



May 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 annual inspection on March 6, 2019 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 (relating to Personal Care Homes) 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](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 that reads "J. Rowe". The signature is stylized and cursive.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 14157 - 03/06/2019 - Braswell, Natasha  
 PCH Name: THE TERRACE AT CHESTNUT HILL

**1. REGULATION 55 Pa.Code §2600**

2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**

The home does not have a written policy on the prevention, reporting, notification, investigation, and management of reportable incidents. The home's reportable incident binder was removed by the previous Wellness Director.

**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) *M Beelman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nicki Beelman</i>	Date <i>5/3/19</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 5/7/19  
 (Date)

The above plan of correction was approved by *MB*  
 (Initials)

Plan of correction implementation status as of 5/7/19  
 (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: Nicki Beekman  
 Inspection Date: March 6, 2019  
 Regional Licensing Supervisor: Mia Johnson

Regulation	Dates	Plan of Correction
§2600.16(b) The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	2/2019	Community audited Wellness Office after the abrupt resignation of Wellness Director and established the 2018 Reportable Incident Binder could not be located.
	Effective 2/2019	The 2019 Incident Report Binder is located in the Executive Director's office and remains there at all times. Reportable Incidents are printed after they are sent electronically to DHS and inserted into binder.
	3/7/19 and ongoing	Following Exit Interview with DHS, Executive Director met with new Wellness Director and reviewed Appendix B, pages 239-243 of the Regulatory Compliance Guide. Wellness Director reviewed the same material with Wellness Nurses. During regular morning meetings and cross-over with care-staff, proper reporting, use of the Daily Communication Log and internal incidents reports are discussed several times each week. 5/7/19 <i>MJ</i>
	May 13 & 14 2019	During mandatory all-staff training a review of this Plan of Correction, including Appendix B, pages 239-243 will take place.

Administrator Signature: *N Beekman*  
 Date: 5/3/2019

Violation Report: 14157 - 03/06/2019 - Braswell, Natasha

PCH Name: THE TERRACE AT CHESTNUT HILL

**1. REGULATION 55 Pa.Code §2600**

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

**2a. DESCRIPTION OF VIOLATION**

Care Facility Carbon Monoxide Alarms Standard Act

(b) Testing and replacement.

(3) " The battery shall be labeled with the date of installation and replaced at least once annually or at such time as the unit signals a drained or failing battery, whichever is sooner."

The battery in the carbon monoxide alarm was not labeled with the date of installation.

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

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See attached 5/7/19 *MJ*

*Please see attached*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*M Beekman*

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

*Nicki Beekman*

Date

*5/3/19*

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(Date)

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(Initials)

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Administrator: Nicki Beekman  
Inspection Date: March 6, 2019  
Regional Licensing Supervisor: Mia Johnson

Regulation	Dates	Plan of Correction
§2600.18 The home shall comply with applicable Federal, State and local laws, ordinances and regulations.	3/7/19	Communities Carbon Monoxide Alarms were in place but the date of the last battery change was not labeled on the Alarms.
	3/15/19	Maintenance Director replaced all batteries on communities Carbon Monoxide Alarms, tested them & labeled. Maintenance Director created binder to track monthly checks.
	4/15/19 and ongoing	Monthly testing and documentation of Alarms on/before the 15 <sup>th</sup> of each month.

Maintain audits for Department review for a period of three years. 5/7/19



Administrator Signature: \_\_\_\_\_



Date: \_\_\_\_\_

5/3/19

Violation Report: 14157 - 03/06/2019 - Braswell, Natasha  
 PCH Name: THE TERRACE AT CHESTNUT HILL

**1. REGULATION 55 Pa.Code §2600**  
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

**2a. DESCRIPTION OF VIOLATION**  
 Review of resident council minutes on 7-26-18. The residents identified their concerns, regarding care staff disregarding their privacy by not knocking on the door before entering 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.

