



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUN 28 2017

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 12/9/16 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,

A handwritten signature in black ink that reads "Roslyn Brewer /DK". The signature is fluid and cursive.

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary


Violation Report: 12783 - 12/09/2016 - Colon, Lissette
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
 The assessment and support plan for resident #1, indicates that the resident requires routine safety checks every 2 hours. On 12/5/16, during the overnight hour, the resident was not checked every 2 hours as required.

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 resident's assessment and support plan indicated that this resident would have routine safety checks completed every two hours. On 12/5/16 the resident was checked on by a Personal Care aide at around 3:40 AM and was found to be sleeping in bed. The routine check was scheduled for 4:00 AM. The Medication aide entered the resident's room to administer AM medication at 6:30 AM and found the resident on the floor next to bed. The resident was unresponsive. The routine safety check schedule was not followed as it was intended. The Personal Care aide checked on the resident prematurely on the initial safety check and then got delayed performing other tasks and routine safety checks and did not get back to the resident's room in the allotted time for the 6:00 AM check. A new tracking form (see attached) has been implemented for each shift to sign and complete daily. This form requires the staff member to note the status of the resident at each 2 hour check and document the safety check was completed in the allotted time frame.

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page)				
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date	
Timothy J. Murphy			1/17/2017	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!				
The above plan of correction is approved as of		1/23/17 (Date)	Plan of correction implementation status as of	
The above plan of correction was approved by		 (Initials)	1/23/17 (Date)	
		<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		