



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 05 2013

Mr. Timothy J. Murphy, President/CEO
Elm Terrace Gardens
660 North Broad Street, 3rd & 4th FL
Lansdale, Pennsylvania 19446

Dear Mr. Murphy:

As a result of the Department of Public Welfare's licensing inspection on April 18, 2013 and April 19, 2013, 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.

Your regular license for the period of June 10, 2013 to June 10, 2014 was issued on March 1, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", written over a horizontal line.

Ronald Melusky
Director

Enclosure
Violation Report

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

PCH Name: ELM TERRACE GARDENS		License Number: 127830
Address: 660 N BROAD ST 3RD & 4TH FL, LANSDALE, PA 19446		County: Montgomery
Administrator: Melissa Stroble		Region: SOUTHEAST
Legal Entity Name: ELM TERRACE GARDENS		
Legal Entity Address: 660 NORTH BROAD STREET, LANSDALE, PA 19446		
Certificate(s) of Occupancy		
Other 06/11/1986 Borough of Lansdale	Other 05/01/1992 Borough of Lansdale	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 71	Waking Staff: 53
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
04/18/2013: Foulkes, Kimberli; Kazimer, Lauren		
04/19/2013: Foulkes, Kimberli; Kazimer, Lauren		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 250 Number of Residents Served: 56 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 56 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 15 Have a Physical Disability: 2	

Violation Report: 12783 - 04/18/2013 - Foulkes, Kimberli
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 55 Pa.Code §2600

2600.16(c) - 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 section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 3/3/13 at 6pm, 3/4/13 at 8am and 5pm, resident #1 did not receive Phosphatidyl Serine 500mg because the medication was not available in the home. The home did not submit an incident report to the Department.

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.

This medication is a Supplement and is a CAM/OTC that supports memory & cognition. The medication aide did not recognize this as a prescribed medication and therefore an incident report was not completed for this incident. The nurse manager and the administrator were notified that the medication was missed.

A retraining will be provided by our facility educator to all medication aides on proper protocol of internal incident reporting and reportable incidents that are reportable to the department. Starting 6/6/13

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Timothy J. Murphy President* Date *5/17/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *6/6/13*
 (Date)

Plan of correction implementation status as of *6/6/13*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12783 - 04/18/2013 - Foulkes, Kimberli
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 55 Pa.Code §2800
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Resident #2 had an accucheck completed on 4/1/13. The resident does not have an individual personal glucometer.

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.

This particular order was for an accucheck to be done once every 3 months. The prescribing physician was contacted and this order was d/c'd and replaced with a lab test to be done every 3 months. See attached.
 All residents requiring glucometers have individual glucometers.
 To ensure future compliance when an order is acquired for a resident to receive blood sugar monitoring a glucometer with all supplies will be ordered from our preferred pharmacy unless the family/resident provides a glucometer with the blood sugar monitoring order.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *T. Murphy*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Timothy J. Murphy President* Date: *5/7/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *6/5/13*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of *6/5/13*
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12783 - 04/18/2013 - Foulkes, Kimberll
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 55 Pa.Code §2600

2600.183(f) - 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 or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

On 4/19/13, resident #3's Nystatin Powder was still in the medication cart. This medication was discontinued on 1/21/13.

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.

This medication was removed from the medication cart when found. There will be a mandatory staff training on the proper way to complete a cart review. The medication aide will also be required to provide the Personal Care nurse a copy of the resident's medication administration record, including the d/c'd documentation and the d/c'd medication must be presented to the nurse also. A "cart check" form will be utilized to confirm staff has completed the cart check task. The Personal Care nurse will be responsible for monitoring the task completion and compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Timothy J. Murphy Resident* Date *5/17/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/5/13
 (Date)

Plan of correction implementation status as of 4/5/13
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12783 - 04/18/2013 - Foulkes, Kimberl
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 86 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

-The home did not implement procedures for the safe use of medications and medical equipment.

-The home's policy is to order medications from the home's pharmacy if the family member does not supply the medication to ensure the resident receives medications. The home did not follow their policy and on 3/3/13 at 5pm, 3/4/13 at 8am and 3/4/13 at 5pm resident #1's Phosphatidyl Serine 500mg was not given because it was not available in the home.

-The home's policy is that when a resident is not available at medication administration time a "leave of absence" form is filled out with the residents medications and provided prior to the absence. On 1/9/13, 1/30/13, 2/13/13 and 2/28/13 resident #4 was not in the home for medication administration at 9am and it is unknown if the resident received their 9am dose of Furosemide. The home did not have this form to determine if the medication was administered or if the physician was notified if the dose was missed.

