

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 N. BROAD ST., 3RD & 4TH FL. LANSDALE, PA 19446 \_\_\_\_\_  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE 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 \_\_\_\_\_  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

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 \_\_\_\_\_  
(ANNUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 17, 2010 until June 17, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127832

Robert E. Robinson  
ISSUING OFFICER

Kenneth 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.



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**  
**MAILING DATE: DEC 17 2010**

Mr. Robert E. Lovelace, President  
 Elm Terrace Gardens  
 660 North Broad Street  
 Lansdale, Pennsylvania 19446

Dear Mr. Lovelace:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 29, 2010, September 30, 2010, October 7, 2010 and December 13, 2010 of the above personal care home, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
65b	II	53	\$5	\$265	5 calendar days from mailing date of this letter
141a2	II	53	\$5	\$265	5 calendar days from mailing date of this letter
225c	II	53	\$5	\$265	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

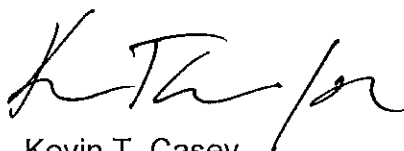
Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

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:

Ron Melusky, Acting Director  
Adult Residential Licensing  
Department of Public Welfare  
423 Health and Welfare Building  
Seventh and Forster Streets  
Harrisburg, Pennsylvania 17120

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,



Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

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

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NAME AND ADDRESS OF PERSONAL CARE HOME ELM TERRACE GARDENS, 660 NORTH BROAD STREET LANSDALE, PA 19446		CURRENT LICENSE NUMBER 127831	
INSPECTION DATES (Include all dates of the inspection) 09/29/2010, 9/30/10 & 10/7/10		REGIONAL REPRESENTATIVE Kimberli A. Foulkes & Patricia Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Robert F. Lovelace, Ph.D., President</i>			
SIGNATURE OF LEGAL ENTITY <i>Robert F. Lovelace</i>	DATE 11/23/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherion Mitchell</i>	DATE 12/13/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600:15 (relating to abuse reporting covered by law).	<p>On 8/23/10, Per the home's internal incident report resident #1 was "found laying on floor in snack stand/cafeteria with a a large lump over left eye with ecchymosis, left bruised next to nose, scrape/tear open on right knee, side of left hand pain with redness. Ice applied to left eye. 911 to ER at 6:15pm. Additional comments: when stood to assess unable to walk due to shakiness." Per the Physical therapy note the resident is "status post fall while ambulating in the cafe with resultant left eye hematoma, stitches over left eyebrow, left hand ecchymosis, left rib ecchymosis, both knee abrasions". The home has not submitted an incident report to the Department.</p> <p>On 5/16/10, Per the homes internal incident report, resident #2, "left the room coming to the nurse's station, [redacted] was bleeding a lot, [redacted] complains [redacted] was dizzy and fell on the bedroom floor" Resident was sent to Lansdale ER and was diagnosed with an abrasion and a mild head injury and was administered a tetanus booster.</p> <p>On 7/27/10, resident #3, "was not acting right". The home called 911 and EMT's arrived and were taken into the building where the resident was located. The resident became angry and combative and it</p>	<p><i>Immediate</i></p>	<p><i>The state regulation - all incidents resulting in serious bodily injury or trauma requiring treatment at a hospital would be reported to the state within 48 hrs. Any incident that requires calling 911 the state will also be notified. This has been reviewed with nursing. Nursing is responsible. Administrative will monitor.</i></p>	<p><i>12/13/10</i></p>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME ELM TERRACE GARDENS, 660 NORTH BROAD STREET LANSDALE, PA 19446		CURRENT LICENSE NUMBER 127831	
INSPECTION DATES (Include all dates of the inspection) 09/29/2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Robert F. Lovelace</i>	DATE <i>11/23/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Channon Mitchell</i>	DATE <i>12/13/16</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
	was reported that the resident said they were going to jump out of the window. The resident's [REDACTED] was called and was able to calm the resident down. The resident was then transferred without incident to the hospital. The home did not submit an incident report to the department.	<i>12/15/2010</i>	<i>Incident noted on violation report will be reported to SPW -</i>	

