



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: AUG 23 2016

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 July 5, 2016 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,



Patricia Adams
Human Services Licensing Supervisor

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: 87	Waking Staff: 65
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site		
Off-Site Inspection Dates and Inspectors, if Applicable 07/05/2016:		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 250 Number of Residents Served: 62 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: 2 Number of Hospice Residents in past year: 5	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 62 Have Mental Illness: 7 Have an Intellectual Disability: 0 Have a Mobility Need: 25 Have a Physical Disability: 2	

Violation Report: 12783 - 07/05/2016 -
 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, 7/3/16 resident # 1 was administered an incorrect dose of Clonazepam by medication aide A. The home did not submit an incident report to the Department until 7/5/16.

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 incident occurred over a holiday weekend. The incident was reported to the Department as soon as the Administrator was made aware of the medication error via an internal incident report. An investigation was completed and it was determined that the facility notification protocol was not followed. Staff members had received training on internal incident reports and reportable incidents in January.

The medication aide responsible for administering the medication reported the error to the Nurse on duty, notified the resident's family and faxed the prescribing doctor to alert them of the error. The Nurse on duty contacted the prescribing doctor's on-call physician and took a verbal order to change the dose of the medication administered in error for the following administration time. The Nurse and the medication aide neglected to contact the Administrator at the time of the incident.

The Nurse on duty and the medication aide met with the facility's Director of Community Education and reviewed the reportable incident policy in addition to the notification protocol (see attached). Both staff members are required to complete the medication error module training via webcast with the Director of Community Education present for proctoring. The webcast training will be completed for both staff members by 8/19/16.

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* Date *8/10/2016*

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

The above plan of correction is approved as of *8/10/16*
 (Date)

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

Plan of correction implementation status as of *8/10/16*
 (Date)

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