

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ELM TERRACE GARDENS LEGAL ENTITY

To operate ELM TERRACE GARDENS NAME OF FACILITY OR AGENCY

Located at 660 NORTH BROAD STREET, LANSDALE, PA 19446 (COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 250 (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes (MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 4, 2010 until November 4, 2010,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127831

Robert E. Robinson

ISSUING OFFICER

Kenneth V. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE:

MAY 06 2010

Mr. Robert McLain, VP/CFO
Elm Terrace Gardens
660 North Broad Street
Lansdale, Pennsylvania 19446

Dear Mr. McLain:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 22, 2009, January 19, 2010, January 20, 2010 and April 22, 2010 of the above personal care home, the violations specified on the enclosed Violation Report were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

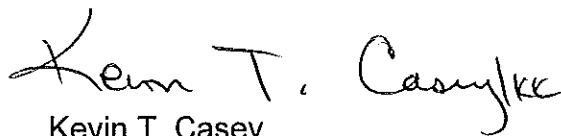
Karen E. Kroh, Director
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

Mr. Robert McLain

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Kevin T. Casey". The signature is written in a cursive style with a large initial "K" and a stylized "C".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Elm Terrace Gardens 660 North Broad St., Lansdale, PA 19446		CURRENT LICENSE NUMBER 127830	
INSPECTION DATE(S) (Include all dates of the inspection) October 22, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Patricia Adams	
SIGNATURE OF LEGAL ENTITY <i>Robert F. Jovelle</i>	DATE 3/2/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Katherine Young</i>	DATE 4/30/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
23a A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.	The home assessed resident #1 on 9-30-09 and determined that the resident is independently mobile with an ambulation device. The resident's physician noted on the 10-2-09 medical evaluation that the resident is unable to move from one location to another without physical assistance from others. The resident's Physical and Occupational Therapists noted that the resident was partially impaired in self care, activity tolerance, balance, functional transfers and functional mobility. At no time did the home get clarity from the physician or therapy professionals regarding	<i>Immediate</i>	<i>Training will be provided. Staff will be ordered with physical and therapy interventions. Disinfectants are not consistent. Administrators will monitor. Training will be responsible. Training will be reviewed.</i>	<i>See attached Page 1a. Ky 4/30/10</i>

That's given be randomly audited to remain in compliance.

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23a – continued	the mobility needs of the resident or develop a plan to meet those needs. As a result, the resident fell on the morning of 10-21-09 and was found by the bedside table unresponsive. The resident died at the hospital on 10-22-09 with an intracerebral hemorrhage with intraventricular extension and a C4 fracture.		other medical professionals that provide services of any kind to the residents, and any social supports the residents may have. If through the assessment and support plan process the home determines that the home cannot meet any resident's needs, the home will relocate the resident to a locus of care where the resident's needs can be met. Relocation assistance, including but no limited to contacting appropriate homes, transporting the resident to the homes to offer choice, and payment of any costs associated with the relocation will be provided by the home.	

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NAME AND ADDRESS OF PERSONAL CARE HOME Elm Terrace Gardens, 660 North Broad St. Lansdale Pa. 19446		CURRENT LICENSE NUMBER 127830	
INSPECTION DATE(S) (include all dates of the inspection) January 19, 20, 2010		REGIONAL REPRESENTATIVE Judith Folan Mary ellen Shoup	
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 2/25/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4/22/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department.	There was no Pre-admission Screening document available for Resident 1, admitted July 7, 2009. The Pre-admission Screening for Resident 2, was completed on December 10, 2009, which was the date of admission.	<i>Immediate</i> 3/25/2010	<i>Resident #1</i> The admission screen is attached. <i>Resident #2</i> The admission screen will be completed prior to admission. Administrator will monitor and be responsible.	4/22/10 <i>[Signature]</i>