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NAME AND ADDRESS OF PERSONAL CARE HOME ELM TERRACE GARDENS, 660 NORTH BROAD STREET LANSDALE, PA 19446		CURRENT LICENSE NUMBER 127831	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person,	<p>On 9/30/10, at 6:00pm, the medication administration record for all 4th floor residents was unlocked and accessible sitting on the top of the medication cart across from the nurses station.</p> <p>On 9/30/10, at 6:00pm, a list with resident #4, #5, and other resident's names, room numbers, appointment dates, times, physician's names and addresses were unlocked and accessible hanging on the bulletin board on the wall behind the nurses station to the left of the wall phone.</p> <p>On 9/30/10, at 6:00 pm, a daily log book containing shift notes for 7-3, 3-11, 11-7 that included resident names, what PRN medications were administered and why as well as toileting information, was unlocked and accessible sitting on the counter of the nurse's station facing outward.</p>	<p>Immediate</p> <p>Immediate</p> <p>Immediate</p>	<p>For regulation 17, medication administration records will be stored in the closet when not in use. These will be responsible. Administration will monitor.</p> <p>All lists with residents, appointment dates, times will be kept in a binder and stored behind nurse station where residents do not have visibility. These will be responsible and monitor.</p> <p>Log book will be kept in a locked binder when not in use where residents and visitors will not have visibility. These will monitor and be responsible.</p>	12/13/10 CFM

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SIGNATURE OF LEGAL ENTITY <i>Robert F. Foulkes</i>	DATE 4/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Channon Mitchell</i>	DATE 12/13/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
or if a court orders disclosure.				

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME ELM TERRACE GARDENS, 660 NORTH BROAD STREET LANSDALE, PA 19446		CURRENT LICENSE NUMBER 127831	
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SIGNATURE OF LEGAL ENTITY <i>Robert F. Lovelace</i>	DATE <i>11/27/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherion Mitchell</i>	DATE <i>12/13/10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with	Direct care staff person A, does not have a high school diploma. This staff person has a certificate of program completion for Personal Support Worker program from Sault College of Applied Arts and Technology in Ontario, Canada. The home does not have a waiver and does not have documentation that the non-U.S. educational program is similar to or exceeds U.S. educational requirements.	<i>Immediate</i>	<i>A request for waiver has been sent to the Sault office of D.P.W. Staff member has been removed from who schedule. H.R. will be certain that all new hires meet all the qualifications in regulation and all paperwork is up to date &amp; complete. H.R. will be responsible Administrators will monitor. See attached copy of waiver.</i>	<i>12/13/10 CEM</i>

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NAME AND ADDRESS OF PERSONAL CARE HOME ELM TERRACE GARDENS, 660 NORTH BROAD STREET LANSDALE, PA 19446		CURRENT LICENSE NUMBER 127831	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
reasonable skill and safety.				

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SIGNATURE OF LEGAL ENTITY <i>Robert F. Jones</i>	DATE 11/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 12/13/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if	Direct care staff person B, date of hire 3/29/10 did not receive orientation in the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, the location and use of fire extinguishers, smoke detectors and fire alarms until 5/10/10.  Direct care staff person C, date of hire 12/2/09, did not receive orientation in staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location, if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, the location and use of fire extinguishers and smoke detectors and fire alarms until 12/11/09.	<i>Immediate</i>	<i>The direct care staff will receive orientations to meet and be in compliance with the regulation by having orientation PRIOR to first day of work. <del>to</del> <del>error</del> <del>at</del> <del>date</del> <del>is</del> Administered in responsible HR will monitor for compliance.</i>	<i>12/13/10 CRM</i>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME ELM TERRACE GARDENS, 660 NORTH BROAD STREET LANSDALE, PA 19446		CURRENT LICENSE NUMBER 127831	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				

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

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NAME AND ADDRESS OF PERSONAL CARE HOME ELM TERRACE GARDENS, 660 NORTH BROAD STREET LANSDALE, PA 19446		CURRENT LICENSE NUMBER 127831	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
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: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents and conditions.	Direct care staff person B, date of hire 3/29/10 did not receive orientation that includes emergency medical plan or reporting of reportable incidents and conditions.  Direct care staff person C, date of hire 12/2/09, did not receive orientation that includes emergency medical plan or reporting of reportable incidents and conditions.  Direct care staff person D, date of hire 7/23/10 did not receive orientation that includes emergency medical plan or reporting of reportable incidents and conditions.  Direct care staff person E, date of hire 3/8/10 did not receive orientation that includes emergency medical plan or reporting of reportable incidents and conditions.  Repeated Violation- 1/19/10 et al	<i>Immediate</i>	<i>Orientation will always include orienting new staff. Staff had to report a reportable incident or condition - including the correct form - phone numbers. This has been added to the orientation but see attached. Administrator will be responsible H.R. will monitor for compliance and completeness of form. - Emergency medical plan is part of the disaster plan being</i>	