-The home's policy is that when a resident is not available at medication administration time a "leave of absence" form is filled out with the residents medications and provided prior to the absence. On 3/23/13 resident #5 was not in the home for medication administration at 4pm and it is unknown if the resident received their 4pm dose of Isosorb mono 30mg tablet. The home did not have this form to determine if the medication was administered or if the physician was notified if the dose was missed.

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.

- The Supplement for resident 1 is a CAM and ordered by family through a mail order specialty Vitamin/Mineral provider. Our preferred pharmacy was unable to obtain this Supplement within the timeframe needed.
- The procedure and use of the leave of absence for will be reviewed and retrained with all medication aides. This review and retraining will be done by our facility educator. The Personal Care nurse will be responsible for ensuring compliance of this procedure.
- If the resident leaves the facility without their medication that would be due to be administered during their absence - it is a medication error and reported to the prescribing physician as such.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/05/2012	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Timothy J. Murphy Resident* Date *5/17/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/5/13
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 4/5/13
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12783 - 04/18/2013 - Foulkes, Kimberli
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 58 Pa.Code §2600

2600.186(c) - Changes in 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.

2a. DESCRIPTION OF VIOLATION

On 1/14/13, the home received a verbal order to discontinue Doxycycline 100mg BID for resident #4. The home had not received a written order from an authorized prescriber for the change as of 4/18/13.

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.

- See attached.
 - To ensure future compliance verbal orders will be used only as a last resort by the Personal Care nurse. If a verbal order is needed the nurse will take the order and immediately fax the verbal order to the prescribing physician. If the order has not been received from the physician dated and signed by the end of the shift the oncoming shift will follow up with the prescriber. The verbal order will not be filed and will remain in the nurse's possession until the doctor's signature is obtained. A follow up phone call will be made to the prescriber each shift until the signature is obtained. 6/5/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Timothy J Murphy, President Date 5/19/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/5/13 (Date)	Plan of correction implementation status as of 4/5/13 (Date)
The above plan of correction was approved by [Signature] (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12783 - 04/18/2013 - Foulkes, Kimberli
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 65 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if 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.

2a. DESCRIPTION OF VIOLATION

-The medication administration record for resident #5 for April 2013 does not include the diagnosis or purpose for Prilosec 20mg.

-The medication administration record for resident #6 does not include the initials of staff for the date and time of medication administration. There is no way to determine if the resident received these medications on 3/24/13 at 9am Aspirin 81mg tablet, Pravastatin 40mg tablet, and Senna 8.6mg tablet

-The medication administration record for resident #7 not include the initials of staff for the date and time of medication administration. There is no way to determine if the resident received these medications on 3/28/13 and 3/29/13 at 9am Aspirin 81mg tablet, Donepezine 5mg tablet, Hydralazine 25mg tablet, and Lisinopril 20mg tablet, Sertaline 50mg tablet.

-The medication administration record for resident #8 for April 2013 does not include the diagnosis or purpose for Pantoprazole 40mg tablet and Vitamin D3 Capsule.

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.

All medication administration records for May were reviewed and diagnosis's added to any medications that did not include a diagnosis or purpose.
 The preferred pharmacy will provide a list of all medications missing diagnosis's with the monthly medication administration record recaps. The Personal Care nurse will review this list and provide diagnosis's or purpose for medications to the upcoming month's medication administration record. The completed list will be faxed to the pharmacy to ensure the diagnosis's are added to the following month's medication administration record. 6/5/13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/05/2012	
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Signature of Legal Entity Representative (Required on EVERY Page) *TJ Murphy*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Timothy J Murphy, Resident* Date *3/17/13*

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The above plan of correction is approved as of 6/5/13 (Date)

Plan of correction Implementation status as of 6/5/13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by JTB (Initials)

Violation Report: 12783 - 04/18/2013 - Foulkes, Kimberil
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

-The medication administration record for resident #4 does not include the initials of staff for the date and time of medication administration. There is no way to determine if the resident received these medications on 1/24/13 at 12pm Furosemide 20mg, on 1/25/13 at 9am Deterol LA 4mg Capsule and Divalproex 250mg tablet, on 2/1/13 at 9am Fish Oil Capsule, on 2/4/13 and 2/22/13 at 12pm Furosemide 20mg tablet, on 2/18/13 at 9am Tylenol Arthritis Pain capsules, on 2/25/13 at 9am Multivitamin tablet, on 3/2/13 and 3/29/13 at 12pm Furosemide 20mg tablet, on 3/28/13 at 7am Alendronate 70mg tablet, on 3/29/13 at 9am Multivitamin tablet, and on 3/31/13 at 6am Omeprazole 20mg Capsule.

