

Department of Human Services
Bureau of Human Service Licensing

August 10, 2021

██████████ ED
ABINGTON SENIOR CARE LLC
1000 LEGION PLACE, SUITE 1600
ATTN - BILL SNOW
ORLANDO, FL 32801

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

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/13/2021, 06/11/2021, 05/11/2021, 05/07/2021, 05/06/2021, 05/04/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Sandi Wooters

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: 1000 LEGION PLACE, SUITE 1600, ATTN - BILL SNOW, ORLANDO, FL, 32801
Phone: 2152475307 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 09/17/1997 **Issued By:** City of Philadelphia

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 86 **Working Staff:** 65

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 07/13/2021

Inspection Dates and Department Representative

07/13/2021 - Off-Site: [REDACTED]
06/11/2021 - Off-Site: [REDACTED]
05/11/2021 - Off Site: [REDACTED]
05/07/2021 - Off-Site: [REDACTED]
05/06/2021 - Off-Site: [REDACTED]
05/04/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 122 **Residents Served:** 62

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Care **Capacity:** 45 **Residents Served:** 24

Hospice

Current Resident: 9

Resident Demographic Data as of Inspection Dates (*continued*)

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 62

Diagnosed with Mental Illness: 3

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 24

Have Physical Disability: 1

Inspections / Reviews

07/13/2021 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/06/2021

7/28/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 08/07/2021

16c - Written Incident Report

1. Requirements

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

A review of the homes nursing progress notes of [REDACTED] for resident #1 indicated the resident slid out of their wheelchair during transportation, injuring [REDACTED] head, shoulder and back requiring emergency treatment at the hospital via 911. To date, the Department has not received an incident report.

Resident #1 was sent to the hospital via 911 for emergency treatment due to excessive bleeding of the dialysis port on [REDACTED]. To Date, the Department has not received an incident report. The resident died at the hospital on [REDACTED].

Plan of Correction

Accept

On 2/11 upon notification from family member of residents passing due to cardiac arrest while [REDACTED] was at interventional Radiology for a fistulagram: Reportable was sent to Department notifying the Department that Resident was sent out to evaluate the excessive bleeding from [REDACTED] right arm dialysis access site. Reportable attached. Policy reviewed with Director of Wellness to report all to the Department all medical emergencies requiring a resident to be sent out to hospital via 911. Director of Wellness to follow up on all residents sent out via 911 and to report to the department within 24 hours per regulations. Executive Director to follow up on completion. This will be reviewed at daily stand up meeting.

Completion Date: 07/28/2021

101j1 - Mattress Fire Retardant

1. Requirements

2600.

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

1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

The resident #1 was admitted on [REDACTED] and a bed was delivered by an outside durable medical equipment company. Staff of the home removed the assigned bed because it had half rails and gave [REDACTED] a bed that was uncomfortable and inoperable. The resident complained of the condition of the bed without any concern from the home until 1/22/21. On 3/5/21 when the durable medical equipment company arrived at the home to pick up the residents assigned bed, it was not the bed the agency delivered. Condition of bed was unacceptable.

Plan of Correction

Accept

Upon acceptance of any durable medical equipment. Director of Wellness will confirm that the equipment is in good repair, operable, clean and supports the resident. Equipment will be labeled with Resident's name to avoid for proper identification purposes. Director of Wellness to check in all equipment, Memory care Director to check in all equipment in the Director of Wellness absence. Executive Director to oversee that it is being followed through on. This will be reviewed at daily stand up meeting.

Completion Date: 07/28/2021

171d - Transport Medical Appointment

1. Requirements

2600.

171.d. The home shall assist a resident with the coordination of transportation to and from medical appointments, if requested by the resident, or if indicated in the resident's support plan.

Description of Violation

According to the resident's support plan, dated 9/11/20, resident #1 requires total assistance to arrange for transportation to medical appointments. On [REDACTED] and [REDACTED] the resident had an appointment with dialysis and on [REDACTED] the resident missed a cataract surgery appointment. The home failed to assist the resident with arranging for transportation, causing the resident to miss these prescribed appointments.

Plan of Correction

Accept

The community has the means to provide transportation with our community van. Driver in place with a back up driver in the event of [REDACTED] absence. We have initiated getting all eligible residents set up with [REDACTED] for transport if a driver would not be available to avoid missed appointments. [REDACTED] to continue the efforts of getting residents set up for [REDACTED] transport. Business Office Director to oversee that process and the Executive Director to review progression. This will be reviewed at daily stand up meeting.

Completion Date: 07/28/2021

187c - Refusal of Medication

1. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #1 refused medications on numerous occasions. There is no documentation to indicate the physicians response for the residents refusal of NEPRO Liquid on 1/11/21, 1/17/21, 1/17/21, 1/22/21,, 1/23/21, 1/25/21, 1/30/21, 1/21/21 and 2/4/21.

Plan of Correction

Accept

Reviewed policy and process of medication refusal with med-techs that upon refusal of medication that the medication refusal form needs to be completed immediately and faxed to the physician. Director of Wellness to review eMAR daily for medication refusal alerts and to confirm that the med refusal form has been sent to the physician and follow up on obtaining signature of form by physician. Memory Care Director to follow up in the absence of the Director of Wellness, Executive Director to oversee that it is being followed through on. This will be reviewed at daily stand-up meeting.

Completion Date: 07/28/2021

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

187d - Follow Prescriber's Orders (continued)**Description of Violation**

Resident #1 is prescribed Cinacalcet HCL 30mg. However, this medication was not administered to resident 1 on 1/1/21, 1/3/21, 1/4/21 because the medication was not available in the home.

Plan of Correction**Accept**

Director of Wellness and the Memory Care Director will do a daily review of eMAR to assure that all medications required for administration are in house. Reviewed regulation 2600.187.d with the med-techs to ensure that they know to call the physician/pharmacy to obtain a stat order of needed medications. Will implement weekly emar/cart audits to be completed by med-techs to ensure all medications are available in house. Director of Wellness and Memory Care director to oversee that the audits are being completed weekly. Executive Director to oversee that it is being followed through on. This will be reviewed at daily stand-up meeting.

Completion Date: 07/28/2021