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

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NAME AND ADDRESS OF PERSONAL CARE HOME ELM TERRACE GARDENS, 660 NORTH BROAD STREET LANSDALE, PA 19446		CURRENT LICENSE NUMBER 127831	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
82c 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.	<p>Tub file adhesive caulk, with a manufacturer's label indicating "Get Medical attention, if swallowed call poison control center, hospital emergency room or physician immediately", Spray Lock Ease, with a manufacturer's label indicating "if swallowed call a physician at once", Silent Run All Purpose Oil, with a manufacturer's label indicating "call physician immediately", WD 40 Spray, with a manufacturer's label indicating "call physician immediately", Ceiling Tile Paint, with a manufacturer's label indicating "get medical attention", CLR Power Plumer, with a manufacturer's label indicating "get medical care immediately", and Instant Adhesive, with a manufacturer's label indicating "get medical attention for any eye or internal contact" was unlocked and accessible to residents on a maintenance cart in the fourth floor activities room. Residents of the home, including #'s 1,2,6,7 and 8, have not been assessed capable of recognizing and using poisons safely.</p> <p>Lean Clean on the Go Super HDQL10 manufactured by Spartan Chemical Chemical Company, per the manufacturer, "for ingestion: Call a poison control center or doctor immediately for treatment advice" was unlocked and accessible to residents on the windowsill in the fourth floor activities room. Residents of the home, including #'s 1,2,6,7, and 8,</p>	<p><i>Immediate</i></p> <p><i>See Attached monitor closely</i></p>	<p><i>Maintenance staff have been educated and a memo developed to say that the maintenance carts must NOT be left unattended at any time.</i></p> <p><i>Maintenance Supervisor is responsible.</i></p> <p><i>Administrators will develop an assessment tool to assess ability to keep poisons in apartment.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>12/13/10</i> Date Initials (DPW)</p>

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

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	<p>have not been assessed capable of recognizing and using poisons safely.</p> <p>Isopropic Rubbing Alcohol, with a manufacturer's label indicating "if swallowed get medical help or contact a poison control center", was unlocked and accessible to residents in room #314. Residents of the home, including resident #'s 1,2,6,7, and 8 have not been assessed capable of recognizing and using poisons safely.</p>	<p><i>11/23/2010</i></p>	<p><i>The education department of the Poison Control Center has been contacted. 1-800-222-1222. We will be sending informational booklets concerning the safe use of any type of poison or medicine used in the home. Information will be reviewed with all current residents &amp; new admissions. Nursing will educate residents. Administration will monitor.</i></p>	
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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85a Sanitary conditions shall be maintained.	On 9/30/10 when looking for resident #7's glucometer representatives of the Department were given a glucometer by Direct Care Staff Person F, and was told that when a resident only needs a glucometer to have their blood sugar checked once a month then they just use the house glucometer and house accucheck strips. The glucometer was labeled, "House" and inside was an accucheck advantage glucometer that uses strips and an accucheck soft click that uses lancets. Both strips and lancets had pharmacy prescription labels stating, "House".	<i>15 days. 12/1/10</i>	<i>All glucometers have been checked at POONE Signatics - 800-858-8072. Any other residents needing glucometers will be ordered immediately. Nursing will follow orders to be responsible. Administrators will monitor.  All residents who are in need of a glucometer will be provided a new one.</i>	<i>12/13/10 CW</i>

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INSPECTION DATES (Include all dates of the inspection) 09/29/2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes	
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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hot line shall be posted on or by each telephone with an outside line.	The telephones in room # 301 and # 402 do not have emergency service numbers posted nearby.	<i>Immediate</i>	<i>Admin on the 3-11 shift will be responsible to check all apartments weekly to be certain that emergency phone numbers are posted &amp; within reach. All staff have been educated. Admin on 3-11 shift are responsible. Administrators will monitor. See attached check list. Emergency numbers have been given to rooms # 301 + 402</i>	<i>12/13/10</i>

