

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

February 20, 2025

[REDACTED], REGULATORY DIRECTOR
ABINGTON SENIOR CARE LLC

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 12/16/2024, 12/17/2024 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: *08/16/2025*
 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: *116* Waking Staff: *87*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *12/17/2024*

Inspection Dates and Department Representative

12/16/2024 - On-Site: [REDACTED]
 12/17/2024 - 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: *45* Residents Served: *26*

Hospice
 Current Residents: *9*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *84*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *31* Have Physical Disability: *0*

Inspections / Reviews

12/16/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/25/2025*

02/07/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/17/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/17/2025*

Inspections / Reviews *(continued)*

02/20/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 12-16-24 the following unsanitary conditions were observed during the safety walk through of the home.

- *9:50am the couch in memory care #2 was unclean with food stains.*
- *10:01 the arms of the blue floral print chair were soiled with stains.*

On 12-17-24 the following unsanitary concerns were observed in the home.

- *9:53 am the male common area bathroom located across from the private dining room had feces smeared on the toilet seat.*
- *10:30 am upon exiting the elevator there was a strong smell of urine located on the Memory Care #4 area of the home.*
- *3:04 pm the lid of the trash can was exposed with an unclean surface of food spills. The plastic lids covering the ice cream had stains of spilled ice cream.*

Plan of Correction

Accept ([REDACTED] - 02/07/2025)

January 16, 2025

Regulation 2600.85.a

Sanitary conditions shall be maintained.

Couch on memory care #2 was unclean with food stains.

Couch on memory care 2nd floor was immediately removed and disposed of as it was found to be unclean with stains. Please see attached photo that couch has been removed.

Arms of the blue floral print chair were soiled with stains.

Blue floral print chair with arms that were found to be soiled with stains was immediately deep cleaned. Please see attached photo.

Plan of Correction:

Effective immediately as of January 16, 2025, the Maintenance Director will do weekly audits and sign off that all furniture, will be monitored to ensure all is in good, clean condition. Any furniture found to be soiled or in disrepair will immediately be removed and disposed of by the Maintenance Director. This weekly audit will be on a weekly audit form and maintained in a binder to continue until March 24, 2025.

Moving forward, the Executive Director or her designee will do a site walk of the community monthly to ensure that all furniture is in good, clean condition. This site walk by the ED or designee will be recorded on an audit form continue through April 28, 2025.

Male common area bathroom located across from the private dining room had feces smeared on the toilet seat.

In-service to all Housekeepers and Maintenance team members:

Housekeepers and maintenance team members are to do (besides already scheduled checks on task sheets for

85a - Sanitary Conditions (continued)

everyone) at a minimum of three checks per shift of all common area rest rooms. There is a check-off sheet on the back of the restroom door. This sheet is to be signed off each time you check the restroom for cleanliness, toilet paper, properly working toilet, sink and lighting and clean and empty trash cans.

Please review the attached check-off sheet so you are aware of each item to checked on and sign off that the task has been completed.

Please read and acknowledge your awareness of the expectations during your shift. This includes all common area restrooms in the community.

Thank you.

██████████, Executive Director

Upon exiting the elevator there was strong smell of urine located on Memory Care #4 area of the home.

Plan of Correction:

In-service to all Care Staff:

When disposing of soiled depends, the waste is to be double bagged and securely closed and placed in the trash with the lid of the trash can closed. All clothing that has been soiled is to be double bagged and taken to the laundry for cleaning immediately.

The Memory Care Director will make weekly rounds to monitor and enforce that the above-mentioned policy is being followed. ██████████ will document ██████████ findings.

██████████, Executive Director

Lid of trash can was exposed with an unclean surface of food spills. Plastic lids covering the ice cream had stains of spilled ice cream.

Plan of Correction:

In-service was completed by the Executive Director with all dietary staff on December 19, 2024 to make them aware that sanitary conditions must be maintained at all times per regulation 2600.85.a. This in service included that dietary staff is to monitor that all trash cans must have clean lids on at all times to maintain compliance. In-service also included that the lids covering the ice cream must be free of debris and clean.

Moving forward, the Dietary Director will do a weekly documented audit to ensure that all trash can lids are clean and in place. Dietary Director will also monitor the lids on the ice cream to ensure they are free of debris and clean. This audit was started on December 19, 2024 and will continue through March 24, 2025.

Licensee's Proposed Overall Completion Date: 03/24/2025

Implemented (██████████) - 02/20/2025)

100a - Exterior - Free of Hazards**2. Requirements**

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

100a - Exterior - Free of Hazards (continued)

Description of Violation

The outdoor patio area had multiple tripping hazards to include an overturned table, umbrella stand with the portion that holds the umbrella sticking up, and the umbrella was overturned and laying on the ground amongst some chairs with the middle rod facing toward the sky.

Plan of Correction

Directed (████) - 02/07/2025)

Plan of Correction:

On January 23, 2025 under the supervision of the Executive Director, the Maintenance Director and █████ staff removed and put into storage all outdoor furniture including umbrellas from the memory care patio to ensure that the patio is free of hazards and in good repair. See attached photo of memory care patio.

Directed Plan of Correction (slw 2/7/25):

In addition to the steps noted above the ED or Maintenance Director will conduct monthly physical checks of the exterior of the home to ensure all hazards are removed, starting immediately.

Proposed Overall Completion Date: 01/24/2025

Directed Completion Date: 01/24/2025

Implemented (████) - 02/20/2025)

103b - Clean/Sanitized Kitchen Surfaces

3. Requirements

2600.

103.b. Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

Description of Violation

On 12-17-24 at 3:02pm the side of the oven between the cooktop and the deep fryer was covered in grease and grime, posing a fire hazard.

Plan of Correction

Accept (████) - 02/07/2025)

On December 18, 2024 the Dietary Director thoroughly scrubbed and sanitized the entire oven to include the side between the cooktop and the deep fryer. The Dietary Director or his designee will do weekly audits to monitor and ensure that all kitchen surfaces are cleaned and sanitized after each meal service to maintain compliance per regulation 2600.103.b. This documentation was started on December 18, 2024 and will continue through March 24, 2025.

Licensee's Proposed Overall Completion Date: 03/24/2025

Implemented (████) - 02/20/2025)