

Department of Human Services
Bureau of Human Service Licensing

September 14, 2022

[REDACTED]
ABINGTON SENIOR CARE LLC
1000 LEGION PLACE, SUITE 1600
ATTN - [REDACTED]
ORLANDO, FL, 32801

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 08/15/2022, 08/16/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *08/16/2023*
Address: *495 EAST ABINGTON AVENUE, PHILADELPHIA, PA 19118*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: *I-1* Date: *09/17/1996* Issued By: *City of Philadelphia*
Type: *Other* Date: *09/17/1996* Issued By: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *131* Waking Staff: *98*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Incident* Exit Conference Date: *08/19/2022*

Inspection Dates and Department Representative

08/15/2022 - On-Site [REDACTED]
08/16/2022 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *122* Residents Served: *80*

Secured Dementia Care Unit

In Home: *Yes* Area: *Capacity: 45* Residents Served: *34*
Memory Care, 1st, 2nd and 3rd floor

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *77*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *51* Have Physical Disability: *3*

Inspections / Reviews

08/15/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/12/2022*

09/13/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/19/2022*

09/14/2022 - Document Submission

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

26b - Quality Management Plan Content

1. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

Description of Violation

The home did not provide the current or previous quality management plan. Staff person A did not know what the quality management plan was until the licensing representative reviewed the regulation. Staff person A then provided a blank template which outlined the required content for documenting a quality management plan and stated they would use the form moving forward.

However, the home did document and provide resident and/or family councils notes.

Plan of Correction**Accept**

Facility will use the provided/attached Quality Management Form and will review and document accordingly monthly at Quality Management meeting. The first meeting was held on 8/23/2022 and all management present was instructed as to which documentation they should prepare for review at this meeting. A document of meeting is attached. Executive Director will hold meeting monthly, and the Facilities Engineer will hold meeting in her absence.

Completion Date: 09/12/2022

Document Submission**Implemented**

Facility will use the provided/attached Quality Management Form and will review and document accordingly monthly at Quality Management meeting. The first meeting was held on 8/23/2022 and all management present was instructed as to which documentation they should prepare for review at this meeting. A document of meeting is attached. Executive Director will hold meeting monthly, and the Facilities Engineer will hold meeting in her absence.

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 8/16/22, during the physical site inspection observed on the Secure Dementia Unit or SDU:

- *Bathroom [REDACTED] - toothpaste on the bathroom sink*
- *Bathroom [REDACTED] - two tubes of toothpaste and a razor on the bathroom*
- *Bathroom [REDACTED] - bars of soap on the sink*

The [REDACTED]. Tube of toothpaste indicated contact poison control and seek medical attention if swallowed.

Plan of Correction**Accept**

Director of Nursing or Memory Care director will do routine environmental rounds of Memory Care resident rooms to ensure all poisonous materials are properly secured and out of the reach of residents. This violation was corrected on-site during annual inspection. Staff was re-educated on the policy/regulation regarding proper storage of poisonous materials and will be added to our on-going training guidelines for new employees. A record of the in-service is attached.

Completion Date: 09/12/2022

82c - Locking Poisonous Materials (*continued*)**Document Submission****Implemented**

Director of Nursing or Memory Care director will do routine environmental rounds of Memory Care resident rooms to ensure all poisonous materials are properly secured and out of the reach of residents. This violation was corrected on-site during annual inspection. Staff was re-educated on the policy/regulation regarding proper storage of poisonous materials and will be added to our on-going training guidelines for new employees. A record of the in-service is attached.

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/16/22, during the physical site inspection the following conditions were observed:

- *Bedroom [REDACTED] - The toilet was soiled and not clean.*
- *Bedroom [REDACTED] - The bedroom was not clean and smelled like feces. The toilet was soiled and stained, and the floor was sticky.*
- *Bedroom [REDACTED] - The bathroom was not clean; the shower was not clean, and the floor was not clean.*
- *Bedroom [REDACTED] - The shared resident bathroom toilet was soiled and not clean.*

Plan of Correction**Directed**

A cleaning cadence was put into place to ensure each resident room is being addressed daily. The Facilities Engineer will ensure the facility cadence is being followed by reviewing cadence checklist and conducting a routine walk-through of the community. In the Facilities Engineer's absence, the Executive Director will review cadence checklist and complete routine walk-through of the community.

DPOC - SP - 09-13-2022

Bedrooms and bathrooms to be checked and cleaned by 09-16-2022. Ongoing compliance to be maintained.