See attached 5/7/19 *MJ*

*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) *N Bedeman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nicki Bedeman</i>	Date <i>5/3/19</i>
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Regulation	Dates	Plan of Correction
§2600.42(s) A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.	7/26/18	Resident expressed concern about staff knocking and entering suite prior to resident giving permission to enter suite during a resident council meeting.
	7/26/18 and ongoing	Staff are reminded during morning meeting, stand-up, orientation and town halls to knock on all resident doors and wait till a resident gives permission to enter, prior to opening door. For those residents who are hard of hearing it is permissible to knock, wait, and then open door and call out the resident asking for permission to enter.
	May 13 & 14/2019	During mandatory all-staff training a review of this Plan of Correction will take place. Staff will be reminded, again, that resident's right of privacy includes knocking on doors and receiving permission to enter, prior to opening, a resident door.

Documents of trainings will be kept for three years. 5/7/19 *MJ*

Administrator Signature: *Nicki Beekman*  
 Date: 5/3/19

**Violation Report:** 14157 - 03/06/2019 - Braswell, Natasha  
**PCH Name:** THE TERRACE AT CHESTNUT HILL

**1. REGULATION 55 Pa.Code §2600**  
 2600.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

**2a. DESCRIPTION OF VIOLATION**  
 Extractor Carpet Shampoo with a manufacturer's label indicating "call local poison control", was stored on the 3rd floor in the kitchen of Bridges on the kitchen counter near food items.

**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.

See attached 5/7/19 *MJ*

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

**Printed Name and Title of Legal Entity Representative**  
 (Required on EVERY Page) *Nicki Beelman* Date *5/3/19*

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Regulation	Dates	Plan of Correction
§2600.82(b) Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.	3/6/19	Extractor Carpet Shampoo bottle with a manufacturer's label indicating "call poison control" was immediately removed from the locked kitchenette on the 3 <sup>rd</sup> floor of Memory Care.
	3/6/19 an ongoing	Memory Care Director, or designee, during daily rounds check to make sure no poisonous materials are stored in any area's prohibited by DHS or DOH. Staff are reminded of this regulation often during daily rounds, morning meetings, town halls.
	May 13 & 14, 2019	During mandatory all-staff training a review of this Plan of Correction will take place. Storage of poisonous materials will be reviewed during this training.

Documents of trainings will be kept for three years. 5/7/19 *MJ*

Administrator Signature: *N Beekman*  
 Date: 5/3/19

Violation Report: 14157 - 03/06/2019 - Braswell, Natasha  
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. **REGULATION 55 Pa.Code §2600**  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. **DESCRIPTION OF VIOLATION**  
 On 3-6-19, at 10:15 am while conducting a safety walk through, the personal coat of Staff person A was laying across the top of the medication cart, creating unsanitary conditions when completing the medication administration process.

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.

See attached 5/7/19 *mg*

*Please see attached*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *N Beckman*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Nicki Beckman*      Date *5/3/19*

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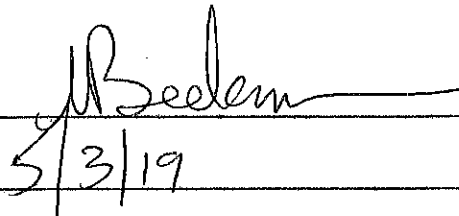
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Regulation	Dates	Plan of Correction
§2600.85(a) Sanitary conditions shall be maintained.	3/6/19	Executive Director identified Med Tech whose coat was lying across the top of a medication cart and had this employee immediately remove coat. Department of Human Services inspector counseled the Med Tech on cross-contamination and universal precautions.
	3/8/19	Same employee was placed on suspension after concerns were expressed by several residents about this employees unfavorable interactions with them. Community investigated concerns and employee has since been terminated.
	May 13 & 14, 2019	During mandatory all-staff training a review of this Plan of Correction will take place. Universal Precautions will be reviewed during these all-staff trainings.

