

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

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 9, 2011 until June 9, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127830

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

JUN 16 2011

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

Mr. Robert Lovelace, President  
Elm Terrace Gardens  
660 North Broad Street, 3<sup>rd</sup> and 4<sup>th</sup> Floor  
Lansdale, Pennsylvania 19446

Dear Mr. Lovelace:

As a result of the Department of Public Welfare's licensing inspection on April 25, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to be 'R' followed by a long horizontal stroke.

Ronald Melusky  
Acting Director

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 N BROAD ST 3RD & 4TH FL LANSDALE, PA 19446		CURRENT LICENSE NUMBER 127832	
INSPECTION DATES (include all dates of the inspection) 04/25/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandi Wooters	
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 C McLean VP/CPA</i>			
SIGNATURE OF LEGAL ENTITY <i>R C McLean</i>	DATE <i>5/24/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>6/7/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
64c An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.	Staff person A the home's administrator, completed only 11.75 hours of annual training in training year 2010.	<i>10/1/11</i>	<i>Administrated (sic) will have at least 24 hours of training related to job duties annually per regulation 64c. If 11.75 hours will not be waived per attached completed course &amp; registration for 10/1/11 Administrator is responsible</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>6/7/11</i> Date Initials (DPW)
103g Food shall be stored in closed or sealed containers.	There was one unsealed and undated bag of rice and one unsealed and undated bag of corn meal in the main kitchen of the homes storage area.	<i>5/24/11</i>	<i>Staff re-educated on proper storage procedures, pertaining to sealing, labeling and dates. Managers to monitor compliance on going.</i>	


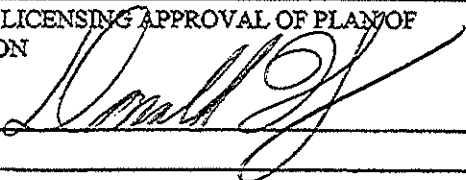
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ELM TERRACE GARDENS, 660 N BROAD ST 3RD & 4TH FL LANSDALE, PA 19446		CURRENT LICENSE NUMBER 127832	
INSPECTION DATES (Include all dates of the inspection) 04/25/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandi Wooters	
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 C McCLAIN VP/CFO</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE <i>5/23/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>6/7/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
107b The home shall have written emergency procedures that include the following: (1) Contact information for each resident's designated person. (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality. (3) Contact telephone numbers of municipal and state emergency management agencies and local resources for housing and	The emergency procedures did not include: 1. Residents contact information. 2. Contact telephone number of local and State emergency management agencies and local resources for housing and emergency care of residents. 3. Alternate means of meeting resident needs in the event of a utility outage.	<i>Immediate</i>	<i>1. Copy of accident information included per contact have been attached to disaster plan in a protected area to nurse station closet some used 41909 2. Attached phone numbers have been added to the emergency procedure manual. See attached Administrative record manual 3. Emergency generators will be activated in the event of a utility outage. Generators are maintained tested weekly 4. Maintenance dept will maintain 5. Administrative record manual see attached test log.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i>  Date: <i>6/7/11</i> Initials (DPW): <i>[Initials]</i>

*Administrators will monitor and be responsible for*

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;"><i>Robert C McLain VP/CFO</i></p>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>5/23/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>6/7/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
emergency care of residents. (4) Means of transportation in the event that relocation is required. (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs. (6) Alternate means of meeting resident needs in the event of a utility outage.				

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SIGNATURE OF LEGAL ENTITY <i>C. McLain</i>	DATE <i>5/23/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Sandi Wooters</i>	DATE <i>6/7/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
107d The written emergency procedures shall be reviewed, updated and submitted annually to the municipal emergency management agency.	The home last reviewed the emergency management policy on 9/9/2009 and, did not have written documentation that the plan was reviewed annually.	<i>Immediate</i>	<i>Emergency plan was reviewed 12/16/10 &amp; revised. Plans are attached. Plan will continue to be reviewed annually and updated as needed.</i>  <i>Administrative will monitor - Administrative &amp; medical records will be responsible</i>	<i>6/7/11</i> <i>[Signature]</i>

Steps have been taken to correct violation; full compliance is not verifiable.  
Date: *6/7/11* Initials (DPW): *[Signature]*

