pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: DEC 1 5 2015

Mr. Timothy J. Murphy, President/CEO
Elm Terrace Gardens
660 North Broad Street
Lansdale, Pennsylvania 19446

RE: Elm Terrace Gardens
License #: 127830

Dear Mr. Murphy:

As a result of the Department of Human Services' licensing inspection on August 4,2015,August 5,2015,on which we conducted on-site inspections] of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Roslyn Brewer
Regional Licensing Administrator

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

Staffing Hours

Resident Support:	**Total Daily Staff:** 70	**Waking Staff:** 53
Type of Inspection: Partial	**BHA Docket Number:**	**Notice:** Unannounced

Reason(s) for Inspection(s)

Incident

On-Site Inspections Dates and Department Representatives On-Site

08/04/2015: McHale, Christine; Colon, Lissette
08/05/2015: McHale, Christine; Colon, Lissette

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: 1

Number of Hospice Residents in past year: 6

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 55

Have Mental Illness: 6

Have an Intellectual Disability: 0

Have a Mobility Need: 15

Have a Physical Disability: 1

Violation Report: 12783 - 08/04/2015 - McHale, Christine
PCH Name: ELM TERRACE GARDENS

1. REGULATION 55 Pa.Code §2600

2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION

Resident #1 self administers medications and stores medications in their room. Between 7/24/15 and 7/26/15, six pills of Vicodin 5/325 mg were taken from the resident's room. During this time frame, the resident did not have this medication secured in their room. The medication was on the resident's counter and not locked.

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.

Staff members have been reminded and educated on the importance of ensuring all self-administering residents keep their medications locked in a safe and secure location. All staff members have been instructed if they see any medications not locked in a safe and secure location to remind the resident of the importance of locking their medications and to report any unlocked medications to the PC Nurse supervisor.

All self-administering residents have been reminded about keeping all their medications locked in a safe and secure location in addition to locking the door to their room when they are not in the room. All lock boxes and locking cabinets have been checked to ensure they are working properly and have adequate room for the resident's medications.

Resident #1 was educated about the regulation and the importance of keeping all medications locked in a safe and secure location. Resident #1 had been educated previously on several occasions regarding locking [redacted] medications in a safe and secure location. Since this inspection and resulting violation, Resident #1 is no longer self-administering a majority of [redacted] medications. The only medication [redacted] is self-administering is Asper cream and this is kept locked in the lock box provided in [redacted] room for as needed use.

The PC Nurse supervisor is responsible for monitoring and ensuring all self-administering residents are capable of administering their medications safely and that the medications are locked in a safe and secure location to ensure continued compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			

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

Date 9/18/2015

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

The above plan of correction is approved as of 9/30/15 (Date)

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

Plan of correction implementation status as of 9/30/15 (Date)

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

Violation Report: 12783 - 08/04/2015 - McHale, Christine
PCH Name: ELM TERRACE GARDENS

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

- On 8/5/15, thirteen various loose pills were found throughout the third floor medication cart.
- On 8/5/15, thirteen various loose pills and four pieces of loose pills were found throughout the fourth floor medication cart.

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.

Staff members have been reminded and educated about the importance of keeping all medications in an organized manner in a clean and locked medication cart (See attached).

The cart check documentation form and procedure has been revised (See attached) and the staff has been in serviced on the revisions and the form use. In addition, we will be changing our preferred pharmacy to a new pharmacy that distributes fewer medication doses at a time (24-48 hours) which will free up space in the medication carts.

The PC Nurse supervisor is responsible for ensuring continued compliance by monitoring and reviewing the completion of the cart check documentation form and periodic cart audits.

Repeat Violation: No	Date(s) of Previous Violation(s):			

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 — Date 9/18/2015

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Violation Report: 12783 - 08/04/2015 - McHale, Christine
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 8/5/15, a tube of Preparation H cream that had expired 7/2015 belonging to resident #2 was in the medication cart with the resident's current medications.

- On 8/5/15, a bottle of Fluticasone spray 50 mcg belonging to resident #3 was in the medication cart with the resident's medications. This medication had been discontinued on 5/18/15.

- On 8/5/15, a bottle of Nystatin topical powder belonging to resident #4 was in the medication cart with the resident's medications. This medication had been discontinued on 10/15/14.

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.

Staff members have been reminded and educated on the importance of removing and properly destroying any discontinued or expired mediations from the medication carts.

The cart check documentation form and procedure has been revised (See attached) and the staff has been in serviced on the revisions and the forms use.

All expired medications have been removed from the medication carts.

Staff was also reminded to do a MAR review at shift change with the oncoming shift. The shift change report was revised (See attached) to include a signature spot to ensure the MAR review is completed. If there were any discontinued medication orders during the previous shift the oncoming shift can double check to ensure the mediations were removed from the cart and the discontinued medication was properly documented in the MAR.

PC Nurse Supervisor is responsible to ensure all discontinued medications are documented in the MAR properly and the medications are removed from the cart and destroyed.