Documents of trainings will be kept for three years. 5/7/19



Administrator Signature: \_\_\_\_\_



Date: \_\_\_\_\_

5/3/19

Violation Report: 14157 - 03/06/2019 - Braswell, Natasha

PCH Name: THE TERRACE AT CHESTNUT HILL

**1. REGULATION 55 Pa.Code §2600**

2600.103(b) - Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

**2a. DESCRIPTION OF VIOLATION**

On 3-6-18 the refrigerator located on the 1st floor of Bridges, was soiled with juice stains and food particles.

**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.*

See attached 5/7/19

*please see attached*

Repeat Violation: No

Date(s) of Previous Violation(s):

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

*Melini Beedman*

Date

*5/3/19*

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(Date)

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- Not Implemented

The above plan of correction was approved by


(Initials)

The Terrace at Chestnut Hill  
 495 E. Abington Ave.  
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 215-247-5307  
 Administrator: Nicki Beekman  
 Inspection Date: March 6, 2019  
 Regional Licensing Supervisor: Mia Johnson

Regulation	Dates	Plan of Correction
§2600.103(b) Kitchen surfaces must be a nonporous material and cleaned and sanitized after each meal.	3/6/19	Memory Care Director and staff immediately cleaned the interior surfaces of the 1st floor Memory Care refrigerator.
	3/6/19 and ongoing	Memory Care Director, or designee, during daily rounds will check all refrigerators located in Memory Care to ensure all refrigerators are cleaned and sanitized. Staff are reminded of this regulation often during daily rounds, morning meetings, town halls.
	On or before 5/7/19	Daily documentation of kitchen rounds, including disposal of any food items not sealed or labeled, to be implemented
	May 13 & 14, 2019	During mandatory all-staff training a review of this Plan of Correction will take place. Cleanliness and sanitation of kitchen surfaces, including the interior of refrigerators, will be reviewed during this training.

Documents of trainings will be kept for three years. Maintain audits for Department review for a period of three years 5/7/19




Administrator Signature:   
 Date: 5/3/19


**Violation Report:** 14157 - 03/06/2019 - Braswell, Natasha  
**PCH Name:** THE TERRACE AT CHESTNUT HILL

**1. REGULATION 55 Pa.Code §2600**  
 2600.103(g) - Food shall be stored in closed or sealed containers.

**2a. DESCRIPTION OF VIOLATION**  
 The following items were opened and not labeled on the 3rd floor in Bridges: 46oz applesauce, 12 oz mustard and a plate with chicken and salad did not have 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.*

See attached 5/7/19 


*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) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nicki Beedman</i>	Date <i>5/3/19</i>
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Regulation	Dates	Plan of Correction
§2600.103(g) Food shall be stored in closed or sealed containers.	3/6/19	Memory Care Director and staff immediately disposed of all opened or not-labeled food in the 3 <sup>rd</sup> floor Memory Care Kitchenette.
	3/6/19 and ongoing	Memory Care Director, or designee, during daily rounds will check all refrigerators located in Memory Care to ensure there are no opened, not labeled, or otherwise, improperly stored containers. Staff are reminded of this regulation often during daily rounds, morning meetings, town halls.
	On or before 5/7/19	Daily documentation of kitchen rounds, including disposal of any food items not sealed or labeled, to be implemented.
	May 13 & 14, 2019	During mandatory all-staff training a review of this Plan of Correction will take place. Proper storage of food stored in refrigerators will be reviewed during this training.

Documents of trainings will be kept for three years. 5/7/19 *MJ*

Administrator Signature: *N Beekman*

Date: 5/3/19

Violation Report: 14157 - 03/06/2019 - Braswell, Natasha

PCH Name: THE TERRACE AT CHESTNUT HILL

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(2) - 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. The evaluation must include the following: (2) Medical diagnosis including physical or mental disabilities of the resident, if any.

