



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

February 5, 2019

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
February 5, 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 inspection on October 15, 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.

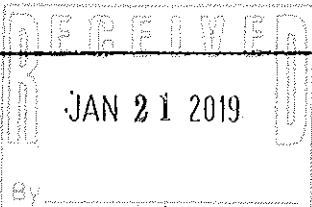
Sincerely,

A handwritten signature in cursive script that reads "Patricia Adams".

Patricia Adams
Regional Licensing Director

Enclosure
Violation Report

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

PCH Name: THE TERRACE AT CHESTNUT HILL		License Number: 14157
Address: 495 EAST ABINGTON AVENUE, PHILADELPHIA, PA 19118		County: Philadelphia
Administrator: Nickl Beekman		Region: SOUTHEAST
Legal Entity Name: ABINGTON SENIOR CARE LLC		
Legal Entity Address: 1000 LEGION PLACE SUITE 1600, ORLANDO, FL 32801		
Certificate(s) of Occupancy I-1 09/17/1996 City of Philadelphia/Dept.I		
Staffing Hours		
Resident Support: 106	Total Daily Staff: 302	Working Staff: 227
Type of inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/15/2018: Freeman, Sabrina		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 121 Number of Residents Served: 106 Secured Dementia Care Unit In Home: Yes Area: Memory Care - 1st, 2nd and 3rd floor Secured Dementia Unit Capacity, if Applicable: 44 Number of Residents Served in Secured Dementia Care Unit, if applicable: 40 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 15	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 106 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 90 Have a Physical Disability: 2	

Violation Report: 14167 - 10/16/2018 - Freeman, Sabrina
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment and support plan, dated 7/31/18 states "staff to offer hydration in between meals. Reminders to drink fluids often. Requires assistance with fluid intake." The resident was admitted to the home on 8/1/18. On 8/20/18, resident #1 was observed in room with "mucus membranes dry, skin warm to touch, right knee slightly swollen. Resident showed signs of weakness and fatigue, unable to stand and shivering." Resident #1 was admitted to the hospital with a diagnosis of altered mental status due to dehydration.

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.

By 3/1/19, the administrator or designated staff person will review and update the home's Nutrition and Hydration care policies and procedures to address dehydration prevention strategies, ongoing staff training, resident monitoring, reporting, and action protocol.

By 3/1/19, all residents will be assessed to determine if they are at risk for dehydration. All residents at risk of dehydration will be monitored using the hydration log. The assessments and support plans (RASPs) of residents at risk of dehydration will be updated to include specific action steps to prevent dehydration. Immediately, for accurate and consistent reporting, the home's hydration log will be completed identifying ounces consumed rather than "sips." Staff will be trained on making observations and completing the log properly.

By 3/15/19, all staff will be trained on the updated Nutrition and Hydration Care policies and procedures to include what is dehydration and what is "normal" water and liquid intake, identifying and reporting warning signs for dehydration, and strategies for improving water and liquid intake. This training will be provided on an ongoing basis, at least quarterly. 2/4/19 @

Please see attached

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nick Beekman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nick Beekman, Executive Director* Date *1/21/19*

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

The above plan of correction is approved as of 2/4/19 (Date)

Plan of correction implementation status as of 2/4/19 (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: Nicki Beekman

Inspection Date: October 15, 2018

Regional Licensing Supervisor: Patricia Adams

Regulation	Dates	Plan of Correction
§2600.42(b) A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	1/16/19	Community requests the removal of this violation as the resident was offered hydration in between meals, was prompted to drink fluids frequently and was given assistance during meals times and with drinking. Notes from the hospital indicate that the dehydration, failure to thrive is likely due to advanced dementia and degree of dysphagia.
	8/23/18 and ongoing while resident resided at the community	Memory Care Director implemented a Hydration Log for staff to track hydration for this resident. Memory Care Director, Executive Director and Resident Care Director reviewed log and reinforced with staff the utilization of the log on a daily basis.
	8/29/2018	Community provided a mandatory training to staff. Topics included a review of Resident Rights, addressed nutrition and dehydration and reinforced the use of the Daily Communication Log to communicate when a resident is not consuming normal amounts of nutrition or hydration
	8/23/18	Resident added to Monthly Clinical Summary report that is reviewed with the Executive Director, Resident Care Director and Regional Support Team and reviewed weekly.
	1/16/2019 and ongoing	Memory Care Director, Dining Director and Resident Care Director will consult with Crandall Dietician when they have any concerns regarding individual resident nutritional or hydration.
2/1/2019 and 2/10/2019	Community will provide mandatory training module "Eating & Drinking – Staying Well with Dementia". 100% of the community personnel will receive this training.	

Administrator Signature: _____



Date: _____

1/20/19

Violation Report: 14167 - 10/15/2018 - Freeman, Sabrina
 POH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 56 Pa.Code §2600
 2600.104(c) - Condiments shall be available at the dining table.

2a. DESCRIPTION OF VIOLATION

At meal time, on 10/15/18, at 12:30PM, condiments were not available on the dining tables. A resident requested ketchup, but there was none at the table and the direct care worker told the resident there was no ketchup.

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

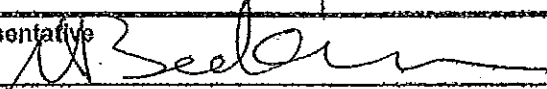
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation	Dates	Plan of Correction
§2600.104(c) Condiments shall be available at the dining table.	10/15/18	Executive Director inspected the memory care dining rooms and kitchenettes to confirm condiments were available for the residents. Condiments, including catsup, were in the cabinets where they are made available to memory cares residents during meals. Executive Director communicated with all staff that any condiments requested is made available.
	On or before 1/31/2019	Community will purchase table top condiment organizers for each table in memory care. When the tables are set for each meal the stocked condiment containers will be placed in the center of each table and then removed after the meal.
	On or before 1/31/2018	All memory care staff will be in-serviced with the use of the new table top condiment organizers.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Nidia Beekman, Executive Director

Date

1/21/19

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

The above plan of correction is approved as of

1/29/19
 (Date)

Plan of correction implementation status as of

1/29/19
 (Date)

The above plan of correction was approved by



(Initials)

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