



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: MAR 27 2018

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

RE: Elm Terrace Gardens
3rd & 4th Floors
License #: 127830

Dear Mr. Murphy:

As a result of the Department of Human Services' licensing inspection on December 28, 2017, January 8, 2018 and January 16, 2018 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
Southeast Regional Director

Enclosure
Licensing Inspection Summary

Violation Report: 12/28/2017 - Thomas, Tahesia

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

- On 12/19/17, Resident # 1 was prescribed Ipratropium-Albuterol Solution 0.5-2.5 MG / 3 ML 1 vial Inhale orally via nebulizer every 6 hours for shortness of breath. The home did not administer this medication until 12/23/17.

- On 12/26/17, Resident # 2 was prescribed Potassium Chloride Solution 20MEQ 15 ML orally twice daily. The home did not administer this medication until 12/27/17.

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.

Resident #1 was admitted to Hospice on [redacted] 17 following the return from a hospitalization where he was prescribed an order for a nebulizer machine and Ipratropium-Albuterol Solution 0.5-2.5 to inhale 1 vial orally every 6 hours for shortness of breath. The hospice agency was to cover this medication and the delivery of the nebulizer machine needed to administer this medication. The machine and medication were not delivered. The resident missed his Albuterol treatment from 12/19/17 through 12/22/17. Proper prescribed administration of this treatment was started on 12/23/18. Elm Terrace Gardens implemented a 24 hour chart check process (see attached) to ensure all new orders are reviewed, sent to the appropriate pharmacy or agency and verified for accuracy. This newly implemented system will be a tool to ensure continued compliance with following all direction from the prescriber. The Nurse Supervisor will be responsible for completing the 24 hour chart check process and ensuring continued compliance with 2600.187(d) *The chart check will be maintained for department review.*

Resident #2 has an order for Potassium Chloride Solution that is supplied by the family. Elm Terrace Gardens staff members did not notify the family in adequate time to ensure this medication was available for administration. The staff members that were responsible for contacting family when the medication supply was running low were reminded of the importance of notifying the resident's responsible person to ensure the resident's proper prescribed medication administration is not interrupted and the resident does not suffer ill effects due to not taking medications as prescribed. The staff members were instructed to notify the Nurse Supervisor so the medications can be ordered from Elm Terrace Garden's preferred pharmacy to ensure the resident receives the medication as prescribed by the physician. The Nurse Supervisor will be responsible for ensuring continued compliance of 2600.187(d).

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Timothy Murphy

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

Timothy Murphy, President/CEO

Date

2.23.18

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

The above plan of correction is approved as of

2/29/18
(Date)

Plan of correction implementation status as of

3/22/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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