



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT
REQUESTED March 21, 2019**

Mr. Robert W Chapin Jr.
Manager
Abington Senior Care, LLC
1000 Legion Place, Suite 1600
Orlando, Florida 32801

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

Dear Mr. Chapin:

As a result of the Department's Bureau of Human Services Licensing Complaint/Incident inspection on June 26, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Ayus Adelanwa".

Ayus Adelanwa
Workload Manager

Enclosure
Violation Report

Violation Report: 14157 - 06/26/2018 - Freeman, Sabrina
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600
 2600.43(a) - A resident may not be deprived of his rights.

2a. DESCRIPTION OF VIOLATION

On 06-17-18 resident #1 did not want to go to bed and requested to stay up later. However, staff person A put resident #1 in the bed at 7:30 pm against their wishes. The staff person told the resident it was time for bed and left the room.

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.

The resident's right and other relevant trainings offered to staff shall be documented along with the respective topics covered. On receiving this POC and for a two consecutive months period, the Administrator will provide oversight for the care of resident # 1 to ensure that the resident's rights are dully being uphold by the staff. 3/13/19

AAA

please see attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

N. Beekman

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

Nicki Beekman

Date

12/5/18

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

The above plan of correction is approved as of 3/13/19
 (Date)

The above plan of correction was approved by AAA
 (Initials)

Plan of correction Implementation status as of 3/13/19
 (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: Nickl Beekman
 Inspection Date: June 26, 2018

Human Services Licensing Supervisor: Shawn Parker

Regulation	Dates	Plan of Correction
§2600.43(a) A resident may not be deprived of his rights.	6/18/18	Immediate: Staff person A was suspended and has since been terminated. Memory Care Director (MCD) reviewed Daily Assignment Sheets with all staff to ensure they understand the importance of Instructions regarding preferences and that a verbal request from a request must be acted acknowledged and acted upon.
	Beginning 6/18/18	Current: Executive Director (ED), MCD and Resident Care Director (RCD) make frequent visits to Memory Care Neighborhood to reinforce Resident Rights with staff during their working hours.
	Ongoing 6/18/18	Ongoing: MCD meets with staff daily to review any changes or updates to the Daily Assignments Sheets, specifically to address resident's changing preferences and the importance of honoring these preferences.
	Beginning 12/12/18	Ongoing: MCD will start monthly dementia training. All Memory Care Staff will be required to attend, or meet personally with, the MCD each month. December's will include encouraging choice for our residents.
	Beginning 12/12/18 Ending 12/14/18	All staff will complete mandatory training on Resident Rights/Preferences.

Administrator Signature: _____

Date: _____

Violation Report: 14157 - 06/20/2018 - Freeman, Sabrina

PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 56 Pa.Code §2600

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 6/17/18, resident #1, did not receive a two-person assist, as required or documented on their Resident Assistant Task Sheet. According to staff person A and a review of the staff schedule, a two-person assist could not be provided as there was only one staff person working on the 1st floor Memory Care Unit.

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.

On receiving this POC, the Administrator will review/audit all residents record to determine individuals who requires assistive devices, supports, two-person assist etc. based on the support plan/assessment.

The Administrator or designee will re-train all staff on the required support for individual residents. Training given to staff on caring for residents shall be documented. With the start of each shift, Administrator or a designee will communicate to staff the required support needed for individual resident's activity of daily living.

Thus, Administrator will ensure that all staff understands the resident's needs for ADL and are able to implement the same. For the next two consecutive months, Administrator will provide oversight during the ADL for resident # 1 to ensure that staffs are implementing the two-assit transfer requirements.