**2a. DESCRIPTION OF VIOLATION**

The medical evaluation for resident #1, dated 9-15-18, does not include medical information pertinent to diagnosis, immunization history, and body positioning.

The medical evaluation for resident #2, dated 12-15-17, does not include medical information pertinent to diagnosis.

**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.

See attached 5/7/19 *MB*

*MBeeleman Please see attached*

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Nichia Beelman*      Date *5/3/19*

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 Administrator: Nicki Beekman  
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Regulation	Dates	Plan of Correction
§2600.141(a)(2) 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. The evaluation must include: (2) Medical diagnosis including physical or mental disabilities of the resident, if any.	5/2/2019 – 6/2/2019	Executive Director and Wellness Director reviewed this regulation and agreed that the Wellness Director would review all DME's (annual and admission) together over next 30 days.
	5/3/2019	Wellness Director communicated with the primary care physicians of Resident #1 and Resident #2, requesting they complete new Documentation of Medical Evaluation for both these residents. Wellness Director indicated that the medical evaluation form must have all medical information pertinent diagnosis, immunizations history, and body positioning completed. Community will forward copy of the completed DME upon receipt.
	On or Before 5/10/2019	Wellness Director will re-educate Wellness Nurses on the regulation pertaining to completion of the Documentation of Medical Evaluation. Documents of trainings will be kept for three years. 5/7/19 <i>MJ</i>

Administrator Signature: *Nicki Beekman*

Date: 5/3/19

Violation Report: 14157 - 03/06/2019 - Braswell, Natasha

PCH Name: THE TERRACE AT CHESTNUT HILL

**1. REGULATION 55 Pa.Code §2600**

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

**2a. DESCRIPTION OF VIOLATION**

Resident #2 participated in the development of their support plan on 12/18/18. The resident 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 2

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

*5/3/19*

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 Administrator: Nicki Beekman  
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Regulation	Dates	Plan of Correction
§2600.227(g) Individuals who participate in the development of the support plan shall sign and date the support plan.	5/3/2019	Executive Director met with Resident #2 to review the support plan and have this resident sign and date the support plan.
	5/3/19 – 6/3/19	Wellness Director will meet with the Executive Director prior to adding the resident support plan to the Wellness Chart. Executive Director will ensure the resident has signed the support plan and/or there is adequate documentation that the resident refused or was unable to sign.
	6/3/2019 and ongoing	Executive Director will audit 10% of all new and updated support plans to ensure the resident has signed the support plan and/or there is adequate documentation that the resident refused or was unable to sign.  5/7/19 <i>MJ</i>

Administrator Signature: *Nicki Beekman*  
 Date: 3/3/19

Violation Report: 14157 - 03/06/2019 - Braswell, Natasha

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 #3's record does not include her support plan. The support plan found in the record belonged to resident #4.

**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  
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*M. Bealeman*

Printed Name and Title of Legal Entity Representative  
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*Micki Bealeman*

Date

*5/13/19*

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 Administrator: Nicki Beekman  
 Inspection Date: March 6, 2019  
 Regional Licensing Supervisor: Mia Johnson

Regulation	Dates	Plan of Correction
§2600.252 Each resident's record must include the following (1) through (26).	3/7/2019	Executive Director ensured that Resident #3 and Resident #4's support plans were correct and accurately portrayed the care that each resident required.
	5/3/19 – 6/3/19	Wellness Director will meet with the Executive Director prior to adding the resident support plan to the Wellness Chart. Executive Director will ensure the support plan accurately portrays the care the support plan
	6/3/2019 and ongoing	Executive Director, or designee, will audit 10% of all new and updated support plans to ensure the resident's support plan accurately portrays the care & support the resident has signed the support plan and/or there is adequate documentation that the resident refused or was unable to sign.  5/7/19 <i>MJ</i>

Administrator Signature: *N Beekman*  
 Date: 5/3/19