Completion Date:**Document Submission****Implemented**

A cleaning cadence was put into place to ensure each resident room is being addressed daily. The Facilities Engineer will ensure the facility cadence is being followed by reviewing cadence checklist and conducting a routine walk-through of the community. In the Facilities Engineer's absence, the Executive Director will review cadence checklist and complete routine walk-through of the community.

DPOC - SP - 09-13-2022

Bedrooms and bathrooms to be checked and cleaned by 09-16-2022. Ongoing compliance to be maintained.

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

88a - Surfaces (continued)

Description of Violation

In Bathroom [REDACTED] - The switch or nozzle is broken and can poses a safety hazard.

Plan of Correction**Accept**

The broken switch noted was fixed during on-site annual inspection. The Facilities Engineer will conduct a routine walk-through of the community with the Executive Director in order to identify areas needing repair. Staff has been educated to report all potential safety hazards to the concierge to enter into TELS system for Facilities Engineer for immediate repair and will be added to our on-going training guidelines for new employees. A record of the in-service is attached.

Completion Date: 09/12/2022

Document Submission**Implemented**

The broken switch noted was fixed during on-site annual inspection. The Facilities Engineer will conduct a routine walk-through of the community with the Executive Director in order to identify areas needing repair. Staff has been educated to report all potential safety hazards to the concierge to enter into TELS system for Facilities Engineer for immediate repair and will be added to our on-going training guidelines for new employees. A record of the in-service is attached.

91 - Telephone Numbers

1. Requirements

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 bedroom [REDACTED].

Plan of Correction**Accept**

This violation was corrected during the on-site annual inspection. The Director of Sales & Marketing will ensure that emergency telephone number list is current and posted near phone upon admission for all residents with outside lines. Housekeeping will ensure the emergency numbers remain posted during their weekly cleaning. Education was provided with all staff including Director of Sales & Marketing and housekeeping as to their role in this POC. A copy of the training is attached.

Completion Date: 09/12/2022

Document Submission**Implemented**

This violation was corrected during the on-site annual inspection. The Director of Sales & Marketing will ensure that emergency telephone number list is current and posted near phone upon admission for all residents with outside lines. Housekeeping will ensure the emergency numbers remain posted during their weekly cleaning. Education was provided with all staff including Director of Sales & Marketing and housekeeping as to their role in this POC. A copy of the training is attached.

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

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

101j7 - Lighting/Operable Lamp (continued)

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

Description of Violation

The lamp in bedroom [REDACTED] was not working at the time of inspection.

Bedroom [REDACTED] [REDACTED] the lamps in the bedroom were not plugged at the time of inspection. The lamps were on the nightstand with the cords wrapped around the lamps. The lamps were not plugged during the inspection.

Plan of Correction**Accept**

This violation was corrected during on-site annual inspection. The lamp in [REDACTED] was repaired and is now operable. Lamps in [REDACTED] have been plugged in. Care staff has been educated and trained on ensuring all bedside lights are plugged in, and (if inoperable), to report to maintenance for repair and will be added to our on-going training guidelines for new employees. A record of the in-service is attached.

Completion Date: 09/12/2022

Document Submission**Implemented**

This violation was corrected during on-site annual inspection. The lamp in [REDACTED] was repaired and is now operable. Lamps in [REDACTED] been plugged in. Care staff has been educated and trained on ensuring all bedside lights are plugged in, and (if inoperable), to report to maintenance for repair and will be added to our on-going training guidelines for new employees. A record of the in-service is attached.

102h - Toilet Paper**1. Requirements**

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 8/16/22, at approximately 11:00am, there was no toilet paper for the toilet in the bathroom in [REDACTED]

Plan of Correction**Accept**

This violation was corrected during the annual on-site inspection. Toilet paper was provided to [REDACTED]. Housekeeping staff was educated and trained on ensuring all toilets have toilet paper provided during regular room cadence. Care staff was educated on where to find toilet paper during housekeeping's off hours and will be added to our on-going training guidelines for new employees. A record of the in-service is attached.

Completion Date: 09/12/2022

Document Submission**Implemented**

This violation was corrected during the annual on-site inspection. Toilet paper was provided to [REDACTED]. Housekeeping staff was educated and trained on ensuring all toilets have toilet paper provided during regular room cadence. Care staff was educated on where to find toilet paper during housekeeping's off hours and will be added to our on-going training guidelines for new employees. A record of the in-service is attached.

