

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

January 12, 2026

[REDACTED] REGULATORY DIRECTOR
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 12/10/2025, 12/11/2025 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: *08/16/2026*
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 Philadelphia*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *112* Waking Staff: *84*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Incident* Exit Conference Date: *12/11/2025*

Inspection Dates and Department Representative

12/10/2025 - On-Site: [Redacted]
12/11/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *122* Residents Served: *85*

Secured Dementia Care Unit

In Home: *Yes* Area: *Lilac Terrace* Capacity: *31* Residents Served: *20*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *85*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *27* Have Physical Disability: *0*

Inspections / Reviews

12/10/2025 - Full

Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *01/10/2026*

01/07/2026 - POC Submission

Submitted By: [Redacted] Date Submitted: *01/07/2026*
Reviewer: [Redacted] Follow-Up Type: *Document Submission* Follow-Up Date: *01/17/2026*

Inspections / Reviews *(continued)*

01/12/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/07/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

181f - Record of Medication

1. Requirements

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On 12/11/2025, resident #1's record did not include a current list of medications. The list in the resident's record included 5-mg Lorazepam tablets, which were not in the resident's room and which the resident said they had never had. Resident #1 had two prescription medications--Ketoconazole cream 2% and Nitroglycerin .4% ointment--and three medications purchased over-the-counter--Tylenol 500 mg, Claritin 10 mg, and Loratadine 10 mg--that were not on the list.

On 12/11/2025, resident #2's record did not include a current list of medications. The list in resident #2's record included 10-mg Cetirizine tablets, which were not in resident #2's room. For approximately the past month and a half, the resident had instead been treating their allergies with Loratadine, which was not on the list.

Plan of Correction

Accept ([REDACTED] - 01/07/2026)

Both residents, 1 and 2 were seen by their CRNP on [REDACTED]. Their medications were reconciled by the CRNP. New orders were written, and sent to the pharmacy by DOW, so that all current medications are listed and correspond with all labels. Residents 1 and 2 were educated on 12/11/25 by DOW to please inform [REDACTED] if they are in receipt of medication, cream, etc. that is not on their standard MAR in their record. Resident 1 and 2's MARs are present in their record and placed by the DOW on 12/17/25. (See attached MD orders, Mars' and Self-Administration of Medication Review Forms for residents' 1 and 2).

An audit was done on 12/17/25 by [REDACTED], LPN, to ensure compliance to regulation 181F, for the three other residents' who self-administrator and their medications were verified for accuracy to their MAR. All were observed to be correct and in compliance. MARs were confirmed by nurse to be in place in the residents' records. (See attached MAR's and Self-Administration of Medication Review Forms).

The clinical team, including the Director of Wellness was in-serviced on regulation 181F, by [REDACTED], ED, LPN on 12/29/21 to re-educated on the importance of the accuracy of medications matching the MAR for each resident who self-administers their own medications and that a MAR is attached to their self-admin. form. (See attached in-service).

The monitoring of medications to MAR of all self-administrator residents will resume the week of 1/05/26 and be reviewed by the DOW or [REDACTED] Designee one day per week and continue until March 30, 2026. The medication audits will be documented for later review by the Department upon request.

Care Associates and Medication Technicians were in-serviced by the DOW on 12/19/25 on regulation 181F and the importance of assisting with self-administration of medications and reporting to Director of Wellness or Executive Director if a medication(s) whether a prescription, CAM or OTC is viewed in a resident's apartment it needs to be reported immediately to the Wellness Department Nurse or DOW. (The in-service is attached for the Department's review).

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented ([REDACTED] - 01/12/2026)

184a - Resident's Meds Labeled

2. Requirements

184a - Resident's Meds Labeled (*continued*)

2600.

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

Description of Violation

On 12/10/2025, the pharmacy label for resident #3's polyethylene glycol contained incorrect instructions. The label said to pour one capful (17g) into 8 ounces of water once daily. However, resident #3's medication administration record indicates the correct instructions are to pour the dose into 4-6 ounces of liquid.

Plan of Correction**Accept ([REDACTED] - 01/07/2026)**

The order for polyethylene glycol for resident #3 was verified for accuracy with [REDACTED] MD on 12/10/25 by DOW to ensure that the label and the MAR are corresponding and correct. The MD clarified the order, and it was e-scripted and sent to pharmacy to profile. A change of order sticker was immediately placed on the polyethylene glycol for resident #3. (See attached MAR and label that shows both are corresponding).

On 12/11/25 an audit off medication carts were performed by the DOW and ED to ensure that all physician orders on the MAR matched the labels on all medications, OTC's and CAMs. That audit was completed on 12/15/25. (See attached completed med. cart order forms).

Medication Tech.'s were in-service by [REDACTED], ED, LPN on 12/15/25 on regulation 184a, to ensure they are aware to report immediately to DOW and/or ED, any inaccuracy of MAR to medication label, OTC or CAM they observe on their medication pass. (See attached in-service for your re-view).

To ensure on-going compliance of regulation 2600.184a, all medication carts will be audited by DOW or [REDACTED] designee weekly, which has already started on 12/11/25. This audit will continue and be completed by March 30, 2026. All audit sheets will be kept for Departments review. (Please see completed audit forms within this time frame).

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented ([REDACTED] - 01/12/2026)