3/13/19

AAA

please see attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

A. Beckman

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

Nidia Beckman

Date

12/5/18

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(Date)

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(Date)

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(Initials)


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- Not Implemented

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

Administrator: Nicki Beekman
 Inspection Date: June 26, 2018

Human Services Licensing Supervisor: Shawn Parker

Regulation	Dates	Plan of Correction
§2600.60(a) Staffing shall be provided to meet the needs of the resident as specified in the resident's assessment and support plan.	12/2/2018 6/18/18 Beginning & Ongoing 6/18/18	Executive Director request consideration of removal of this violation. We believe the violation is incorrect as the home community had adequate staffing on 6/17/18. Immediate: ED reviewed staffing to ensure the Med Tech for the Memory Care Neighborhood was available during this shift, had with her the required 2-way radio and understood her role as the 2 nd person in any 2-person assist. The community was adequately staffed. The failure was with Staff Person A not following procedure by requesting the assistance of the Med Tech for the 2 nd person assist to transfer. Current: ED, MCD and RCD ensure there is always a Med Tech assigned to the Memory Care Neighborhood, who, in addition to passing medications on all 3 floors is available to assist with any 2-person assist if 2 staff are not present at the same time on any of the 3 floors.

Administrator Signature: 
 Date: 12/15/18

Violation Report: 14167 - 06/26/2018 - Freeman, Sabrina
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

An assessment was completed for resident #1 on 6/14/18. The resident's support plan documented that resident #1 required total physical assistance and was immobile; however, the home failed to document on the support plan that resident #1 was a two-person assist.

The home has a Resident Assistant Task Sheet that direct care workers are to follow regarding the care of residents. The Resident Assistant Task Sheet documented that resident #1 is a two person assist. Also, there is a sign posted in the med office documenting that resident #1 is a two-person transfer. Additionally, based on an interview with four staff persons, it was stated and confirmed that resident #1 requires a two-person assist.

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.

Within 10 days of receiving this POC, the Administrator will audit/review all resident's support plan; to ensure that the information contained in the plan, is accurate and that it reflects the information in the most current assessment. Staff will be trained on the requisite of the individual's support plan and thus ensures implementation of the plan. Administrator or designee, will develop a tracking system that will prompt the need for an updated support plan once the assessment has been updated. 3/13/19

AAA

please see attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

N. Seeban

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

Nicki Seeban

Date

12/15/18

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

Administrator: Nickl Beekman
 Inspection Date: June 26, 2018

Human Services Licensing Supervisor: Shawn Parker

Regulation	Dates	Plan of Correction
<p>§2600,227(c)</p> <p>The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.</p>	<p>Beginning 6/26/18</p> <p>6/26/18</p> <p>12/5/2018 Ongoing</p>	<p>Current: The RCD is responsible for the completion of the RASP and the MCD is responsible for the completion and updating of the Resident Assistant Task Sheet (RA Task Sheet) and postings in the resident's suite. RCD and MCD are required to communicate any adjustments to either one so that an addendum to the RASP can be made and/or a revision to the RA Task Sheet. Staff Communication Log is brought to Manager's morning meeting so that all reported changes and adjustments are discussed.</p> <p>RCD updated the RASP to reflect the requirement for the 2-person assist.</p> <p>Ongoing: Blank addendums to the RASP are brought to morning meeting and addendums will be completed during morning meeting. RCD and/or MCD must present the updated RA Task Sheet to the ED prior to leaving community that same day. ED will reinforce to the RCD and MCD that the RASP and RA Task Sheet must reflect the resident's needs at all times.</p>
	<p>Beginning and ongoing 12/12/2018</p>	<p>During weekly Wellness Meetings all new and updated RASP's, Daily Assignment Sheets, will be reviewed. Results of weekly Wellness Meeting trends will be discussed during monthly Quality Assurance meetings.</p>

Administrator Signature: 

Date: 12/5/18

Violation Report: 14157 - 06/26/2018 - Freeman, Sabrina
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the SDU on 6/13/18. Part IV of the preadmission screening form or the cognitive screening was not complete and did not document or indicate that resident #1 was assessed or required secured-care due to Alzheimer's Disease or other dementia.

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.