103f - Refrigerator/Freezer Temps**1. Requirements**

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

On 8/16/22, at approximately 1:15pm the temperature in the walk-in freezer was 14 degrees Fahrenheit. Also based on

103f - Refrigerator/Freezer Temps (continued)

a review of the walk-in freezer temperature log the temperature was 4 degrees Fahrenheit on 8/15/22 at 7:00am and 6 degrees Fahrenheit on 8/16/22 at 6:30am.

Plan of Correction**Accept**

In reviewing this violation with kitchen staff, Executive Director was informed that the temperatures were taken after incoming deliveries where the walk-in freezer door was kept propped open while moving the items into the walk-in freezer and putting them away. Kitchen staff was educated and trained on keeping the walk-in freezer door closed during these processes in order to maintain regulatory temperatures. Kitchen staff was also instructed to report any out-of-compliance temperatures to Facilities Engineer immediately to determine whether or not a service call is needed for maintenance of the walk-in freezer. This will be added to our on-going training guidelines for new employees. A record of the in-service is attached.

Completion Date: 09/12/2022

Document Submission**Implemented**

In reviewing this violation with kitchen staff, Executive Director was informed that the temperatures were taken after incoming deliveries where the walk-in freezer door was kept propped open while moving the items into the walk-in freezer and putting them away. Kitchen staff was educated and trained on keeping the walk-in freezer door closed during these processes in order to maintain regulatory temperatures. Kitchen staff was also instructed to report any out-of-compliance temperatures to Facilities Engineer immediately to determine whether or not a service call is needed for maintenance of the walk-in freezer. This will be added to our on-going training guidelines for new employees. A record of the in-service is attached.

107c - Food/Water 3 Day Supply**1. Requirements**

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

Based on a physical site inspection on 8/16/22, the home did not maintain at least a 3-day supply of nonperishable food for three days to serve [REDACTED]. Staff person A stated the home used the emergency food the day of the inspection.

Plan of Correction**Accept**

The emergency food supply was used day of inspection to avoid going past expiration date listed. New emergency food order was placed the week of on-site annual inspection and arrived on the day of on-site annual inspection but had not yet been put away. Kitchen staff were educated on ensuring that emergency food and water are in place at all times and replenished immediately if ever used. This will be added to our on-going training guidelines for new employees. A record of the in-service is attached.

The following items are in emergency food stock

4 cases vanilla pudding

6 cases peaches

5 cases apple sauce

4 case mixed veg

1 case string beans

3 cases 3 bean salad

3 cases corn

3 case ravioli

4 cases Beef stew

107c - Food/Water 3 Day Supply (continued)

2 case cornbeef hash
 3 cases of pears
 3 cases of pineapples
 4 cases fruit cocktail

Completion Date: 09/12/2022

Document Submission**Implemented**

The emergency food supply was used day of inspection to avoid going past expiration date listed. New emergency food order was placed the week of on-site annual inspection and arrived on the day of on-site annual inspection but had not yet been put away. Kitchen staff were educated on ensuring that emergency food and water are in place at all times and replenished immediately if ever used. This will be added to our on-going training guidelines for new employees. A record of the in-service is attached.

The following items are in emergency food stock

4 cases vanilla pudding
 6 cases peaches
 5 cases apple sauce
 4 case mixed veg
 1 case string beans
 3 cases 3 bean salad
 3 cases corn
 3 case ravioli
 4 cases Beef stew
 2 case cornbeef hash
 3 cases of pears
 3 cases of pineapples
 4 cases fruit cocktail

107d - Procedure Emergency Management Agency Submission**1. Requirements**

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 did not provide the current or previously approved written emergency procedures. Staff person A did not know what the document was or familiar with the local emergency management agency.

Plan of Correction**Accept**

Upon the Executive Director's review of regulation, emergency management plan was emailed to OEM of Philadelphia County and received letter of receipt for emergency management plan on day of on-site annual inspection. Facilities Engineer to ensure that emergency management plan is sent to the OEM of Philadelphia County annually. Executive Director to oversee that this is submitted annually or upon change of emergency management plan. Education on this policy was reviewed between the Executive Director and Facilities Engineer to ensure future compliance. A copy of the training is attached

Completion Date: 09/12/2022

Document Submission**Implemented**

Upon the Executive Director's review of regulation, emergency management plan was emailed to OEM of

107d - Procedure Emergency Management Agency Submission (continued)

Philadelphia County and received letter of receipt for emergency management plan on day of on-site annual inspection. Facilities Engineer to ensure that emergency management plan is sent to the OEM of Philadelphia County annually. Executive Director to oversee that this is submitted annually or upon change of emergency management plan. Education on this policy was reviewed between the Executive Director and Facilities Engineer to ensure future compliance. A copy of the training is attached

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

During the medication audit on 8/16/22, [redacted] was observed on the med-cart with resident #1's medication. Resident #1 did not have a current order for [redacted]

Plan of Correction

Accept

Upon admission, Resident #1 had an order for [redacted] Upon cycle fill, pharmacy filled [redacted] prescription with the generic brand of [redacted] Medicine Technicians were educated on the policy/regulation that all medications must match from MAR to medication and any medication that does not match needs to removed from the cart and properly disposed of. Education and training of this policy was completed with Medicine Technicians and will be added to our on-going training guidelines for new med techs. A record of the in-service is attached.

