid poisonous materials. Part 3 was also incomplete or the determination statement, whether the resident's needs can be met in the personal care home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PLEASE SEE ATTACHED

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Carrie Hertz

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Carrie Hertz, AGO, INTERMED

Date *07/26/2017*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

7/26/17
 (Date)

Plan of correction implementation status as of

7/27/17
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

NA

The Terrace at Chestnut Hill
495 E. Abington Ave.
Philadelphia, PA 19118
215-247-5307

Administrator: Bill Kofron (at time of inspection)
Inspection Date: June 6, 2017
Regional Licensing Supervisor: Roslyn Brewer

Regulation	Dates	Plan of Correction
<p>§2600.224a</p> <p>A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided in the home.</p>	06/2017	<p>Immediate: At time of inspection, resident #2's preadmission screening form was partially completed on [REDACTED] 2017. The home failed to complete page 2 of the form for personal care and medical needs, sensory needs, medical psychological and behavioral diagnoses, history or problematic behavior, whether or not the resident can safely use and avoid poisonous materials. Part 3 was incomplete for determination of being able to meet the resident's needs in the home. The form was completed immediately for the missing sections. Please see attached.</p>
	Beginning 06/2017	<p>Current: In the absence of a Resident Care Director, the Assistant Executive Director is overseeing the nursing department. The AED and nurses are conducting an audit of the resident medical records to ensure compliance of the state approved preadmission screening tool with completeness and with timeliness. Preadmission screens will be completed as needed for existing residents to ensure compliance.</p>
	07/2017 - Ongoing	<p>Ongoing: The Assistant Executive Director and the Resident Care director (beginning 08/01/2017) will review all admission preadmission screening tools for completion and timeliness prior to move in to ensure they are in compliance upon move in.</p> <p>Staff responsible for the completion of the RASP will be educated on the importance of completing the document in full and timely, within 30 days of receipt of this plan of correction. The administrator or designee will review all resident RASP's at least bi-annually to ensure the RASP is complete and provides an accurate review of the resident needs and services, starting immediately. [SW 7/28/17]</p>

Administrator Signature: *Cherie Hester, ADOS, INTERIM ED*

Date: 07/26/2017

Violation Report: 14157 - 06/08/2017 - Freeman, Sabrina
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 65 Pa.Code §2800
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 Resident #3's most recent assessment was completed on 3/21/17. The previous assessment was complete on 2/23/16.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PLEASE SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Carrie Hertz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CARRIE HERTZ, AEO, INTERIM</i>	Date <i>07/26/2017</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>8/1/17</i> (Date)	Plan of correction implementation status as of <i>8/1/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

The Terrace at Chestnut Hill
 495 E. Abington Ave.
 Philadelphia, PA 19118
 215-247-5307

Administrator: Bill Kofron (at time of inspection)

Inspection Date: June 6, 2017

Regional Licensing Supervisor: Roslyn Brewer

Regulation	Dates	Plan of Correction
§2600.225c The resident shall have additional assessments as follows: (1) annually (2) if the condition of the resident significantly changes prior to the annual assessment (3) at the request of the Department upon cause to believe that an update is required	06/2017	Immediate: At time of inspection, resident #3's last medical evaluation had been completed on 03/21/2017. The previous medical evaluation was completed on 02/23/2016. The majority of the management team at the community is new as of January 2017. In the absence of a Resident Care Director, the Assistant Executive Director has been overseeing the nursing department. In auditing medical records, the AED and nurses observed that resident #3's DME had not been completed in February 2016. It was completed upon discovery on 03/21/2017. Please see attached.
	Beginning 06/2017	Current: In the absence of a Resident Care Director, the Assistant Executive Director is overseeing the nursing department. The AED and nurses are conducting an audit of the resident medical records to ensure compliance of DMEs with timeliness. DMEs will be completed as needed to ensure compliance.
	07/2017 - Ongoing	Ongoing: The Assistant Executive Director and the Resident Care director (beginning 08/01/2017) will review all admission DMEs for timeliness prior to move in to ensure they are in compliance upon move in. All annual DMEs will be completed to ensure compliance with the annual state requirement.

Administrator Signature:

Carrie Heston, M.D., INTERIM

Date:

07/26/2017

Violation Report: 14157 - 08/08/2017 - Freeman, Sabrina
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #2's assessment was completed on 2/14/17; however the form was incomplete. The home failed to document the resident's name, date of birth, date of admission and the date the assessment was finalized. Also page 4 and 9 was not complete.

The home failed to document on page four of the assessment resident #2's need and degree of securing and using transportation, managing finances, using the telephone, making and keeping appointments, caring for personal possessions, writing and correspondence, engaging in social and leisure activities, using a prosthetic device, obtaining clean and seasonal clothing.

The home failed to document on page nine of the assessment resident #2's need and degree of behavioral or cognition, orientation to time, place and person, irritability, judgment, agitation, aggression, hallucinations, communication of needs and understanding instructions.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PLEASE SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Carrie Hertz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carrie Hertz, Assoc. Interim CEO* Date *07/26/2017*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *7/27/17*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of *7/27/17*
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The Terrace at Chestnut Hill
 495 E. Abington Ave.
 Philadelphia, PA 19118
 215-247-5307

Administrator: Bill Kofron (at time of inspection)
 Inspection Date: June 6, 2017
 Regional Licensing Supervisor: Roslyn Brewer

