



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail r.chapin@bridgeig.com
Sent via e-mail atch.adm@meridiansenior.com
May 7, 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 April 3, 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 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Mia Johnson".

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: THE TERRACE AT CHESTNUT HILL
Address: 495 EAST ABINGTON AVENUE, PHILADELPHIA, PA 19118
County: PHILADELPHIA **Region:** SOUTHEAST

License Number: 141570

Administrator

Name: Nicki Beekman **Phone:** 2152475307 **Email:** R.CHAPIN@BRIDGEIG.COM

Legal Entity

Name: ABINGTON SENIOR CARE LLC
Address: ATTN - BILL SNOW 1000 LEGION PLACE, SUITE 1600, FL, 32801

Certificate(s) of Occupancy

Type: I-1 **Date:** **Issued By:**

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 137 **Waking Staff:** 103

Inspection

Type: Partial **BHA Docket #:** **Notice:** Unannounced
Reason: Complaint

Inspection Dates and Department Representative

04/03/2019 - On-Site: David Carrion, Mia Johnson

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 122 **Residents Served:** 66

Secured Dementia Care Unit

In Home: Yes **Area:** Capacity: 44 **Residents Served:** 37
Memory Care 1st,2nd and 3rd floor

Hospice

Current Residents: 14

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 103
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 71 **Have Physical Disability:** 2

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 03/09/19, at 2 pm, an allegation of abuse was reported to the home. This incident was reported by resident #1's POA. This allegation of abuse was not reported to the local area agency on aging.

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*

please see attached

Legal Entity Representative

MB
Signature

Nicki Beelman, Executive Director
Printed Name and Title
Date
5/6/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 5/47/19 (Date)

Plan of correction implementation status as of 5/7/19 (Date)

The above plan of correction was approved by *MB* (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: Nicki Beekman
 Inspection Date: April 3, 2019
 Regional Licensing Supervisor: Mia Johnson

Regulation	Dates	Plan of Correction
§2600.15.a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P.S. 10225.701-10225.707) and 6 Pa. Code 15.21-15.27 (relating to reporting suspected abuse) and comply with the requirement regarding restrictions on staff persons.	4/3/19 4/4/2019 May 13 & 14, 2019	<p>The community understood they would be receiving this violation during the Exit Interview on 4/3/2019. The Executive Director had ongoing conversations with Philadelphia Corporation for Aging about this incident from 3/19/19 till they closed their investigation on 4/11/19. The abuse allegations were inconclusive and the resident returned to the community.</p> <p>The Executive Director reviewed the regulation to report allegations of abuse to both Department of Human Services and Philadelphia Corporation for Aging with the Wellness Director.</p> <p>During mandatory all-staff training a review of this Plan of Correction will take place; including a review of the regulation to report to both DHS and PCA.</p> <p>Documents of trainings and audits will be kept for Department review for three years. 5/7/19 <i>MJ</i></p>

Administrator Signature: *Nicki Beekman*
 Date: 5/6/19

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On November 18, 2018, Resident # 2, had an unwitnessed fall. Resident was sent to the hospital. The home failed to submit an incident report to the Department.

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

Legal Entity Representative

M. Beekman
Signature

Mick Beekman, Executive Director
Printed Name and Title
Date *5/6/19*

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 215-247-5307
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 Regional Licensing Supervisor: Mia Johnson

Regulation	Dates	Plan of Correction
<p>§2600.16.c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in 2600.15 (relating to abuse reporting covered by law.</p>	<p>3/7/2019 and ongoing May 13 & 14, 2019</p>	<p>The Executive Director met with the Wellness Director and reviewed Appendix B, pages 239-243 of the Regulator Compliance Guide. Wellness Director met with Wellness Nurses and reviewed the same material. During regular morning meetings and cross-over meetings with staff: Proper reporting; Timely reporting; Use of the Daily Communication Log; Internal Incident Reporting are reviewed and reinforced on a regular basis.</p> <p>During mandatory all-staff training a review of this Plan of Correction, including Appendix B pages 239-243 will take place.</p> <p>Documents of trainings and audits will be kept for Department review for three years. 5/7/19 <i>MJ</i></p>

Administrator Signature: *Nicki Beekman*
 Date: 5/6/19

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 06/14/18. The resident's previous medical evaluation was completed on 05/16/17.

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.)

Legal Entity Representative

N. Bederman
Signature

Nicki Bederman, Executive Director
Printed Name and Title

Date

5/6/19

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5/7/19
(Date)

Plan of correction implementation status as of


5/7/19
(Date)

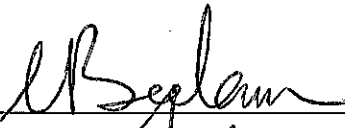
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Regulation	Dates	Plan of Correction
§2600.141.b.1 A resident shall have a medical evaluations: At least annually.	5/6/2019 and ongoing On or before 5/15/2019 and ongoing on/before the 15 th of each month. On or before 5/15/2019 and ongoing on/before the 15 th of each month.	The community developed a Documentation of Medical Evaluation (DME) annual tracker that was put in place in January 2019. This tool is used by the Wellness Director to ensure that all residents have an annual medical evaluation. The Wellness Director, or designee, will ensure that current month's previous year DMEs are in the process of being updated by each residents' Primary Care Physician. The Wellness Director, or designee, will confirm that all current month's DME have been updated, filed 5/7/19 

Administrator Signature: 

Date: 5/7/19