



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: February 12, 2013**

Ms. Malissa Stroble, Administrator  
Elm Terrace Gardens  
660 North Broad Street  
Lansdale, Pennsylvania 19446

Dear Ms. Stroble:

As a result of the Department of Public Welfare's licensing inspection on September 25, 2012 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.

Sincerely,  
  
Roslyn Brewer  
Regional Licensing Administrator

Enclosure(s)



**Violation Report:** 12783 - 09/25/2012 - Kurtz, Andrea  
**PCH Name:** ELM TERRACE GARDENS

**1. REGULATION 55 Pa.Code §2600**  
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**2a. DESCRIPTION OF VIOLATION**  
 On 8-6-12, an allegation of abuse against Resident #1 was reported to Staff person A and the home did not report the allegation of abuse to the local area agency on aging. Resident #1 reported to the staff that numerous pairs of earrings and a charm on a necklace were missing from the residents apartment.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

When resident #1 reported the items missing staff members were interviewed, the resident's family was notified, the local police dept. and the Department of Public Welfare were notified. The police dept. did an investigation and based on this investigation the staff member was terminated. On 9.25.12 a report of the incident was filed with the local area agency on aging. This part of the process was accidentally overlooked at the time the resident reported the items missing.

On 10/12/12 staff member A completed a 6 hr. training course at Temple University pertaining to Conducting Efficient, Timely and Complete Abuse Investigations. (See attached)

On 10/17/12 the local area agency on aging personnel came to the facility to do a refresher training on Oct 13 and OPSA for other staff members of the facility. (See attached)

<b>Repeat Violation:</b> No	<b>Date(s) of Previous Violation(s):</b>			
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**Signature of Legal Entity Representative**  
 (Required on EVERY Page) *Timothy J. Murphy President*

<b>Printed Name and Title of Legal Entity Representative</b> (Required on EVERY Page) <i>Timothy J. Murphy President</i>	<b>Date</b> <i>1/11/13</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>1/15/13</u> (Date)  The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>1/20/13</u> (Date) <ul style="list-style-type: none"> <li><input type="checkbox"/> Fully Implemented</li> <li><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</li> <li><input type="checkbox"/> Partially Implemented - Inadequate Progress</li> <li><input type="checkbox"/> Not Implemented</li> </ul>
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