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<p>22a2 and 141a-2 22a2</p> <p>The following admission document shall be completed for each resident - Medical evaluation completed 60 days prior to or 30 days after admission on a form specified by the Department.</p> <p>141a-2</p> <p>The medical evaluation shall include the following:</p> <p>(2) Medical diagnosis including physical or mental disabilities of the resident, if any.</p> <p>(3) Medical information pertinent to diagnosis and treatment in case of an emergency.</p>	<p>The medical evaluation for Resident 1 was a poor quality copy or fax of the original and the resident's diagnoses and medication history could not be read.</p> <p>Original signed medication orders of the physician were not attached or available.</p> <p>Resident 3 had a medical evaluation which stated see list for medications. There was no attached list signed on that date.</p> <p>Repeat Violations from 10-28-08</p>	<p><i>Immediate</i></p> <p><i>2/25/2010</i></p>	<p><i>Resident # 1</i></p> <p><i>Medical evaluations that are poor quality due to fax - doctor's office - will be pulled & request to re-fax and mail a copy N.S.A.P</i></p> <p><i>Administrators will monitor - nurse will be responsible</i></p> <p><i>Medical evaluations will list medications</i></p> <p><i>Administrators will monitor nurse will be responsible.</i></p> <p><i>Nurse will audit all future MR's for compliance.</i></p> <p><i>[Signature]</i></p>	<p><i>4/22/10</i></p> <p><i>dx</i></p>

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(7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.				

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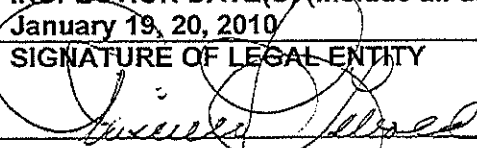

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26a and 26b 26a The home shall establish and implement a quality management plan 26b The quality management plan shall address the periodic review and evaluation of the following: (4) Licensing violations and plans of correction, if applicable. (5) Resident or family councils, or both, if applicable.	There was no quality management plan and the only available meeting, dated 9-2-09, lacked information regarding licensure violations and plans of correction and a review of resident council minutes.	<i>3/24/2010</i>	<i>Q/A meetings take following will be reviewed and addressed as needed any required licensing violations and plans of correction - resident council Administrators will monitor. Administrators are responsible. Administrators will schedule Q/A regularly and results documented JFS 4/25/2010</i>	<i>4/22/10</i> <i>dh</i>

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
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44a Prior to admission, the home shall inform the resident and the resident's designated person of the right to file and the procedure for filing a complaint with the Department's personal care home regional office, local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc. or law enforcement agency	Documents were not available to show that Resident 4 had been informed of the right to, or means of, filing complaints with the Department's personal care home regional office or protective services. The Resident Rights documents signed at the time of admission were outdated and did not contain this information.	<i>Immediate</i> <i>4/15/10</i>	<i>Please see attached - Resident signed acknowledgment form stating [redacted] received how to file a complaint. Administrator will continue to monitor. Administrator will be responsible. Administrator/Designee will review all admission packets to assure compliance.</i> <i>4/22/2010</i>	<i>4/22/10</i> <i>d</i>

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63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times.	Staffing schedules reflect that only one First Aide and CPR certified staff member was available for the census of 54 residents on Jan. 16, 2010, on the day (7am to 3pm) tour of duty.	Immediate 2/25/2010	All staff will be trained in CPR & First aid. If a call out occurs several attempts will be made to find in staff. If attempts are unsuccessful on-call nurse will come in to cover shift. Administrators will monitor nurse will be responsible. Administrators at discharge will review schedule weekly to assure compliance. (DPW) 4/25/10	4/22/10 ✓

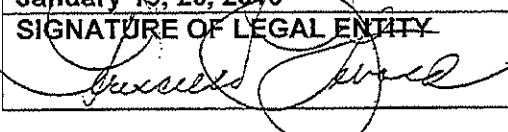
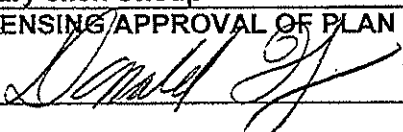
All staff now have current
 First Aid/CPR recert



