



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 05 2014

Mr. Timothy Murphy, President
Elm Terrace Gardens
660 North Broad Street, 3rd and 4th Fl.
Lansdale, Pennsylvania 19446

RE: Elm Terrace Gardens
License #: 127830

Dear Mr. Murphy:

As a result of the Department of Public Welfare's licensing inspection on April 23, 2014 and April 24, 2014, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

Your regular license for the period June 10, 2014 to June 10, 2015 was issued on March 17, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

Enclosure
Licensing Inspection Summary

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

PCH Name: ELM TERRACE GARDENS		License Number: 12783			
Address: 660 N BROAD ST 3RD & 4TH FL, LANSDALE, PA 19446		County: Montgomery			
Administrator: Malissa Stroble		Region: SOUTHEAST			
Legal Entity Name: ELM TERRACE GARDENS					
Legal Entity Address: 660 NORTH BROAD STREET, LANSDALE, PA 19446					
Certificate(s) of Occupancy <table border="0"> <tr> <td>Other 06/11/1986 Borough of Lansdale</td> <td>Other 05/01/1992 Borough of Lansdale</td> </tr> </table>			Other 06/11/1986 Borough of Lansdale	Other 05/01/1992 Borough of Lansdale	
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Staffing Hours <table border="0"> <tr> <td>Resident Support: 0</td> <td>Total Daily Staff: 70</td> <td>Waking Staff: 53</td> </tr> </table>			Resident Support: 0	Total Daily Staff: 70	Waking Staff: 53
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<table border="0"> <tr> <td>Type of Inspection: Full</td> <td>BHA Docket Number:</td> <td>Notice: Unannounced</td> </tr> </table>			Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
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Reason(s) for Inspection(s) Renewal					
On-Site Inspections Dates and Department Representatives On-Site 04/23/2014: Keelty, Jennifer; Braswell, Natasha 04/24/2014: Keelty, Jennifer; Braswell, Natasha					
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: 55 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: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 55 Have Mental Illness: 9 Have an Intellectual Disability: 0 Have a Mobility Need: 15 Have a Physical Disability: 4				

Violation Report: 12783 - 04/23/2014 - Keely, Jennifer
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for Resident #1 was not signed by the resident.

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 admissions team was reminded of Regulation 2600.25(b) that states the contract shall be signed by the resident. If the resident is physically unable to sign the contract this must be noted on the contract and documented that the contract was reviewed and the resident was offered an opportunity to ask questions. The inability to physically sign the contract must also be documented in the resident's support plan.

The administrator or designee will be responsible for ensuring all contracts are signed by the resident if able. If physically unable to sign the contract the Administrator or designee will ensure it is noted on the contract and documented on the resident's support plan.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Timothy J. Murphy* Date *5/8/2014*

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

The above plan of correction is approved as of 5/14/14 (Date)

Plan of correction implementation status as of 5/14/14 (Date)

The above plan of correction was approved by *AB* (Initials)

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

Violation Report: 12783 - 04/23/2014 - Keelly, Jennifer
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 55 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
 Resident # 1's Peri Guard, apply to Irritation on scrotum twice daily as needed, was being stored in the resident's bedroom. According to the Documentation of Medical Evaluation, Resident # 1 cannot self-administer medications.

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.

One Peri Guard ointment was removed from Resident #1's room. A thorough check of all residents rooms who receive skin protectant treatment was completed and no other violations were found. Inservice of staff regarding medications and treatment supplies permitted in resident's rooms has been started. In addition staff will be inserviced on following the resident's support plan and physician's orders as noted on the resident's medical evaluation for each resident's ability to self administer medications. Inservice of all staff is expected to be completed by May 30, 2014. Inservice will be completed by Elm Terrace Garden's RN educator in conjunction with the Administrator. Continued compliance of this regulation will be ensured by room checks, weekly cart checks and the PC Nurse Supervisor's periodic checks.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/18/2013	06/05/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page) *R. J. Murphy*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ronny J. Murphy* Date *5/14/2014*

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The above plan of correction is approved as of <i>5/16/14</i> (Date)	Plan of correction implementation status as of <i>5/14/14</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input checked="" 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 - 04/23/2014 - Keely, Jennifer
 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

In interview, staff reported administering Resident # 1's Periguard, apply to irritation on scrotum twice daily as needed. The medication administration record was not dated or initialed at the time of administration throughout April 2014.

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 medications and treatments must be signed for on the MAR as administered to ensure residents are receiving their medications and treatments as prescribed by their physicians. Iris treatment of Peri Guard ointment, skin protectant, was reported as administered but was not signed for when administered. This medication was ordered to be applied twice daily as needed. There is no way to identify when the medication/treatment was needed or when/ if it was administered if it is not signed for or documented on the MAR. Iris treatment medication was located in the resident's room. Iris treatment medication was removed from the resident's room, placed in the medication cart and if the personal care aide notices irritation on his scrotum, the medication aide will be notified and responsible for administering the skin protectant and requesting the Personal Care nurse to assess the irritation. Once the treatment is administered the medication aide will document the administration on the MAR and place the Peri Guard back in the medication cart. Staff members will do a MAR review with the oncoming shift at shift change to ensure all medications/treatments have been documented. If an as-needed medication or treatment is documented on a resident's MAR staff is made aware of the reason why at shift report. The Personal Care Nurse Supervisor will be responsible for ensuring future compliance of this regulation.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/18/2013
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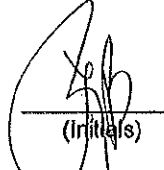
Signature of Legal Entity Representative
 (Required on EVERY Page) *L. J. Murphy*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *L. J. Murphy* Date *5/8/2014*

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