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<p>101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.</p>	<p>Rooms #301, 314, and 413 do not have a operable source of light that can be turned on/off from bedside.</p>	<p><i>Immediate</i></p>	<p><i>On the 3-11 shift will be responsible to check all apartments weekly to be certain that there is an operable source of light that can turn on &amp; off at bedside. Attached Nursing is responsible. Damages will be monitored. See attached check list. Rooms in 301, 304 &amp; 414 have been replaced.</i></p>	<p><i>12/13/10 CER</i></p>
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<p>132c</p> <p>A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.</p>	<p>On 9/29/10 Representatives of the Department obtained a copy of fire drill logs. This copy did not include a fire drill for the month of September. On 10/7/10 Representatives of the Department obtained a copy of fire drill logs. This copy had included, written on the bottom of the sheet, a fire drill for the month of September dated 9/28/10 that was not on the first copy obtained.</p>	<p><i>Immediate</i></p>	<p><i>All fire drills are completed 1 x per month per regulation. The administrator did hand in the incorrect record to inspectors. This drill will continue to be conducted, marked and recorded per regulation. Administrator &amp; dept is responsible for monthly drills. Administrator will mark timely &amp; correctly.</i></p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>12/13/10</i> Date</p> <p style="text-align: center;"><i>AM</i> Initials (DPW)</p>
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	<p>The resident medical evaluation form must be completed and signed by the physician, physician's assistant, or certified registered nurse practitioner. The home may assist the resident in completing the resident's basic demographic information including social security number, name, address, birth date, age and sex, but may not complete any of the medical information.</p> <p>Resident #2, was admitted on 4/28/09. The resident's medical evaluation dated 5/20/10 was faxed from the home to the doctor and back to the home from the doctor. The home had completed sections #6-Physician Name, #8-Date, #10-Weight, blood pressure, temperature, and pulse rate, #11-Medical History, #13-Communicable Disease, #14-Immunizations, #15-Allergies, #16-Emergency Evacuation, #17-Medication Administration, #18-Recommendation for appropriate level of care, and #19 Physician's Orders regarding medications, treatment/therapies, diet, activities, and body positioning. The physician returned the form with #7 Physician's signature filled in. Sections #9-Physician's licence number and #10-Height were still blank and so was section #12 Diagnosis.</p> <p>Resident #3, was admitted on 7/27/10. The</p>	<p><i>Immediate</i></p> <p><i>Immediate</i></p> <p><i>See Attached</i></p>	<p><i>All residents need have medical evaluations completed within the required time - completed by physician. Working with responsible administrators will monitor.</i></p> <p><i>All medical evaluations will be completed by the doctor - the doctors will be educated on the correct way to complete medical eval and strongly encourage to complete the form timely. They will not accept any blanks. Working responsible administrators will monitor.</i></p>	

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<p>Resident #6, was admitted on 5/4/10. The resident's medical evaluation dated 4/12/10 was faxed to the home from the doctor. The faxed version was blank under #14 Immunizations. The home checked "yes" in black ink. #16 Emergency Evacuation-Mobility Needs section on the faxed version the doctor had checked "independently mobile with ambulation device-but may need to be told". The home wrote in "walker". #17 Medication Administration, the physician checked "can self administer with assistance in remembering schedule and offering meds at prescribed times". The home checked on the faxed version "can not self administer meds" and circled doctors and wrote "error EM".</p> <p>Resident #9 was admitted on 1/7/10. The resident's medical evaluation dated 12/18/09 had portions of the medical evaluation completed by the home other than demographic information. For example the medical evaluation had Low Sodium diet written on it and it was crossed out and "house" was written in by the home.</p>	<p><i>Immediate</i></p> <p><i>Immediate</i></p>	<p><i>The doctors will be enjoined on the best way to complete the medical evaluation and strongly encouraged and motivated to complete these timely. Staff will not add or change anything on the medical evaluations. Nurse is responsible. Administrated will monitor.</i></p> <p><i>No changes will be made to the medical evaluation form. The entire form will be completed by the doctor per regulation. Nurse is responsible. Administrated will monitor.</i></p>	
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141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization history.	The medical evaluation for resident #2, dated 5/20/10 does not include #12-Diagnosis.  The medical evaluation for resident #10, dated 4/14/10, states under physician orders "see my notes" and "see attached med list". The attached med list is from April 2010 and is not signed or dated by the physician. The attachment of notes from the physician does not have the same date as the medical evaluation. The notes are dated 4/13/10. Sections numbered 13, 14, 15, diet were not completed as required on the medical evaluation form. The attached physician's notes were a substitution for completing the form.  Repeated Violation- 1/19/10 et al.	<i>Immediate</i>	<i>All medical eval will include the diagnosis &amp; notes will be provided on hand to complete form. Nursing will be responsible. Administrator will monitor. Notes will be instructed to sign - date any attachments to the medical evaluation. Nurse will be responsible. Administrator will monitor. See attachment for</i>	

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(7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.				

