



Sent via e-mail r.chapin@bridgeig.com
Sent via e-mail mia.johnson@junipercommunities.com
July 14, 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) review on February 3 and 4, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Claire Mendez

Claire Mendez
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: THE TERRACE AT CHESTNUT HILL

License Number: 14157

Address: 495 EAST ABINGTON AVENUE,, PHILADELPHIA, PA 19118

County: PHILADELPHIA

Region: SOUTHEAST

Administrator

Name: LaMia Johnson

Phone: 2152475307

Email: mia.johnson@junipercommunities.com

Legal Entity

Name: ABINGTON SENIOR CARE LLC

Address: 1000 LEGION PLACE, SUITE 1600, ATTN - BILL SNOW, ORLANDO, FL, 32801

Certificate(s) of Occupancy

Type: I-1

Date: 09/17/1996

Issued By: City of Philadelphia

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 133

Waking Staff: 100

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

02/03/2020 - On-Site: David Carrion, Christina Eberhart

02/04/2020 - On-Site: David Carrion, Shawn Parker

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 122

Residents Served: 81

Secured Dementia Care Unit

In Home: Yes

Area: 1,2&3 Memory Care

Capacity: 45

Residents Served: 35

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 80

Diagnosed with Mental Illness: 30

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 52

Have Physical Disability: 1

51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff member A was hired on 08/19/2019. However, the criminal background for staff member A was not requested until 08/23/19.

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.)

Employee files were audited Oct 2019. Staff member A's file was flagged as out of compliance due to criminal check date. A new hire checklist protocol was implemented by Business Office Manager to minimize future discrepancies. See Attachment A.

Legal Entity Representative


Signature

LaMia Johnson, Exec. Dir 4/6/2020
Printed Name and Title Date

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The above plan of correction is approved as of 7/6/2020
(Date)

Plan of correction implementation status as of 7/14/2020
(Date)

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

Implemented
 Not Implemented

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Staff person B,C and D did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert during calendar training year 2019.

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.)

Newly hired Environmental Services Director, whose job responsibility includes administering monthly fire drills, will complete the fire safety train the trainer class by June 2020. Date subject to change due to class availability and restrictions caused by current COVID-19 pandemic.

Legal Entity Representative


Signature

LaMia Johnson, Exec. Dir 4/16/2020
Printed Name and Title Date

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- Not Implemented

91 - Telephone Numbers

Regulations

2600. 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in room #354 and room#438.

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.)

Acting Environmental Service Director (ESD) immediately posted emergency telephone numbers by the telephones in each Room #354 and Room #438. An audit of posted emergency telephone numbers was completed during inspection. Family communication protocol implemented requiring families to notify community when landlines are installed so that emergency telephone numbers can be posted by their telephones. In addition, monthly room sweeps are completed by ESD to ensure compliance.

Legal Entity Representative

Signature 

Lamia Johnson, Exec. Director
Printed Name and Title

4/10/2020
Date

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103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the freezer in the 2nd floor memory care dining 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.)

Dietary Director immediately replaced missing thermometer in the freezer. Audits are completed daily by the Dietary department. See Attachment C.

Legal Entity Representative

Signature 

LaMia Johnson, Exec. Dir 4/6/2020
Printed Name and Title Date

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107d - Procedure Emergency Management Agency Submission

Regulations

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the municipal emergency management agency.

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.)

Juniper Communities is the new management company for the Terrace of Chestnut Hill as of May 2019. Previous management company did not submit written emergency procedures to the municipal emergency agency for 2019. Current Executive Director submitted the written emergency procedures to the municipal emergency management agency on 3/27/2020. See Attachment D.

Legal Entity Representative


Signature

Lamia Johnson, Exec. Dir
Printed Name and Title

4/6/2020
Date

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 Not Implemented

132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drills conducted from March 2019 to January 2020 does not include the exit route used, the number of residents in the home at the time of the drill and the number of residents evacuated.

The fire drill record for the drill conducted from May 2019 to December 2019 does not include the time.

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.)

Dispute.

See Attachment E for documentation of fire drills inclusive of exit routes, number of residents in home at the time of drill, number of residents evacuated, and the fire drill times that were provided to surveyor during inspection.

Administrator will ensure that all information is recorded on the fire drill log the same day the drill takes place. 7/14/2020 *CM*

Legal Entity Representative

[Handwritten Signature]
Signature

LaMia Johnson, Exec. Dir 4/6/2020
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132e - Fire Drill Sleeping Hours

Regulations

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

Fire drill were not conducted during sleeping hours from 05-2019 through 12-2019.

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.)

Dispute.

See Attachment E (3 of 3) for documentation of fire drill conducted on May 29, 2019 @ 11:42P that was provided to surveyor during inspection.

The administrator will ensure that a fire drill is held during sleeping hours at least once every 6 months. The administrator will review the fire drill logs on a quarterly basis to ensure this regulation is adhered to. 7/14/2020 *CM*

Legal Entity Representative

Signature 

Lamia Johnson, Exec. Dir 4/6/2020
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THE TERRACE AT CHESTNUT HILL

132f - Alternate Exit Routes

Regulations

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The home is not documenting exit route used during the fire drills held from 03/2019 to 01/2020.

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.)

Dispute.

See Attachment E for documentation of exit routes used during fire drills that was provided to surveyor during inspection

The administrator will ensure that alternate exits are used during fire drills and that the information is recorded on the fire drill log. The administrator will review the fire drill logs on a quarterly basis to ensure this regulation is adhered to. 7/14/2020 CM

Legal Entity Representative


Signature

LaMia Johnson, Exe. Dir
Printed Name and Title

4/6/2020
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141b1 - Annual Medical Evaluation

Regulations

2600.