Regulation	Dates	Plan of Correction
§2600.227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health, or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified nurse practitioner, determine the necessity of these services.	06/2017	Immediate: At time of inspection, resident #2's assessment had been completed on 02/14/2017; however, the form was incomplete. The home failed to complete the cover page, page 4 and page 9. The form was completed on 06/06/2017. Please see attached.
	Beginning 06/2017	Current: In the absence of a Resident Care Director, the Assistant Executive Director is overseeing the nursing department. The AED and nurses are conducting an audit of the resident medical records to ensure compliance of the resident assessment and support plans for each of the residents. RASPS will be completed or updated as needed for existing residents to ensure compliance.
	07/2017 - Ongoing	Ongoing: The Assistant Executive Director and the Resident Care director (beginning 08/01/2017) will review all RASPs for completion upon admission and annual or significant change updates.
		Staff responsible for the completion of the RASP will be educated on the importance of completing the document in full and timely, within 30 days of receipt of this plan of correction. The administrator or designee will review all resident RASP's at least bi-annually to ensure the RASP is complete and provides an accurate review of the resident needs and services, starting immediately. [SW 7/28/17]

Administrator Signature: *Carrie A. [Signature]* *ADM, INTERIM EO*

Date: 07/20/2017

Violation Report: 14157 - 08/06/2017 - Freeman, Sabrina
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2800
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 The home failed to verify or document that resident #2 participated in the development of their support plan on 2/14/17. Resident #2 did not sign the support plan.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PLEASE SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Carrie Hertz*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *CARRIE HERTZ, AOC, INTERIM* Date *07/26/2017*

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Regulation	Dates	Plan of Correction
§2600.227g Individuals who participate in the development of the support plan shall sign and date the support plan.	06/2017	Immediate: At time of inspection, the home had failed to verify or document that resident #2 participated in the development of their support plan on 02/14/2017. The completed support plan was reviewed with the resident on 06/06/2017. The resident signed the support plan. Please see attached.
	Beginning 06/2017	Current: In the absence of a Resident Care Director, the Assistant Executive Director is overseeing the nursing department. The AED and nurses are conducting an audit of the resident medical records to ensure compliance of the resident assessment and support plans for each of the residents with signatures of all parties participating in the development of the plan.
	07/2017 - Ongoing	Ongoing: The Assistant Executive Director and the Resident Care director (beginning 08/01/2017) will review all RASPs for signatures of participants at the completion of care conferences, at a minimum bi-annually (9)

Administrator Signature: *Carrie Hertz, RAS, INTERIM AD*
 Date: 07/26/2017

Violation Report: 14157 - 06/06/2017 - Freeman, Sabrina
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #5 was admitted to the SDCU on [REDACTED] 18. At the time of inspection, the home failed to complete a medical evaluation for resident #5; thus no diagnosis of dementia or need for SDCU care.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please See Attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *CARRIE HETH*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *CARRIE HETH, AEP, INTERIM EO* Date *07/26/2017*

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Administrator: Bill Kofron (at time of inspection)
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Regional Licensing Supervisor: Roslyn Brewer

Regulation	Dates	Plan of Correction
<p>§2600.231b</p> <p>A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.</p>	06/2017	<p>Immediate: At time of inspection, resident #5 had been admitted to the home on [REDACTED]/2016 without an approved medical evaluation, thus no diagnosis of dementia or need for SDCU care. The majority of the management team at the community is new as of January 2017. In the absence of a Resident Care Director, the Assistant Executive Director has been overseeing the nursing department. In reviewing resident #5's medical record, an ADME had been completed at the time of her admission and not an DME. The DME was completed by her physician on 06/01/2017 with a diagnosis of dementia and the need for SDCU checked off in box 4. Please see attached.</p>
	Beginning 06/2017	<p>Current: In the absence of a Resident Care Director, the Assistant Executive Director is overseeing the nursing department. The AED and nurses are conducting an audit of the resident medical records to ensure compliance of DMEs with dementia diagnoses and SDCU need checked off for all residents residing in the SDCU program. DMEs will be completed as needed to ensure compliance.</p>
	07/2017 - Ongoing	<p>Ongoing: The Assistant Executive Director and the Resident Care director (beginning 08/01/2017) will review all admission DMEs for the SDCU program for dementia diagnosis and SDCU need check off to ensure they are in compliance upon move in. All annual and significant change DMEs will be reviewed for inclusion of dementia diagnoses and SDCU need.</p>

Administrator Signature: _____

Charles Heston AED, INTERIM

Date: _____

07/26/2017

Violation Report: 14157 - 06/06/2017 - Freeman, Sabrina
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 65 Pa.Code §2800
 2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident #5 was admitted to the SDCU on [redacted] 16. The home failed to document or verify that the resident and the resident's designated person have not objected to the admission.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

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 (Required on EVERY Page) *CARRIE HERTZ, AED, INTERIM ED* Date *07/26/2017*

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Inspection Date: June 6, 2017

Regional Licensing Supervisor: Roslyn Brewer

Regulation	Dates	Plan of Correction
<p>§2600.231e</p> <p>Each resident shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.</p>	<p>06/2017</p> <p>Beginning 06/2017</p> <p>07/2017 - Ongoing</p>	<p>Immediate: At time of inspection, resident #5 had been admitted to the home on [REDACTED] 2016. The home failed to document or verify that the resident and the resident's designated person have not objected to the admission. The majority of the management team at the community is new as of January 2017. The SDCU addendum to the Resident Home Contract had not been completed upon move in. The addendum has since been completed. Please see attached.</p> <p>Current: The Sales Directors are auditing all resident administrative files for the SDCU addendums as applicable. Addendums will be completed with the resident and the resident's designated person as needed.</p> <p>Ongoing: The Sales Directors and/or Executive Director will review all resident contracts prior to the end of the closing meeting to ensure that the contract has been signed in all required areas, including the SDCU addendum as applicable. The Sales Directors and/or Executive Director will review all new resident files for completed contracts and SDCU addendums prior to filing.</p>

Administrator Signature: Carrie Hest, AED, INTERIM

Date: 07/26/2017