

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

March 1, 2024

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

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/31/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE TERRACE AT CHESTNUT HILL License #: 14157 License Expiration: 08/16/2024
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: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: I-1 Date: 09/17/1996 Issued By: City of Phila L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 121 Waking Staff: 91

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident, Monitoring Exit Conference Date: 01/31/2024

Inspection Dates and Department Representative

01/31/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 122 Residents Served: 70

Secured Dementia Care Unit

In Home: Yes Area: Lilac Terrace Capacity: 45 Residents Served: 19

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 70
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 51 Have Physical Disability: 0

Inspections / Reviews

01/31/2024 - Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 02/22/2024

02/21/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 02/28/2024
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 03/06/2024

Inspections / Reviews *(continued)*

03/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 [REDACTED], an unlabeled and undistinguishable bar of soap, was unlocked, unattended, and accessible to residents in Memory Care Room [REDACTED]. Not all the residents of the home, including Resident [REDACTED] have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept [REDACTED] - 02/21/2024)

The clinical staff and the Memory Care Director was in-serviced on 2/15/24 by the ED on regulation 82C. (See attached). Clinical staff will inspect the SDU apartments at the end of their shift to ensure all poisonous materials are locked under the sink.

The Memory Care Director and or a designee is to inspect twice weekly that each apartment on the SDU to ensure that all poisonous materials are locked under the sink. She will do this audit and document the checks until March 29th 2024.

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented [REDACTED] 03/01/2024)

87 - Lighting

2. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

On [REDACTED], the stairwell to exit 4, near Room [REDACTED] was dark; the emergency light was not operable, and the light fixture on the ceiling was not working.

Plan of Correction

Accept [REDACTED] - 02/21/2024)

On February 1, 2024 that emergency light was replaced and light fixture repaired. Moving forward, Maintenance Director was in-serviced by ED on 2/5/24. On the weekly walk through of the site, Maintenance Director will check all hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes to be sure that all said areas are lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate. This site walk will be documented.

Maintenance Director, ED or a designee will do this site walk and document the findings until 3/29/24.

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented [REDACTED] - 03/01/2024)

95 - Furniture and Equipment

3. Requirements

2600.

95 - Furniture and Equipment (continued)

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [REDACTED], the rubber seal at the bottom of the refrigerator in the Memory Care kitchenette was falling off.

Plan of Correction

Accept [REDACTED] - 02/21/2024)

On February 1, 2024 the refrigerator was disposed of since it was found to not be in proper working order. (see photo). Maintenance Director will do weekly site walks for compliance checks that all furniture and equipment is in good repair, clean and free of hazards. This will include checking all refrigerators/freezers and the contents to verify there is no expired food or drinks. Maintenance Director was in-serviced by ED on 2/6/24. (see attached).

Licensee's Proposed Overall Completion Date: 02/17/2024

Implemented [REDACTED] - 03/01/2024)

103e - Left Overs

4. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On [REDACTED], there was an unlabeled, undated container of juice in the Memory Care kitchenette refrigerator.

Plan of Correction

Accept [REDACTED] 02/21/2024)

Maintenance Director will do weekly site walks for compliance checks that all furniture and equipment is in good repair, clean and free of hazards. This will include checking all refrigerators/freezers and the contents to verify there is no expired food or drinks and that any food or drinks in the refrigerators are labeled and dated. Maintenance Director was in-serviced by ED on 2/6/24. (see attached). This audit will be conducted weekly and be completed on March 29, 2024.

Licensee's Proposed Overall Completion Date: 02/17/2024

Implemented [REDACTED] - 03/01/2024)

183e - Storing Medications

5. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED], at [REDACTED], there were two loose pills found in the Medication Cart that serves the 2nd and 3rd floor.

On [REDACTED], at [REDACTED] on the bubble pack for Resident [REDACTED] prescription of [REDACTED] tablet, there was tape found on back of spot 9.

Plan of Correction

Accept [REDACTED] 02/21/2024)

On [REDACTED] the two loose pill observed in the medication cart on the 2nd and 3rd floor of PC were disposed of. On [REDACTED] the [REDACTED] tablet of [REDACTED] that was taped in the back of blister pack for Resident [REDACTED] was wasted by the nursing team, and the documented. (see attached).

183e - Storing Medications (continued)

The Medication technicians, Director of Wellness and the nursing team were in-serviced on 2/15/24 by the ED. Staff educated that during the med. tech.'s shift they are expected to check the drawers of the medication cart to ensure that each drawer is free of loose pill(s). If a loose pill is identified it is to be discarded at that time. The med. tech.'s are also expected and educated that on their shift they are to inspect the narcotic blister packs to ensure that there are no pills taped in. If a narcotic is observed to be taped in the blister pack, the med. tech. is to bring that to the nurses attention so [REDACTED] can properly waste that tablet and document. See attached in-service.

Moving forward the Director of Wellness was in-serviced on 2/15/24. She will audit each medication cart weekly to ensure that there are no loose pills in any of the drawers. [REDACTED] is also to inspect the back of all narcotic blister packs to ensure that there are no tablets taped in. [REDACTED] will continue this audit and document the results through 3/29/24. (see in-service).

Licensee's Proposed Overall Completion Date: 02/17/2024

Implemented [REDACTED] - 03/01/2024)