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

Description of Violation

Resident 1's most recent medical evaluation was completed on 11/04/19. The resident's previous medical evaluation was completed on 03/19/18.

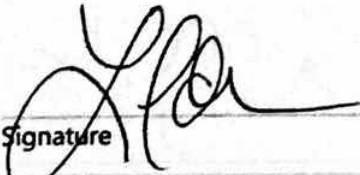
Resident 2's most recent medical evaluation was completed on 11/11/19. The resident's previous medical evaluation was completed on 08/23/18.

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.)

Juniper Communities is the new management company for the Terrace of Chestnut Hill as of May 2019. Residents 1 and 2 were flagged for medical evaluation compliance concerns during the November 2019 audit. Residents 1 and 2 medical evaluations were completed 11/4/19 and 11/11/19 respectively by the Director of Wellness (DOW). EMR is now being used to track and maintain timely completion and inclusion of all required evaluations. Wellness team were reeducated on 11/6/19. DOW completes monthly audits.

Legal Entity Representative

Signature 

LaMia Johnson, Exec. Dir
Printed Name and Title

4/16/2020
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184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 1. The resident's name.

Description of Violation

The pharmacy label for resident 4's Freestyle Lancets does not include the resident's name.

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.)

DOW obtained clarification of orders from Resident #4's physician allowing for house stock of lancets. See Attachment H (2 of 2) for clarified physician order.

Legal Entity Representative


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LaMia Johnson, Exec. Dir
Printed Name and Title

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185a - Implement Storage Procedures

Regulations

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident#4's Glucometer is not calibrated to the correct time.

On 02/03/20, resident#4's Glucometer has a reading of 414. This reading was not recorded on resident#4's MAR.

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.)

All resident glucometers were immediately calibrated during inspection by DOW. Effective Feb 2020, DOW audits all resident glucometer calibrations monthly and glucometer readings weekly. See Attachment I for audit tool.

Legal Entity Representative

Signature 

Lamia Johnson, Exec. Dir 4/6/2020
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225c - Additional Assessment

Regulations

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

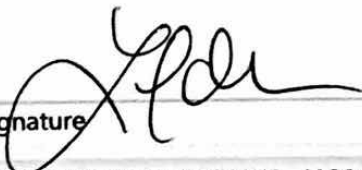
Resident 1's current assessment was completed on 11/04/19. However, the resident's previous assessment was completed on 03/19/18.

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.)

Juniper Communities is the new management company for the Terrace of Chestnut Hill as of May 2019. Resident 1 was flagged for annual assessment compliance concerns during the November 2019 audit. Resident 1's annual assessment was completed 11/4/19 by the DOW. EMR is now being used to track and maintain timely completion and inclusion of all required evaluations. Wellness team were reeducated on 11/6/19. DOW completes monthly audits.

Legal Entity Representative

Signature 

Lamia Johnson, Exec. Dir 4/16/2020
Printed Name and Title Date

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

231f - Assessed Annually

Regulations

2600.

231.f. In addition to the requirements in § 2600.225 (relating to initial and annual assessment), the resident shall also be assessed annually for the continuing need for the secured dementia care unit.

Description of Violation

Resident #2 was assessed for the need for Secure Dementia Care Unit (SDCU) on 08/23/18 and was not assessed again until 11/11/19.

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.)

Juniper Communities is the new management company for the Terrace of Chestnut Hill as of May 2019. Resident 2 was flagged for annual secured dementia assessment compliance concerns during the November 2019 audit. Resident 2's annual secured dementia assessment was completed 11/11/19 by the DOW. EMR is now being used to track and maintain timely completion and inclusion of all required evaluations. Wellness team were reeducated on 11/6/19. DOW completes monthly audits.

Legal Entity Representative

Signature 

Lailia Johnson, EXEC. Dir
Printed Name and Title

4/16/2020
Date

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233d - Electronic/Magnetic System

Regulations

2600. 233.d. Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

Description of Violation

The gate in the memory care unit courtyard is not locked with an electronic or magnetic locking system. The gate is easily open by removing the stretch cord holding in place the gate door and the fence. The gate leads to an unpaved area that also leads to the parking lot that is potentially hazardous for residents with dementia.

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.)

Dispute.

The door that opens onto the courtyard has an electronic locking system that was functioning at the time of inspection. The lock on the courtyard gate had malfunctioned and been reported by the acting ESD to the contractor, Lock Systems, Inc on 1/31/2020. Contractor scheduled to come fix on 2/4/2020. Gate lock was fixed on 2/4/2020. See Attachment J for documentation of fixed lock that was provided to surveyor during inspection.

Legal Entity Representative

Signature 

Lamia Johnson, Executive Dir. 4/6/2020
Printed Name and Title Date

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252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.

Description of Violation

On 02/04/20, the home was missing Resident#5's medical evaluation from the previous year.

Repeated Violation: 3/6/19

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.)

Juniper Communities is the new management company for the Terrace of Chestnut Hill as of May 2019. Resident 5 was flagged for missing medical evaluation for 2018 during the November 2019 audit. EMR is now being used to track and maintain timely completion and inclusion of all required evaluations. Wellness team were reeducated on 11/6/19. DOW completes monthly audits.

Legal Entity Representative

Signature 

Printed Name and Title LAMIA Johnson Exec. Dir Date 4/6/2020

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