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141b1 A resident shall have a medical evaluation: (1) At least annually.	Resident #2 date of admission is 4/28/09. The last medical evaluation was completed on 5/20/10. The medical evaluation done prior to this was completed on 4/29/09.	<i>Immediately</i>	<i>All med evals will be completed per regulations on an annual basis.  Nursing is responsible. Administration will monitor.  Nursing used a checklist file that is monitored monthly</i>	

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141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	Resident #9's most recent medical evaluation was completed on 12/18/09. A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation. The resident's medical evaluation was not updated to reflect the new diagnosis of CHF after the resident's hospitalization from 4/22/10-4/28/10.	<i>Immediate</i>	<i>When a resident is given a new diagnosis, a new medical eval will be issued to the doctor to be completed to reflect the current condition. Staff will be educated. Issues will be responded. Administrators will monitor</i>	

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161d A resident's special dietary needs, as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian, shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.	Resident #6 has been prescribed a low sodium diet by the resident's physician. The home does not make this diet available to the resident. The physician's order from 8/11/10 states low salt and handwritten by the home on the order it states, [redacted] spoke to, resident aware of food choices, no diet in personal care".	<i>Immediate</i>	<i>All residents special dietary needs shall be met. - Dietitian has been consulted and a chart review completed. Nursing will be responsible. Administration will monitor. * a Dietitian will be holding an in-service to educate aides - date T.B.H.</i>	12/13/10 CRM

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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	On 9/30/10 resident #7 prescription Hydrocortin Cream was not on the medication cart and per Direct Care Staff Person F, this medication is kept unlocked and accessible in the resident's room. This resident can not self administer medications and does not have an order to self administer this medication.  Repeated Violation- 1/19/10 et al.	<i>Immediate</i>	<i>Prescription medications OTC shall be kept in a locked area. All medications needed by residents will always be available per doctor's order. These attention will be given when an order change from self administered to self-administration will be made. If a resident is having trouble with self-administration, staff will be responsible. Administration will be provided. Staff check residents rooms daily &amp; on going for medication &amp; report to living to nurse for review.</i>	<i>12/13/10</i> <i>Cheron</i>

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SIGNATURE OF LEGAL ENTITY <i>Robert F. Fouldes</i>	DATE 4/23/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 12/13/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person	On 9/30/10, the first aid kit on the fourth floor contained alcohol swabs that expired 4/04.	<i>Immediate</i>	<i>Order on 3-11 shift First aid kits on 3rd &amp; 4th floor monthly to be verified that no OTC medication is stored. Nursing will be attached per plan. Administered per month.</i>	12/13/10 <i>aw</i>

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or entity taking responsibility for the new placement on the day of departure from the home.				

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
186c Changes in a medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.	On 8/16/10, the home had a verbal order written and signed by a RN/LPN on 8/16/10 that stated, "date ordered 8/14/10 1. Hold Benicar 8/15, 8/16 check with Primary Care Physician 8/16/10, and 2. Mucinex 600mg ER give one tablet by mouth in AM daily, diagnosis congestion" for resident #6. The RN/LPN did not follow up with the physician to receive a written order within 48 hours. This order was not signed by the physician until 8/24/10. There was also a verbal order for this resident signed by the RN/LPN on 8/17/10 which states, "8/17/10 discontinue Benicar". It does not state the time it was ordered and it was not signed by the physician until 8/24/10.	Immediate	<i>Nurses will pay close attention to write correct date on orders. A call log will be kept to record attempts to reach doctors to show a needed follow up for all orders. See attached call log. Nurses will be responsible. Administrators used minutes.</i>	Steps have been taken to correct violation, compliance is now 100%. 12/13/10 Date Initials (DPW) <i>DPW</i>

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	<p>On 9/3/10, 9/4/10, and 9/5/10, an error in resident #7's medication administration occurred because the resident's Calcium and Magnesium was not available in the home on the medication cart. Per the home's Administrator the resident is supplied medications by their family. Per the home's Administrator, when the family no longer wanted to supply the medication Calcium and Magnesium the home instructed staff that when it is not in the medication cart to circle it. The error was not reported to the prescriber until 9/9/10 when the medication was discontinued.</p> <p>On 9/29/10, an error in resident #11's medication administration occurred involving all the resident's 11:30 medications. These medications were not administered because the resident was on a leave of absence from the home. The error was not reported to the prescriber.</p>	<p><i>Immediate</i></p> <p><i>Immediate</i></p>	<p><i>Then analyzing a medication error occurs - the resident will be informed, the DOP and the doctor.</i></p> <p><i>Nurses are responsible administered will monitor.</i></p> <p><i>Any medication error that occurs will be reported to the resident, resident's designated person a doctor immediately. Nursing will be responsible - administered will monitor for compliance.</i></p>	<p style="text-align: right;">Initials (DPW) <i>DPW</i></p> <p style="text-align: right;">Date <i>12/13/10</i></p>

