



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: SEP 29 2017**

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

RE: The Terrace at Chestnut Hill  
495 East Abington Avenue  
Philadelphia, Pennsylvania 19118  
License #: 141571

Dear Mr. Steinberger:

As a result of the Department of Human Services' licensing inspection on August 24, 2017, August 25, 2017 and August 29, 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.

Sincerely,

A handwritten signature in black ink, appearing to read 'Patricia Adams', written over a horizontal line.

Patricia Adams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: THE TERRACE AT CHESTNUT HILL		License Number: 14157
Address: 496 EAST ABINGTON AVENUE, PHILADELPHIA, PA 19118		County: Philadelphia
Administrator: CAROLYN HEHN		Region: SOUTHEAST
Legal Entity Name: ABINGTON SENIOR CARE LLC		
Legal Entity Address: 1000 LEGION PLACE SUITE 1600, ORLANDO, FL 32801		
<b>Certificate(s) of Occupancy</b> I-1 09/17/1998 CITY OF PHILADELPHIA		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 157	Working Staff: 118
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b> 08/24/2017: Thomas, Tahesia 08/25/2017: Thomas, Tahesia 08/29/2017: Thomas, Tahesia		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 122 Number of Residents Served: 98 Secured Dementia Care Unit in Home: Yes Area: THE MOMENTS IN TIME (MMIT) Secured Dementia Unit Capacity, if Applicable: 45 Number of Residents Served in Secured Dementia Care Unit, if applicable: 31 Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 16		<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 97 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 59 Have a Physical Disability: 0

Violation Report: 14157 - 08/24/2017 - Thomas, Tahesia  
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 The home does not have a completed 2017 DME for Resident # 1. The last DME is dated 03/23/16.

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 HATH, INTERIM ED, PCH*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CARRIE HATH, PCH</i>	Date <i>09/08/2017</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 9/20/17  
 (Date)

Plan of correction implementation status as of 9/20/17  
 (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: Carrie Hehn (at time of inspection)  
 Inspection Date: Aug 24, 2017, Aug 25, 2017, Aug 29, 2017  
 Regional Licensing Supervisor: Patricia Adams

Regulation	Dates	Plan of Correction
§2600.141b1  A resident shall have a medical evaluation at least annually.	08/2017	Immediate: The home does not have a completed 2017 DME for resident #1. The last DME is dated 03/23/2016. A DME for 2017 was faxed to the resident's physician review and signature. The DME was signed and returned to the home. Please see attached.
	Beginning 08/2017	Current: The Resident Care Director and the Assistant Executive Director 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.
	08/2017 - Ongoing	Ongoing: The Resident Care Director 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 Hehn, INTERIM ED, RFD

Date: 09/08/2017

Violation Report: 14157 - 08/24/2017 - Thomas, Tahesia  
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

The home's medication administration policy states " the director of resident care ( or designee) will review all new MAR's for accuracy before being utilized by staff. Any discrepancies will be corrected and the pharmacy notified" and " When the person who records the changes is the designee, the director of resident care will review and verify accuracy of the changes as soon as possible."

- The home's nursing staff did not follow the home's medication program policy Refused Medication, specifically bullet # 41, that states, "If a resident refuses a medication (3) times in a row or on a consistent basis, the director of resident care (or designee) will contact the Resident's physician and notify the responsible person."

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

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Signature of Legal Entity Representative (Required on EVERY Page)	<i>CARRIE HETSCH, INTERIM COO, PCCO</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>CARRIE HETSCH, PCCO</i>	Date	<i>09/08/2017</i>
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Administrator: Carrie Hehn (at time of inspection)  
 Inspection Date: Aug 24, 2017, Aug 25, 2017, Aug 29, 2017  
 Regional Licensing Supervisor: Patricia Adams

Regulation	Dates	Plan of Correction
§2600.185a  The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	08/2017	Immediate: The home's nursing staff did not follow the home's medication program policy Refused Medication, specifically bullet #41, that states, "If a resident refuses a medication (3) times in a row or on a consistent basis, the director of resident care (or designee) will contact the Resident's physician and notify the responsible person." This is in regards to Resident #1's refusal of his Saline Mist 0.65% Nasal Spray on 08/01/2017 to 08/10/2017 and 08/12/2017 to 08/25/2017. During a call with Tahesia Thomas, Inspector, the Assistant Executive Director was informed that documentation of communication with the physician regarding the medication refusals had not been documented on the MAR and therefore did not verify that the physician had been informed. The Assistant Executive Director reported this information to the Resident Care Director. The Resident Care Director reviewed with the medication technicians on their shifts the need to report all medication refusals to the Resident Care Director or the Nursing Supervisor on duty. The Resident Care Director reviewed with the Nursing Supervisors the requirement to inform the resident's physician of all medication refusals in accordance with the home's policy and to document the communication with the physician in the MAR.
	Beginning 08/2017	Current: The Resident Care Director and the Nursing Supervisors are checking in with the medication technicians during their shifts for any medication refusals. They are then reporting the refusals to the physicians and documenting this communication in the MAR. The Resident Care Director reviewed medication administration and auditing procedures with the Nursing Supervisors during the monthly nursing meeting on 09/01/2017. Please see attached.
	08/2017 - Ongoing	Ongoing: The Resident Care Director and the Nursing Supervisors will continue to check in with the medication technicians on each of the shifts for any medication refusals. The Nursing Supervisors will communicate the refusals to the resident's physician and document this communication in the MAR. The Resident Care Director will audit the MARs daily for medication refusals and documentation of physician contact.