Administrator, will develop a tracking sheet to prompt the need for updated information, when a resident is being admitted to an SDCU. 3/13/19

AAA

please see attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Signature]

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

Nick Beekman

Date

12/5/18

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 (Date)

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3/13/19
 (Date)

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AAA
 (Initials)

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- Not Implemented

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

Administrator: Nicki Beekman
 Inspection Date: June 26, 2018

Human Services Licensing Supervisor: Shawn Parker

Regulation	Dates	Plan of Correction
§2600.231(c)	6/26/18	RCD completed Part IV of the preadmission screen form. Part IV was completed with the date of 6/26/18.
A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secure dementia care unit.	Beginning 12/5/18 Ending 12/7/2018	RCD will conduct an audit of all Memory Care Neighborhood preadmission screens to ensure that Part IV is completed for all.
	12/5/2018 Ongoing	Ongoing: ED and RCD will meet within 24 hours after a preadmission assessment or prior to move-in of the resident to review the form to make sure all required sections have been completed.
	Beginning and ongoing 12/12/18	During weekly Wellness Meetings all new and updated prescreens and DME's will be reviewed

Administrator Signature: _____



Date: _____

12/5/18

Violation Report: 14167 - 06/26/2018 - Freeman, Sabrina
 PGH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 56 Pa.Code §2600

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 #1 was admitted to the SDCU on 6/1/18. The home failed to ensure resident #1 did not object to admission or allow consent to the SDCU.

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.

Within 10 days of receiving this POC, the Administrator or designee will review the record for all residents admitted to the SDCU; to ensure that there is a documentation actually stating that the residents do not object to their admission or transfer to the Secured Demential Unit. The referenced no objection documentation shall be completed by either the resident, the home and the resident's designated person; and will indicate the source of the recommendation to the SDCU. 3/13/19

A.A.A.

please see attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Nicki Beelman

Date

12/5/18

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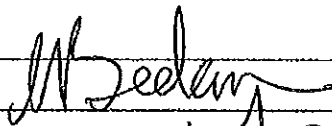
The Terrace at Chestnut Hill
 495 E. Abington Ave.
 Philadelphia, PA 19118
 215-247-5307

Administrator: Nickl Beekman
 Inspection Date: June 26, 2018

Human Services Licensing Supervisor: Shawn Parker

Regulation	Dates	Plan of Correction
<p>§2600.231(e)</p> <p>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.</p>	<p>12/2/2018</p> <p>6/26/18</p> <p>Beginning & Ongoing 12/5/2018</p>	<p>Executive Director requests consideration of removal of this violation. We believe the violation is incorrect as the resident's designated person signed the record.</p> <p>Immediate: During the Exit interview between DHS and RCD it was not made clear that the community would receive this violation. The required document was signed by the resident's designated person with Sales Director [REDACTED] present on 6/13/18 and properly filed in the Administrative File that is kept in the ED's office. The resident herself was unable to sign this form. The resident's inability to sign was well documented throughout the Residency Agreement.</p> <p>Current & Ongoing: ED, when writing the POC, inspected the Administrative File and found the required documentation where it belongs. ED is the initial responsible party for meeting with a resident and/or a resident's designated person for executing the Residency Agreement. The form for a resident and the resident's designated person to sign, indicating no objection to admission or transfer to a secure dementia unit is part of the Residency Agreement. ED ensures that this form is signed by the appropriate party prior to admission or ED inspects the Residency Agreement, if signed in the presence of the ED's designee, prior to a new resident being admitted into the secure dementia unit. The ED, or designee, will indicate the inability of the resident to sign, in the event the resident is unable to sign.</p>
	<p>Beginning & Ongoing 12/5/18</p>	<p>Ongoing: During Weekly Wellness Meeting the Sales Directors or ED will bring any new resident's Administrative Chart for review/audit.</p>

Administrator Signature: _____


 12/5/18

Date: _____

Violation Report: 14157 - 06/26/2018 - Freeman, Sabrina
PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
Resident #1's record does not include a photograph of the resident.

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.

Within 15 days of receiving this POC, the Administrator or the designee will review/audit all resident's record to ensure compliance to the cited reg. 3/13/19

AAA

Please see attached

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Wicki Beelman* Date *12/5/18*

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(Date)

Plan of correction Implementation status as of 3/13/19
(Date)

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- Not Implemented

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(Initials)