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REGULATION 55 Pa.Code §2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	Resident #3 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.	<i>Immediate</i>	<i>All new admissions will be educated on their right to refuse medication - this right will also be added to the future contract &amp; reviewed as it is on the regular I.C. Admission agreement. <i>Administrative is responsible &amp; will monitor.</i> <i>Res. #3 will be educated on right to refuse medication</i></i>	<i>12/13/10</i> Date Initials (DPW) <i>CM</i>

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<p>187a</p> <p>A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <ol style="list-style-type: none"> <li>(1) Resident's name.</li> <li>(2) Drug allergies.</li> <li>(3) Name of medication.</li> <li>(4) Strength.</li> <li>(5) Dosage form.</li> <li>(6) Dose.</li> <li>(7) Route of administration.</li> <li>(8) Frequency of administration.</li> <li>(9) Administration times.</li> <li>(10) Duration of therapy, if applicable.</li> <li>(11) Special precautions, if</li> </ol>	<p>Medication APAP ES CPLT 500 mg Tylenol ES was found in the home's medication cart for resident #1. The medication administration record for resident #1 does not include any information about this medication.</p> <p>The medication administration record for resident #3 does not include the diagnosis for Famotidine Tab 20mg.</p> <p>The medication administration record for resident #12 does not include a diagnosis for <u>FML S.O.P.</u> 0.1%, Robitussin Cough Syrup 100/5ml, and <u>Albuterol Inh nebulizer.</u></p>	<p><i>Immediate</i></p>	<p><i>All medication records will include the required information per state requirements. Nursing will give our Pharmacy all the needed diagnosis diagnosed have been added to the MAR where med was dispensed. Nursing will be responsible. Administration will monitor. See attached copy of MAR.</i></p>	<p><i>12/13/10 CFW</i></p>

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applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			<i>Staff are instructed MAR's before end of shift. And every nurse is reporting MAR'S</i>	

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<p>On 8/17/10 at 12pm, resident #10's Oxycodone w/APAP Tab 5-325mg was administered. The staff person did not initial the record at the time of administration. The medication record was left blank.</p> <p>On 9/10/10 and 9/14/10, resident #10's 12pm dose of Oxycodone w/APAP tab 5-325mg, give one tablet orally twice a day was administered. The staff person did not initial the record at the time of administration. The medication record was left blank.</p> <p>On 9/16/10, resident #10's 5pm dose of Oyst Cal Tab 500mg, give one tablet orally twice a day was administered. The staff person did not initial the record at the time of administration. The medication record was left blank.</p> <p>On 9/10/10 and 9/14/10, resident #10's 1pm dose of Celostazol tab 100mg, give one tablet orally three times per day was administered. The staff person did not initial the record at the time of administration. The medication record was left blank.</p>	Immediate	<p>Insurance for all care provided by Pharmacy on the premises document during medication administration.</p> <p>Insurance provided by KOREANE POSTER RN, MSN NURSE CONSULTANT CONTRACT PHARMACY 610-247-6641</p> <p>Nurses will monitor &amp; be responsible administration will monitor.</p> <p>MMAR's are being checked daily by aides to the residents MMAR's are complete.</p>	12/13/10 Gen

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187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	On 8/3/10, 8/20/10 and 8/24/10 resident #9 refused to take their scheduled doses of Biscodyl EC tab 5mg. The home did not report these refusals to the resident's doctor as required.	<i>Immediate</i>	<i>Per state regulation any residents that refuse medication will be educated on the importance of taking the medication. Refusal will then be documented and the doctor will be notified. These will be responsible. Administration will monitor.</i>	Steps have been taken to correct violation; full compliance is met. <i>12/13/10</i> Date Initials (DPW) <i>AK</i>

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187d The home shall follow the directions of the prescriber.	Resident #7, per the home's Administrator, is supplied medications by their family. Per the home's Administrator, when the family no longer wanted to supply the medication Calcium and Magnesium the home instructed staff that when it is not in the medication cart to circle it. The resident was originally able to self administer this medication but per the home's Administrator lately [redacted] couldn't take [redacted] own medication. On 9/3/10 and 9/8/10 a "O" was on the medication administration record indicating that the medication was not in the medication cart and not administered. On 9/4/10 the medication administration record had the initial D with a line through it and the word "error" written above. It was not administered this day because it was not available in the medication cart. On 9/5/10 the medication administration record was left blank. It was not administered this day because it was not available on the medication cart.  The home did not have the following medications available for resident #10: Milk of Mag Susp, Give 30ml by mouth daily as need for constipation, Lidex Cream 0.5%, Apply to top of both feet, front and back of legs as needed, and Oxycodone W/APAP tab 5-325mg, Give 1 tablet orally every 4 hours PRN.	<i>Immediate</i>	<i>Nursing and aides will always follow doctors orders. If a medication is close to running out that is supplied by the family we will order the medication that our primary to remain in compliance. This is reviewed with the family during admission. Nursing is responsible Administrators will monitor.</i>  <i>Milk of Mag was on the cart at time of inspection - see attached paper with full date of 12-8-10. Family will be notified next 40 days of medication running out.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>12/13/10</i> Date Initials (DPW)