Administrator Signature: Carrie Hehn, INTERIM, CEO

Date: 09/08/2017

Violation Report: 14157 - 08/24/2017 - Thomas, Tahesia  
 PCH Name: THE TERRACE AT CHESTNUT HILL

**1. REGULATION 55 Pa.Code §2600**

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident # 1 has a order for Saline Mist 0.65% Nasal Spray that is to be administered three times a day. On 08/01/17 to 08/10/17, and 08/12/17 to 08/25/17, Resident # 1 refused the medication. The home did not report the refusals to the resident's doctor as required.

**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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Regulation	Dates	Plan of Correction
§2600.187c  If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	08/2017	Immediate: Resident # 1 has an order for Saline Mist 0.65% Nasal Spray that is to be administered three times a day. On 08/01/2017 to 08/10/2017 and 08/12/2017 to 08/25/2017, Resident #1 refused the medication. The home did not report the refusals to the resident's doctor as required. During a call from Tahesia Thomas, Inspector, the Assistant Executive Director was informed that the reporting of the refusals had not been documented in the MAR. The Assistant Executive Director reported this information to the Resident Care Director. The Resident Care Director reviewed with the medication technicians on their shifts that they need to report all medication refusals to the Resident Care Director or the Nursing Supervisor on duty. The Resident Care Director reviewed with the Nursing Supervisors the requirement to inform the resident's physician of all medication refusals and to document this communication on the MAR.
	Beginning 08/2017	Current: The Resident Care Director and the Nursing Supervisors are checking in with the medication technicians during their shifts for any medication refusals. They are then reporting the refusals to the physicians and documenting this communication in the MAR. The Resident Care Director reviewed medication administration and auditing procedures with the Nursing Supervisors during the monthly nursing meeting on 09/01/2017. Please see attached.
	8/2017 - Ongoing	Ongoing: The Resident Care Director and the Nursing Supervisors will continue to check in with the medication technicians on each of the shifts for any medication refusals. The Nursing Supervisors will document all communication with the physicians regarding medication refusals in the MAR. The Resident Care Director will audit the MARs daily for medication refusals and documentation of physician contact.

Administrator Signature: CARRIE HEHN, INTERIM ED, AED

Date: 09/08/2017

Violation Report: 14157 - 08/24/2017 - Thomas, Tahesia

PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 07/25/17, the home received a medication order for the administration of Resident # 1's Quetiapine 25 mg. The order was changed from Quetiapine 25 mg daily to Quetiapine 25 mg twice daily. The home failed to administer the 9:00 am dose of Quetiapine 25 mg from 07/26/17 through 08/09/17.

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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Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Carrie Heath, INTERIM ED, AED*

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

*Carrie Heath*

Date *09/08/2017*

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Administrator: Carrie Hehn (at time of inspection)  
 Inspection Date: Aug 24, 2017, Aug 25, 2017, Aug 29, 2017  
 Regional Licensing Supervisor: Patricia Adams

Regulation	Dates	Plan of Correction
§2600.187d  The home shall follow the directions of the prescriber.	08/2017	Immediate: The home submitted a Reportable Incident on 08/10/2017 regarding a medication error with resident #1. The home had received a medication order for the administration of Quetiapine 25 mg. The order changed from 25 mg daily to 25 mg twice a day. The home failed to administer the 9am dose from 07/26/2017-08/09/2017. The error was discovered on 08/10/2017. There had been a transcription error from the pharmacy with the new order in the eMar system. The order had been approved with the error. On 08/10/2017, the error was immediately corrected by the Resident Care Director, the resident began receiving the second dose of Quetiapine 25mg at 9am, the resident's family and physician were informed of the error and the reportable incident was completed and submitted.
	Beginning 08/2017	Current: The Resident Care Director and the Nursing Supervisors are checking all new orders entered into the eMar by the pharmacy against the written orders by the physician. Orders will not be approved in the eMar unless they are accurate. The Resident Care Director reeducated the Nursing Supervisors regarding approving new orders in eMar on 08/10/2017. The Resident Care Director reviewed all medication administration and auditing policies and procedures with the Nursing Supervisors in the monthly nursing meeting on 09/01/2017. Please see attached.
	8/2017 - Ongoing	Ongoing: The Resident Care Director and the Nursing Supervisors will check all new orders entered into eMar by the pharmacy against the written orders by the physician on a daily basis for accuracy. The pharmacy representative is coming to the home the week of 09/11/2017 to set up a safeguard in the eMar program that will not permit any new orders entered into the system by the pharmacy to appear on the MAR at the Med Tech stations until they have been approved by the Resident Care Director or one of the Nursing Supervisors.

Administrator Signature: Carrie Hehn, Interim CEO, AEO

Date: 09/08/2017