Repeat Violation: No	Date(s) of Previous Violation(s):			

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 — Date 9/18/2015

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- [ ] Not Implemented

Violation Report: 12783 - 08/04/2015 - McHale, Christine
PCH Name: ELM TERRACE GARDENS

1. REGULATION 55 Pa.Code §2600
2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
(1) The resident's name.
(2) The name of the medication.
(3) The date the prescription was issued.
(4) The prescribed dosage and instructions for administration.
(5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #2's bottle of Namenda XR 14 mg was only labeled with the resident's name and room number.

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.

Staff members have been reminded and educated on the requirements of each medication label.

New bags and labels have been ordered for medication storage and labeling. The cart check documentation form has been revised to include all the required label components.

Staff members are required to check the label of any medication accepted for medication administration from either family or the pharmacy prior to placing the medication in the medication cart.

PC Nurse Supervisor is responsible for ensuring continuing compliance on all medication labels.

Repeat Violation: No	Date(s) of Previous Violation(s):			

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 — Date 9/15/2015

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Violation Report: 12783 - 08/04/2015 - McHale, Christine
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 #5 has an order for Bisacodyl suppository 10 mg as needed. This medication was not available in the home.

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.

Staff members have been reminded and educated on the importance of ensuring all medications including as needed medications, OTC's and CAM, are available to be administered as ordered by the prescribing physician.

The cart check documentation form has been revised (See attached) and the staff has been in serviced on the revisions and the forms use. The revisions of this form allows staff to check the medication cart against the resident's MAR throughout the week-evenly distributing this task between all shifts and concentrating on a small number of residents daily. Staff members must document the cart check was done by signing the form. If any medications are discontinued or expired the medications will be removed and destroyed or reordered. If any medications have less than 7 doses available to be administered the medication will be reordered.

PC Nurse Supervisor is responsible for ensuring continued compliance on all medication availability.

Repeat Violation: No	Date(s) of Previous Violation(s):			

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 — Date 9/28/2015

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

The above plan of correction is approved as of 9/30/15 (Date)

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

Plan of correction implementation status as of 9/30/15 (Date)

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Violation Report: 12783 - 08/04/2015 - McHale, Christine
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
Resident #6 has an order to have their blood sugar levels tested once daily at 7:00 am. On 8/2/15, 8/3/15, 8/4/15, and 8/5/15 the resident's blood sugar level was not tested. However, the resident's medication administration record lists blood sugar level results for these dates.

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.

Staff members have been reminded and educated on proper medication administration documentation and the importance of doing this task accurately and at the time the medication administration or treatment takes place.

Staff members must verify the blood sugar reading from the glucometer with the results logged in the resident's MAR (for the most recent reading) at each shift change with the oncoming shift. Staff is required to document and sign that the blood sugar reading has been verified and is accurate on the revised shift report (See attached). This practice will uncover a broken or faulty glucometer in a timely manner.

PC Nurse Supervisor is responsible to ensure continued compliance through periodic checks of the glucometer and documented readings.

Repeat Violation: No	Date(s) of Previous Violation(s):			

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

Date 7/18/2015

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Violation Report: 12783 - 08/04/2015 - McHale, Christine
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 #4 has an order for Buspirone 7.5 mg every morning and at bedtime. The resident did not receive this medication in the morning from 7/2/15 to 7/24/15, a period of 22 days.

- Resident #6 has an order to have their blood sugar levels tested once daily at 7:00 am. The resident's blood sugar level was not tested on 8/2/15, 8/3/15, 8/4/15, and 8/5/15.

- Resident #7 has an order to have their blood sugar levels tested weekly on Mondays. The resident's blood sugar level was not tested on 8/3/15, 7/27/15, and 7/13/15.

- Resident #7 has an order to have an Exelon patch applied daily. The resident did not receive this medication on 7/22/15. On 7/22/15, a patch was applied to the resident and the patch from the previous day was not removed. On 7/7/15, a patch was applied to the resident and the patch from the previous day was not removed causing the resident to experience weakness and fatigue.

- Resident #8 has an order for Aspirin 81 mg chewable with directions to chew 1 tab by mouth daily. The resident is receiving Aspirin 81 mg safety coated enteric.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Staff members have been reminded and educated on the importance of following proper medication administration as per the prescriber's directions.

The revised shift report (See attached) requires staff members to sign and document that each resident's MAR has been checked and any discrepancies addressed (LOA with family, hold, hospital, refusals etc.) in addition to requiring all blood sugar results to be verified with the resident's glucometer.

The medication monthly turnover documentation (RECAPS) has also been revised (See attached). Staff is now required to review a small number of resident's MAR's nightly during the last week of the month on first and second shift with third shift rechecking the reviewed MAR's for accuracy. The PC Nurse supervisor will do a final check of all the MAR's prior to the 1st day of the month to ensure all prescribed medications and treatments are carried over onto the coming month's MAR.

PC Nurse is also doing periodic checks of all residents requiring medicated patches to ensure the prescribed directions are followed.

PC Nurse Supervisor is responsible to ensure continued compliance with the prescriber's directions for administration of medications and treatments.

Repeat Violation: No	Date(s) of Previous Violation(s):		

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 — Date 9/18/2015

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