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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	<p>The preadmission screening form for resident #3, admitted 7/27/10, does not include a determination that the home can meet the service needs of the resident.</p> <p>The preadmission screening form for resident #6, admitted 5/4/10, does not include a determination that the home can meet the service needs of the resident. The following sections were also left blank: the birth date of the resident, the address, telephone number, date of admission, diagnosis, other special needs, behavioral needs, date the preadmission screening was completed, and the section who assisted in completing the preadmission screening.</p> <p>The preadmission screening form for resident #8, admitted 6/18/10, does not include a determination that the home can meet the service needs of the resident.</p> <p>The preadmission screening form for resident #11, admitted 9/9/10, does not include the date the preadmission screening was completed, the resident's diagnosis, birth date, activities of daily living, medical care, behavior needs, and special care needs.</p>	<p><i>Immediate</i></p> <p><i>See Attached</i></p>	<p><i>Staff will be more careful when filling out form to be certain each page is checked</i></p> <p><i>Nurses attended a training on 11/19/2010</i></p> <p><i>Development Support</i></p> <p><i>also reviewed the preadmission screening</i></p> <p><i>Nurses will be responsible</i></p> <p><i>Administrators will monitor</i></p> <p><i>Administrators will create all pre-admission screenings for completeness</i></p>	<p>Steps have been taken to correct violation, full compliance is not verifiable</p> <p><i>12/13/10</i></p> <p><i>DM</i></p> <p>Date Initials (DPW)</p>

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<p>225c</p> <p>The resident shall have additional assessments as follows:</p> <p>(1) Annually.</p> <p>(2) If the condition of the resident significantly changes prior to the annual assessment.</p> <p>(3) At the request of the Department upon cause to believe that an update is required.</p>	<p>Resident #9 was hospitalized from 4/22/10-4/28/10 and was diagnosed with CHF. The resident also has a history of falls on 1/28/10, 2/27/10, 3/29/10, 6/12/10, 6/23/10, 6/27/10, and 7/24/10. The home's most current assessment completed 5/18/10 does not reflect these needs and the home has not completed any new assessments.</p> <p>Resident #10 has diagnosis of neuropathy, and history of pneumonia. The resident's most recent assessment dated 5/13/10 does not reflect these needs and the home has not completed a new assessment.</p> <p>Repeated Violation- 1/19/10 et al.</p>	<p><i>Immediate</i></p> <p><i>12/18/2010</i></p>	<p><i>All residents will have a new assessment following any type of significant change - or a new diagnosis</i></p> <p><i>Nurses are responsible. Administration will monitor. Resident # 9+10 will be updated and continue to be updated as needed</i></p>	

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226a The resident shall be assessed for mobility needs as part of the resident's assessment.	Resident #11's medical evaluation completed on 7/23/10 states the resident is independently mobile with the use of a cane. The resident's assessment, completed on 9/15/10, states the resident walks without assistance.	<i>Immediate</i>	<i>Nurse used contact the doctor for a new medical evaluation if the med evaluation does not match the nurse assessment.  Nurse is responsible Administrators will monitor. Assessment will be updated to reflect mobility needs</i>	

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SIGNATURE OF LEGAL ENTITY <i>Robert L. Foulkes</i>	DATE <i>11/27/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherion Mitchell</i>	DATE <i>12/13/10</i>

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227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	The support plans specifies how the home will meet the needs of the resident identified in the assessment. Resident #3 was admitted to the home on 7/27/10. The resident's assessment dated 8/10/10 indicated that the resident has dehydration. Dehydration was not addressed on the resident's support plan dated 8/12/10. This resident's support plan also indicates under the Mental Health Service needs section that the resident has a diagnosis of Dementia with agitation. There is no other information describing the resident's care, service or treatment needs and when the care, service or treatment will be provided and by whom for this section. Under the section Behavioral Care Service needs section it reads like a nurses note and there is no other information describing the resident's care, service or treatment needs and when the care, service or treatment will be provided and by whom for this section.  Resident #11 was admitted to the home on 9/9/10. The resident's assessment dated 9/15/10 states the resident has a diagnosis of depression. Depression is not addressed on the resident's support plan dated 9/22/10. The care services section is entirely blank and rest of this support plan is incomplete; there is no plan or activity listed for the sections titled	<i>Immediate</i>	<i>All care plans will address all appropriate diagnosis and will describe the residents care, services or treatments and note when the care, services or treatment will be provided and by whom. Nurses recently assessed a support plan training. Nurses are responsible. Administrators will monitor.</i>	
		<i>Immediate</i>	<i>All sections of the care plan will be completed all diagnosis will be addressed if needed. Nurses will be responsible. Administrators will monitor.</i>	