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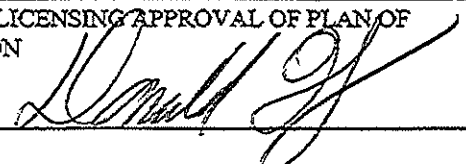
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	The home's emergency procedures was not posted in a conspicuous and public place in the home.	<i>5/23/11</i>	<i>Copy of emergency procedures have been posted on the Bulletin Board for public review &amp; it will continue to be posted and updated per regulation #123B. Administrative will continue to monitor (Admin) Board &amp; Administrative will be responsible. See Attached</i>	<i>6/7/11</i>

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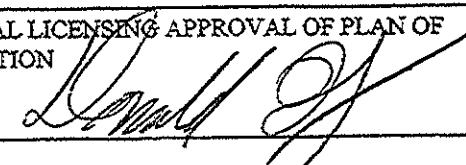
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
1435 The following current emergency medical and health information shall be available at all times for each resident and shall accompany the resident when the resident needs emergency medical attention: (1) The resident's name and birth date. (2) The resident's Social Security number. (3) The resident's medical diagnosis. (4) The resident's physician's name and telephone number. (5) Current	The emergency medical information transfer sheet for resident #5 was incomplete and did not include:  -The resident Social Security number. -The resident's physician's name and telephone number. -Current medication including the dosage and frequency. -A list of allergies. -Other relevant medical conditions. -Insurance of third party payer and identification number. -The power of attorney for health care or health care proxy, if applicable. -The resident designated person with current address and telephone number. -Personal information and related instructions regarding advance directive, do not resuscitate orders or organ donation.	Immediate	<i>Emergency medical information for resident #5 has been updated and completed. Medication list is always attached to transfer form including on med list of allergies. Advance directive will always be attached to the transfer sheet. Nursing is responsible. Administration and medical records will monitor.</i>	Steps have been taken to correct violation; full compliance is not verifiable. Date: 6/7/11 Initials: (DPW)

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medications, including the dosage and frequency. (6) A list of allergies. (7) Other relevant medical conditions. (8) Insurance or third party payer and identification number. (9) The power of attorney for health care or health care proxy, if applicable. (10) The resident's designated person with current address and telephone number. (11) Personal information and related instructions regarding advance directives, do not resuscitate orders or				

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NAME AND ADDRESS OF PERSONAL CARE HOME ELM TERRACE GARDENS, 660 N BROAD ST 3RD & 4TH FL LANSDALE, PA 19446		CURRENT LICENSE NUMBER 127852	
INSPECTION DATES (Include all dates of the inspection) 04/25/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandi Wooters	
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organ donation, if applicable.				

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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.	In room 311 the following medications we found unlocked in residents # 1's room; Donnatal, Neosporin, Cortaid, Dipropionate cream and Lotemox eyedrops. Residents #1's medical evaluation, dated 3/30/11, indicates that the resident can not self administer medications.  Repeated Violations: 09/29/2010	Immediate	<i>Resident has been educated regarding regulation 183b and reminded that etc staff administered all medications, staff used continue to educate resident &amp; family not to bring OTC medications into apartment - staff will also monitor apartment to be certain resident did not bring medication in all staff used monitor Nursing will be responsible</i>	Steps have been taken to correct violation; full compliance is not verifiable Date: _____ Initials (DPW)

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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 4/25/11 staff were observed placing medications for residents #2, 3 and 4 in applesauce. The home did not have a written order from an authorized prescriber to put medication into applesauce.  Repeated Violations: 09/29/2010	<i>Immediate</i>	<i>Orders have been obtained by our medical director for medications to be given in applesauce if needed. See attached. If necessary, nursing will monitor. Administrative will be responsible.</i>	<i>6/7/11</i> <i>Ⓟ</i>

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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 pre-admission screening documentation for resident's # 1, 5, 6, 7, 8, 9, 10 and 11 did not indicate the date the pre-admission screening was completed.</p> <p>-Resident #9's pre-admission screening, did not indicate if the home could meet the residents needs.</p> <p>Repeated Violations: 09/29/2010</p>	Immediate	<p>All pre-admission screening documents will be filled out completely - no blanks will be found.</p> <p>All forms will state if the needs of the resident can be met. Training will monitor nursing will be responsible</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 6/7/11 Initials: (DPW)</p>