



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail r.chapin@bridgeig.com
Sent via e-mail mia.johnson@junipercommunities.com
June 24, 2020

Mr. Robert W. Chapin, Jr.
Manager
Abington Senior Care, LLC
Attn: Bill Snow
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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on January 13, 2020 found violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The enclosed Licensing Inspection Summary (LIS) specifies the violations.

On February 7, 2020, we requested that you complete a plan to correct the violations. We have not received an acceptable plan to correct the violations; therefore, we have attached a directed plan to correct the violations.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you have any questions, please contact me at 610-270-1137.

Sincerely,

Sandra Wooters

Sandra Wooters, MHS, ACG
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

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

License Number: *14157*

Administrator

Name: *LaMia Johnson* Phone: *2152475307* Email: *ROBB.CHAPIN@BRIDGEIG.COM*

Legal Entity

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *82* Total Daily Staff: *210* Waking Staff: *158*

Inspection

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

Inspection Dates and Department Representative

01/13/2020 - On-Site: Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *122* Residents Served: *82*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *45* Residents Served: *36*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *81*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *46* Have Physical Disability: *1*

42b - Abuse**Regulations**

2600.

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

Description of Violation

Resident #1 passed away on 11/25/19. Staff person A asked resident #2, (resident #1's 98 year old sister), if she could have items from deceased resident #1's room. Staff person A asked for items which included a SMART TV, sewing machine, suitcases, and jewelry. Resident #1's family took photos of the above items on 11/29/19 at 6:00pm after the Junk Removal agency came at 1:30pm that same day. The above items were to be picked up by family members. On 12/2/19, resident #1's family checked on the items in resident #1's room. The items in the photo and the items that staff person A asked for were no longer in the room.

All direct care staff have access or keys to resident rooms'. However, after the stolen items were reported missing staff person B, added an extra lock to resident #1's room so direct care workers could not access the room. The home did not file a police report, at the family's request, for the missing items. Resident #1's family filed a police report for the stolen items.

As a result of the extra security device on resident #1's room, staff could not access the room and returned some of the items by placing them in resident #2's room.

The returned items:

- smart TV but there are no antenna's and cables from the TV, rendering the TV useless
- the sewing machine
- and some of the jewelry.

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 Residence respectfully disagrees with the issuance of this violation. The information contained in the violation is incorrect. The family member (sister), while cleaning the room with Junk-Luggers, asked the caregiver if she wanted any of the discarded items to "remember her by". The care giver declines (EXHIBIT A – caregiver statement). Several family members were actively in and out of the room and going through items. When it was reported to the ED that there were items potentially missing, the ED immediately checked the room, found the alleged items, and then placed an additional lock on the door. The allegation of a staff member simply asking if they could have discarded items does not constitute abuse/neglect/exploitation. The mere presence of items in the room from an unverified picture does not evidence staff member behavior and does not negate family care/control of items. Responsibility for an expired resident's personal property is a matter for the estate and orphan's court. If the former POA is assisting with removal of items with multiple family members as well as a

(continued on next page)

Legal Entity Representative

Signature 

Lamika Johnson Executive Dir
Printed Name and Title

2/18/20
Date

42b - Abuse (*continued*)**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!**

The above plan of correction is approved as of 6.23.2020 Plan of correction implementation status as of 6.23.2020
(Date) (Date)

The above plan of correction was approved by slw Implemented
(Initials) Not Implemented

third party refuse removal company, the Residence does not have care/control over items in this process, but as a courtesy, took immediate and reasonable action upon notification from family members of items in question and provided an additional lock. At no time did the residence or any staff member act in any manner which could be suspected as abuse/neglect/exploitation.

For compliance purposes only and not as any admission of violation whatsoever, the following plan of correction is provided for regulatory compliance:

All staff members were reeducated on abuse/neglect/exploitation, resident rights, and OAPSA. In addition, staff were reeducated on our company policy Gifts, Tips, and Gratuities (EXHIBIT B) at January 9th Town hall.

DPOC:

1. The administrator will discuss abuse and resident rights at monthly staff meetings for the next six months, starting immediately.
2. The administrator will conduct monthly interviews with random residents, to inquire on how the residents are being treated, starting immediately for the next six months.
3. Documentation of the interviews will be maintained for the Departments review.
4. The administrator will discuss resident rights at a resident counsel meeting within the next 30 days to ensure the residents are aware of their rights.

SLW 6.23.2020

42k - Resident Record

Regulations

2600.

42.k. A resident and the resident's designated person, and other individuals upon the resident's written approval shall have the right to access, review and request corrections to the resident's record.

Description of Violation

On 12/2/19, staff person B denied resident #1's family access to her record. Specifically, the reportable incident regarding stolen items from resident #1's room.

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 Community is disputing this violation. Per our Community Policy (EXHIBIT C), all requests for access to resident record must be made in writing. Appendix D "Authorization for Release of Medical Records" is provided as part of the resident agreement to assist in providing a written request (EXHIBIT D). At the time of the complaint visit, Resident #1's family did not request access to her record either verbally or in writing.

DPOC:

- 1. The administrator will respond to all written requests to review resident records within two days of request, starting immediately.
- 2. The administrator or designee will conduct a training with all administrative staff regarding the regulation and the homes policy regarding release of resident records, within the next 30 days.
- 3. Documentation of the training will be maintained for the Departments review.

SLW 6.23.2020

Legal Entity Representative


Signature

Lamia Johnson Director
Printed Name and Title

2/18/20
Date

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The above plan of correction is approved as of 6.23.2020
(Date)

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(Date)

Implemented
 Not Implemented

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

42x - Safeguard

Regulations

2600.

42.x. A resident has the right to a system to safeguard a resident's money and property.

Description of Violation

Resident #1 passed away on 11/25/19. The home failed to provide a system for safeguarding the deceased resident's items. As a result, items were taken out of the room from the period of 11/25/19 through 12/2/19.

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 Residence is disputing this violation. Resident #1's room was locked. The former POA unlocked and assisted with the removal of items with multiple family members as well as a third party refuse removal company. The Residence does not have care/control over items in this process, but as a courtesy took immediate and reasonable action upon notification from family members of ite4sm in question and provided an additional lock.

For compliance purposes only and not as any admission of violation whatsoever, the following plan of correction is provided for regulatory compliance:

Residents who retain their belongings in their rooms after discharge will have their door locks fitted with an additional lock. Families will have to notify Executive Director and schedule time for belonging removal.

DPOC:

- 1. The administrator or designee will conduct a training with all staff of the home on the impact of financial abuse, by taken residents belongings, within 30 days of receipt of this training.
- 2. Documentation of this training will be maintained for the Departments review.
- 3. The administrator will discuss how taken resident belongings is financial abuse at monthly staff meetings for the next six months, starting immediately.

SLW 6.23.2020

Legal Entity Representative

Signature 

Lamia Johnson, ED
Printed Name and Title

2/18/20
Date

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

The above plan of correction is approved as of 6.23.2020 (Date) Plan of correction implementation status as of 6.23.2020 (Date)

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