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NAME AND ADDRESS OF PERSONAL CARE HOME ELM TERRACE GARDENS, 660 NORTH BROAD STREET LANSDALE, PA 19446		CURRENT LICENSE NUMBER 127831	
INSPECTION DATES (Include all dates of the inspection) 09/29/2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Robert F. Foulkes</i>	DATE <i>11/23/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Channon Mitchell</i>	DATE <i>12/13/10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
	hearing, mental health, behavioral care services, mobility and social/recreational.			

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NAME AND ADDRESS OF PERSONAL CARE HOME ELM TERRACE GARDENS, 660 NORTH BROAD STREET LANSDALE, PA 19446		CURRENT LICENSE NUMBER 127831	
INSPECTION DATES (Include all dates of the inspection) 09/29/2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Robert F. Lovelace</i>	DATE <i>4/23/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherise Mitchell</i>	DATE <i>12/13/10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	<p>An assessment was completed for resident #2 on 5/19/10 which stated the resident had impaired function. The support plan for this resident dated 6/8/10 did not address the resident's impaired function. The support plan is also has many blanks. The Medical section under Plan/Activity is left blank and under Position Responsible is left blank, the Dental section is blank, the Medical section, the Care Services section and the Mental Health section all have the position responsible left blank.</p> <p>An assessment was completed for resident #7 on 8/11/10. The resident's support plan does not address all of the issues identified in the resident's assessment and has not been completed thoroughly. -The support plan dated 8/12/10 does not address hallucinations, it only states under the section Behavioral Care Services-Service Needs: 1. Speaks less and less about seeing "bugs". the Plan/Activity, Frequency/Schedule and Position responsible were left blank. The resident's support plan dated 8/12/10 states under the Dental section-Service Needs: Dr. [redacted] Plan/Activity, Frequency/Schedule, and Position responsible were left blank, Under the Personal Hygiene section, Service Needs was left blank, Under Mobility-Service</p>	<i>Immediate</i>	<p><i>All support plan will be completed fully &amp; personalized - Nurses attended a support plan in which I have a better understanding of what is required. Nurses are responsible Administrated will monitor.</i></p> <p><i>All past support plans will be completed fully - nurses have attended a support plan training and now understand the correct procedure to write a support plan as requested. Nurses are responsible Administrated will monitor.</i></p>	

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NAME AND ADDRESS OF PERSONAL CARE HOME ELM TERRACE GARDENS, 660 NORTH BROAD STREET LANSDALE, PA 19446		CURRENT LICENSE NUMBER 127831	
INSPECTION DATES (Include all dates of the inspection) 09/29/2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Robert F. Foulkes</i>	DATE <i>11/23/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherion Mitchell</i>	DATE <i>12/13/10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
	Needs: Ambulatory with Walker, all other areas left blank.  An assessment was completed for resident #10 on 5/13/10 which stated the resident had incontinence of bladder. The support plan for this resident dated 6/2/10 does not address the resident's urinary incontinence.	<i>12/18/2010</i>	<i>Support plan will be updated and completed fully as required.</i>	

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NAME AND ADDRESS OF PERSONAL CARE HOME ELM TERRACE GARDENS, 660 NORTH BROAD STREET LANSDALE, PA 19446		CURRENT LICENSE NUMBER 127831	
INSPECTION DATES (Include all dates of the inspection) 09/29/2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
254a Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.	On 9/29/10 and 9/30/10, the records for all 3rd and 4th floor resident's were unlocked and accessible on a book shelf behind the nurse's stations on the 3rd and 4th floor.	<i>12/15/2010</i>	<p><i>Chart's at nurse station will be modified so that the chart racks can be stored and locked to prevent unauthorized access.</i></p> <p><i>Nursing will be responsible</i></p> <p><i>Administrators will monitor.</i></p> <p><i>Administrators will do random checks daily &amp; will <sup>have</sup> staff member check in Administrator's absence.</i></p>	<i>12/13/10 CFF</i>