Completion Date: 09/12/2022

Document Submission

Implemented

Upon admission, Resident #1 had an order [redacted] Upon cycle fill, pharmacy [redacted] prescription with the generic brand of [redacted] Medicine Technicians were educated on the policy/regulation that all medications must match from MAR to medication and any medication that does not match needs to removed from the cart and properly disposed of. Education and training of this policy was completed with Medicine Technicians and will be added to our on-going training guidelines for new med techs. A record of the in-service is attached.

185a - Implement Storage Procedures

1. Requirements

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 #1 is prescribed [redacted] Resident #1 was in another facility [redacted] a medication [redacted] was discovered. Reported missing [redacted] the [redacted] sheet [redacted] Based on the investigation, staff person B was terminated.

Resident #2 is on an [redacted] The home uses [redacted] for resident #2. There was no reading on either [redacted] for resident #2 on [redacted] the [redacted]

185a - Implement Storage Procedures (continued)

Plan of Correction**Accept**

In regard to Resident #1, the method of [REDACTED] has been changed from loose-leaf paper tracking to a hard-bound book so that pages cannot be removed from [REDACTED]. Staff will be educated on new process with [REDACTED] logbook and will be added to our on-going training guidelines for new med techs. A record of the in-service is attached.

In regard to Resident #2, Med Techs were educated on the policy for documentation regarding [REDACTED]. Will have med techs during weekly med cart audits review/cross reference [REDACTED] to the MAR for accuracy and to report to Director of Nursing any discrepancies and provide further education if necessary. In-service/education provided to med techs. A record of in-service is attached.

Completion Date: 09/12/2022**Document Submission****Implemented**

In regard to Resident #1, the method of [REDACTED] has been changed from loose-leaf paper tracking to a hard-bound book so that pages cannot be removed from [REDACTED]. Staff will be educated on new process with new [REDACTED] logbook and will be added to our on-going training guidelines for new med techs. A record of the in-service is attached.

In regard to Resident #2, Med Techs were educated on the policy for documentation regarding [REDACTED]. Will have med techs during weekly med cart audits review/cross reference the [REDACTED] to the MAR for accuracy and to report to Director of Nursing any discrepancies and provide further education if necessary. In-service/education provided to med techs. A record of in-service is attached.

2. Requirements

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 #3 is prescribed [REDACTED] [REDACTED] the medication was not available in the home.

Resident #4 is prescribed [REDACTED] On [REDACTED] the medication was not available in the home.

Plan of Correction**Accept**

In regard to Resident #3, the resident was administered their last dose of an as-needed medication the day of on-site annual inspection. Staff was educated/trained to re-order as-needed medications 7 doses prior to end of prescription to ensure for timely refill of medication and will be added to our on-going training guidelines for new med techs and routine med tech in-services. A copy of the in-service is attached.

In regard to Resident #4, staff was educated/trained to re-order as-needed medications 7 doses prior to end of prescription to ensure for timely refill of medication. Staff also received re-training on medication cart audits to be completed weekly to ensure MAR to cart accuracy. This is to be overseen by Director of Nursing and will also be added to on-going training guidelines for new employees. A copy of the in-service is attached.

Completion Date: 09/12/2022**Document Submission****Implemented**

In regard to Resident #3, the resident was administered their last dose of an as-needed medication the day of

185a - Implement Storage Procedures (continued)

on-site annual inspection. Staff was educated/trained to re-order as-needed medications 7 doses prior to end of prescription to ensure for timely refill of medication and will be added to our on-going training guidelines for new med techs and routine med tech in-services. A copy of the in-service is attached.

In regard to Resident #4, staff was educated/trained to re-order as-needed medications 7 doses prior to end of prescription to ensure for timely refill of medication. Staff also received re-training on medication cart audits to be completed weekly to ensure MAR to cart accuracy. This is to be overseen by Director of Nursing and will also be added to on-going training guidelines for new employees. A copy of the in-service is attached.