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65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. (4) Reporting of reportable incidents and conditions.	The orientation of Employee A, hired Sept. 15, 2009, did not include all required topics. There was no documentation to confirm orientation to the home's Emergency Medical Plan, the Incident and conditions reporting requirements and the mandatory reporting of abuse or neglect under the Protective Services Act.	<i>Immediate completed</i> 2-25-10	<i>Employee A</i> <i>in required topics</i> <i>see attached</i> <i>Administrators will monitor</i> <i>HR and Administrators are responsible.</i> <i>Administrators will oversee training of all new hires to assure compliance</i> <i>FD 4/22/10</i>	<i>4/22/10</i> <i>d</i>

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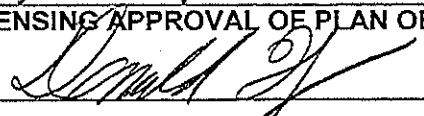
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65d Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the following: (i) Safe management	The record of Employee B, hired on 9-16-07 for, and working as, a direct care staff member, lacks documentation of direct care training. Information in the record indicates the employee prepared for but did not receive Nurse Aide Registry status. There was no documentation to support the employee met the grandfathering requirements or the employee had other certification or registration in lieu of this requirement. Repeat Violation from 10-28-08.	2/4/2010 Immediate complete required	Employee will direct care training before being allowed to return to work. HR and administration will monitor all new hires to be certain we are in compliance. HR and administration will be responsible.	4/22/10 

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techniques. (ii) ADL's and IADL's. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the				

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community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention. (xiii) Universal precautions. (xiv) These regulations. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.				

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INSPECTION DATE(S) (Include all dates of the inspection) January 19, 20, 2010		REGIONAL REPRESENTATIVE Judith Folan Mary ellen Shoup	
SIGNATURE OF LEGAL ENTITY <i>Jessie Wood</i>	DATE 1/25/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Small JF</i>	DATE 4/22/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
123c For a home serving 9 or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.	Emergency evacuation diagrams were not properly posted on each floor of the home as required. - There were no diagrams showing location of alarms, extinguishers, or the corridors with lines of travel to exits, for personal care units located outside the 3 rd and 4 th floor main building units, on floors 2 through 5. - The posting on the 4 th floor main building unit, near room 406, was incorrect. Room numbers were not current and a patio end door noted on the diagram did not exist.	2/10/2010 4/30/2010 2/22/2010	Emergency evacuation diagrams will be placed at spots on each floor. Administrators will monitor. Administrators will be responsible. Diagrams will include location of alarms, extinguishers and line of travel to exits. Administrators will inspect home weekly for future compliance.	4/22/10 a

Jessie Wood
4/22

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Russell J. ...</i>	DATE <i>2/25/2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>4/22/10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Resident 5 had an enabler applied to the bed by hospice. There was a space between the mattress and the device. The enabler had 3 horizontal bars which were not covered to protect the resident from injury.	<i>Immediate</i> <i>2/25/2010</i>	<i>All enablers will be inspected for proper placement. Make sure they are not a hazard to a resident. If there is a concern, enablers will be removed. Administrators will monitor. Administrator is responsible. Residents' input is PC. Nursing staff will monitor weekly for compliance.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>4/22/10</i> Date Initials (DPW) <i>[Signature]</i>

[Signature] 4/22

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Elm Terrace Gardens, 660 North Broad St. Lansdale Pa. 19446		CURRENT LICENSE NUMBER 127830	
INSPECTION DATE(S) (Include all dates of the inspection) January 19, 20, 2010		REGIONAL REPRESENTATIVE Judith Folan Mary ellen Shoup	
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 2/25/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4/22/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
225c The resident shall have additional assessments as follows: (2) If the condition of the resident significantly changes prior to the annual assessment.	Resident 5 was admitted to hospice care on 12-23-09. There was no updated assessment or support plan related to this change in condition. There was no assessment or support plan related to the use of an enabler on the bed of Resident 5. Repeat Violation from 10-28-08	<i>See Attached</i> <i>Immediate 2/25/2010</i>	<i>Support plan was completed & on chart see attached.</i> <i>A support plan will be written w/ the use of an enabler as required. Nursing will be responsible. Administrator will monitor to assure. Additional assessment as required.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>4/22/10</i> Date: <i>4/22/10</i> Initials (DPW): <i>[Signature]</i>

[Signature] 4/22/10