

Department of Human Services
Bureau of Human Service Licensing

July 20, 2021

[REDACTED]
ABINGTON SENIOR CARE LLC
[REDACTED]
[REDACTED]

RE: THE TERRACE AT CHESTNUT HILL
495 EAST ABINGTON AVENUE
PHILADELPHIA, PA, 19118
LICENSE/COC#: 14157

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/08/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *THE TERRACE AT CHESTNUT HILL* License #: *14157* License Expiration Date: *08/16/2021*
Address: *495 EAST ABINGTON AVENUE, PHILADELPHIA, PA 19118*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2152475307* Email: [REDACTED]

Legal Entity

Name: *ABINGTON SENIOR CARE LLC*
Address: [REDACTED]
Phone: *2152475307* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *11/08/1995* Issued By: *City of Phila./Dept of LI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *89* Waking Staff: *67*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal & Complaint* Exit Conference Date: *06/08/2021*

Inspection Dates and Department Representative

06/08/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *122* Residents Served: *54*

Secured Dementia Care Unit

In Home: *Yes* Area: Capacity: *45* Residents Served: *22*
2nd/3rd fl. Memory Care

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *50*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *35* Have Physical Disability: *4*

Inspections / Reviews

06/08/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/30/2021*

7/16/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/19/2021*

7/20/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 6/8/21, the home did not have the license inspection summary or the 2600 regulation book posted in a conspicuous and public place in the home.

Plan of Correction

Accept

Violation corrected on site inspection the license inspection summary and the 2600 regulation were placed in a conspicuous place in the front lobby with a sign posted at concierge desk that they are available upon request. Business Office Director as Primary and Executive Director as Secondary to ensure license inspection summary and the 2600 regulation remain in conspicuous place with sign posted at concierge desk that they are available upon request.

Training on this regulation and review of responsibility for compliance reviewed with between designated parties. Record for training available.

Completion Date: 06/08/2021

Document Submission

Implemented

documentation attached

101j2 - Bedroom Chairs

1. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:
 - 2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom #302 is occupied by two residents; however, there was no chair in the room for resident # [redacted]

Plan of Correction

Accept

Violation corrected on day of site inspection. Bedside chair was placed within resident room for resident # [redacted] of room 302.

Director of Sales as Primary, Maintenance Assistant as Secondary and Executive Director as tertiary to ensure bedside chair that meets the needs of the resident is accessible and operable in each resident bedroom. Review of rent ready checklist to be utilized to ensure room meets regulatory compliance.

Training on this regulation and review of responsibility for compliance reviewed with between designated parties. Record for training available.

Record for training available.

Completion Date: 06/08/2021

Document Submission

Implemented

documentation attached

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #2 did not have access to a source of light that can be turned on/off at bedside in their bedroom.

Plan of Correction**Accept**

Violation corrected on day of site inspection. Nightstand light that had been moved to dresser was placed at bedside within resident room for resident #2 of room [REDACTED].

Maintenance Assistant as primary and Executive Director as secondary to ensure bedside light is present and accessible for all residents Use of room ready checklist to ensure each room has the requirements upon move-in.

Training on this regulation and review of responsibility for compliance reviewed with between designated parties.

Record for training available.

Completion Date: 06/08/2021

Document Submission**Implemented**

documentation attached

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

The bathroom in room #302 did not have soap.

Plan of Correction**Accept**

Violation was corrected on day of site inspection. Soap dispenser installed in room #302 within reach of the sink.

Maintenance Assistant as Primary and Memory Care Director as Secondary to ensure bar soap and/or dispenser is within reach of sink for each bathroom. Executive Director as Tertiary to ensure compliance

Training on this regulation and review of responsibility for compliance reviewed with between designated parties.

Record for training available.

Completion Date: 06/08/2021

Document Submission**Implemented**

documentation attached

123b - Emergency Procedures Posted

1. Requirements

2600.

123b - Emergency Procedures Posted (*continued*)

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction**Accept**

Violation Corrected on day of site inspection. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) was posted in a conspicuous and public place at the Concierge desk with a sign posted that it is available upon request

Business Office Director as primary and Executive Director as secondary to ensure that Copy of Emergency Preparedness is present at the concierge desk within sight with posted sign that it is available upon request.

Training on this regulation and review of responsibility for compliance reviewed with between designated parties.

Record for training available.

Completion Date: 06/08/2021

Document Submission**Implemented**

documentation attached

162c - Menus Posted**1. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home did not have a menu posted on the 2nd or 3rd floor SDCU.

Plan of Correction**Accept**

Violation was Corrected on day of site inspection. Menu was posted on both 2nd and 3rd floor SDCU.

Director of Dining Services as primary will ensure Menus are post weekly with Memory Care Director as Secondary and Executive Director as Tertiary to ensure compliance.

Training on this regulation and review of responsibility for compliance reviewed with between designated parties.

Record for training available.

Completion Date: 06/08/2021

Document Submission**Implemented**

documentation attached