-The medication administration record for resident #5 does not include the initials of staff for the date and time of medication administration. There was an initial written in and then it was scribbled out. There is no way to determine if the resident received Omeprazole at 9am on 2/27/13.

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.

- All medication administration records will be reviewed at daily shift changes by the oncoming medication aide at shift report.
- The proper medication administration as per the train the trainer class will be reviewed with all medication aides regarding the importance of documentation and following the prescribers orders. The staff educator will reeducate and coordinate the training for the medication aides. The Personal Care nurse will monitor for compliance. *starting 6/5/13 RB*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly J Murphy, RN* Date *5/12/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *6/5/13* (Date)

The above plan of correction was approved by *[Handwritten Initials]* (Initials)

Plan of correction implementation status as of *6/5/13* (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12783 - 04/16/2013 - Foulkes, Kimberl
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

-Resident #2 had a physicians order for wound care. On 4/1/13 and 4/19/13 there were initials on the medication administration record and the home could not determine if wound care was provided. On 4/2/13 through 4/18/13 it was documented that the resident refused wound care. There was no documentation that the resident was educated regarding the effects of not having wound care and the home did not notify the physician that the resident was refusing wound care.

-Resident #4 has a physician's order dated 1/21/13 for a waist brace to be placed on in the am and then taken off in the pm. At 6am on 3/9/13 and on 2/18/13 it was left blank on the medication administration record and it was unable to be determined if the staff placed the brace on the resident. The resident also refused the brace on 2/1/13, 2/7/13, 2/8/13, 2/9/13, 2/10/13, 2/14/13, 2/20/13, 2/24/13, 3/1/13, 3/7/13, 3/19/13, 3/24/13, 3/25/13, and 3/28/13 and the physician was not notified of the resident's refusal to wear the brace. The medication administration record for January 2013 stated "waist" brace and the record for March 2013 stated "wrist". Staff were not clear on whether or not the resident actually had a wrist or waist brace until the order was reviewed.

-Resident #4 has a physician's order and the medication administration record states that the resident is to have weekly blood pressure checks on Fridays. The medication administration record for 2/22/13 and 3/29/13 was left blank and not initialed. The home could not determine if the resident's blood pressure was checked.

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.

- Medication and treatment refusals are now reported to the Personal Care nurse and the prescribing physician on the first occurrence of resident refusal. After 2 consecutive medication/treatment refusals the Personal Care nurse will educate the resident on the importance of following the prescribers orders regarding medication/treatment administration and the effects of not taking medications as prescribed. This education will be documented in the resident's chart by the Personal Care nurse.

- All medication administration records will be reviewed at daily shift changes by the oncoming medication aide at shift report.

- The proper medication administration as per the train-the-trainer class will be reviewed with all medication aides regarding the importance of documentation and following the prescribers orders. The staff educator will reeducate and coordinate the training for the medication aides. The Personal Care nurse will monitor for compliance. *Starting 6/5/13*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/05/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Emily L. Murphy Date *5/17/13*

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The above plan of correction is approved as of *6/5/13*
 (Date)

Plan of correction implementation status as of *4/5/13*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12783 - 04/18/2013 - Foulkes, Kimberl
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 56 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 3/4/13 at 5pm, 3/6/13 at 8am and 5pm, an error in resident #1's medication administration occurred involving Phosphatidye Serine 500mg not being available in the home and not being administered to the resident. The error was not reported to the prescriber.

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.

- This medication is a Supplement and a CAM used to support memory & Cognition. The medication aide did not recognize this as a prescribed medication and therefore, did not notify the prescribing doctor.

- Staff members will be retained on Internal Incident reporting and proper reporting procedures to resident, family and prescribing doctor for all medications including CAM, etc. Starting 6/5/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Timothy J. Murphy President	Date 5/13/13
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/5/13
 (Date)

Plan of correction implementation status as of 6/5/13
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12783 - 04/18/2013 - Foulkes, Kimberli
 FCH Name: ELM TERRACE GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - 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.

2a. DESCRIPTION OF VIOLATION
 The preadmission screening form for resident #7, admitted 1/3/13, which includes the determination that the home can meet the resident's service needs, is dated 7/25/12.

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.

- A preadmission screening will be completed for each prospective resident within 30 days prior to admission even if a previous preadmission screen was completed and no changes are noted in the prospective resident's condition.
- The person responsible for completion of the preadmission screen is the Personal Care nurse, Elm Terrace Gardens Admissions personnel, the Personal Care Administrator or designee if able to assess the care needs of prospective residents to Personal Care.

Starting 6/6/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Murphy & Murphy President</i>	Date <i>5/17/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *6/5/13*
 (Date)

Plan of correction implementation status as of *6/5/13*
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*
 (Initials)