



June 21, 2019

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

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

Dear Mr. Murphy:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 27 and 28, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

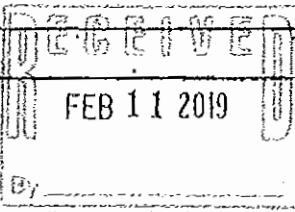
Sincerely,

A handwritten signature in black ink that reads "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800**

PCH Name: ELM TERRACE GARDENS		License Number: 12783
Address: 660 N. BROAD ST 3RD & 4TH FL, LANSDALE, PA 19446		County: Bucks
Administrator: Molksea Blvd		Region: SOUTHEAST
Legal Entity Name: ELM TERRACE GARDENS		
Legal Entity Address: 660 NORTH BROAD STREET, LANSDALE, PA 19446		
Certificate(s) of Occupancy Other 08/11/1986 Borough of Lansdale		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 122	Working Staff: 92
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspection Dates and Department Representatives On-Site 12/27/2018: Swisher, Michele; Chung, Youn Hie 12/28/2018: Swisher, Michele; Chung, Youn Hie		
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: 76 Secured Dementia Care Unit in Home: Yes Area: Asplro Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 14 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 20.	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 76 Have Mental Illness: 41 Have an Intellectual Disability: 0 Have a Mobility Need: 47 Have a Physical Disability: 2	

Violation Report: 12783 - 12/27/2018 - Swisher, Michele
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 65 Pa.Code §2900
2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
 (1) Medication self-administration training.
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 (3) Care for residents with dementia and cognitive impairments.
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 (5) Personal care service needs of the resident.
 (6) Safe management techniques.
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct care person A did not receive training in medication self administration during training year January 2017 to December 2017.

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.

On 12/28/18, Personal Care Administrator has added the training of self medication administration to all direct care personal care staff members training plan. The training will be conducted thru Rellas Learning and the contact hours will be 1-hour.

Personal Care Administrator or designee will conduct an audit to ensure compliance of personal care staff members are completing the training of self medication administration annually.

Administrator or designee will ensure training topics for direct care staff annual training include all the specified topics in regulation 2600.65(f). Annual training documentation will be kept by home for Department review for a 3-year period. SP 06-05-19

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 *2/11/2019*

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

The above plan of correction is approved as of <u>06-05-19</u> (Date)	Plan of correction implementation status as of <u>06-05-19</u> (Date)
The above plan of correction was approved by <u>SP</u> (Initials)	<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

Violation Report: 12783 - 12/27/2018 - Swisher, Michele
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 58 Pa.Code §2800
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (36 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care person A did not receive training in Fire Safety by a fire safe expert during training year January 2017 to December 2017.

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.

Direct care personnel A has received the Fire Safety training by a fire safe expert during the 2018 staff training plan. Direct care personnel will receive a re-fresher course on the Fire Safety training at the next staff meeting on 2/12/19. And follow up training as needed.
 Personal Care Administrator or designee will conduct an audit to ensure compliance of all staff members that work in the Personal Care Unit received the annual Fire Safety training by a fire safety expert.

Administrator or designee will ensure training topics for staff annual training include all the specified topics in regulation 2600.65(g). Annual training documentation will be kept by home for Department review for a 3-year period. SP 06-05-19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Timothy J. Minsky* Date *2/11/2019*

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Violation Report: 12783 - 12/27/2018 - Swisher, Michele
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 66 Pa.Code §2800
 2800.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 12/27/18, the water temperature at the bathroom sink in room 318 measured 133.3 degrees Fahrenheit.

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.

After investigation, it was determined that the mixing valve was malfunctioning on the hot water heater in the boiler room. The maintenance director lowered the temperature on the hot water heater to ensure that the hot water temperature in the resident's room was below 120 degrees Fahrenheit. The maintenance director called in a qualified vendor to repair the mixing valve on the hot water heater. This was completed on 12/31/18.

Director of Maintenance or designee will conduct weekly audits of resident water temperature in their room.

Director of Maintenance will ensure compliance of the water temperature in the resident's room and will report the outcome to the Personal Care Administrator.

Administrator or designee will ensure hot water temperatures don't exceed 120 degrees Fahrenheit. Weekly audit logs to be maintained for Department review for a 2-year period.
 SP 06-05-19

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Date 2/11/2019

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- Not Implemented

Violation Report: 12783 - 12/27/2018 - Swisher, Michele
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 55 Pa. Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The home's designated evacuation time is 13 minutes. The home's fire drill evacuation time on 12/23/18 at 8:46am was 16 minutes.

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.

Upon investigation, it was determined that the event that occurred on 12/23/18 at 8:45AM was not a fire drill. The fire alarm system was activated due to the dish machine was producing alot of steam and smoke. The fire company, police department responded and deemed the building safe and clear of smoke and steam at 9:00AM (DHS report that was reported on 12/23/18.)

Personal Care Administrator of designee will review all fire drill sign in sheets for accuracy of time before placing on the fire drill log.

Administrator or designee will ensure all residents can evacuate the building or get to a fire safe area within an evacuation time certified by a fire safety expert. Residents will be able to evacuate during fire drills and emergency events within specified times. Fire drill logs will be maintained for Department review. SP 06-05-19

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 *2/11/2019* *TJM*

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Violation Report: 12783 - 12/27/2018 - Swisher, Michele
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 68 Pa.Code §2900
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
 The home is not alternating emergency exits for monthly fire drills. The exit identified as Exit 3 was used for all monthly fire drills in 2017 except on dates 8/7/17 and 8/31/17.
 On the Secure Dementia Care Unit, the exits identified as 3 and 12 were used for all monthly fire drill dates in 2018 and additionally, exit 11 was also used for monthly drills conducted from May 2018 to December 2018.

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.

Director of Maintenance and Personal Care Administrator will review the Personal Care Fire Drill Schedule for 2018 and 2019 to ensure that maintenance department is using alternating emergency exits during the monthly fire drills.

Personal Care Administrator or designee will re-educate staff personnel during the next staff meeting on 2/12/19 on the importance of using alternate emergency exits when evacuating resident during the monthly fire drills.

Personal Care Administrator will review fire drill staff sign in sheet for accuracy of using alternate emergency exits prior to placing on the fire drill log.

Administrator or designee will ensure alternate exit routes are being used during fire drills.
 Staff training and fire drill logs to be maintained by home for Department review. SP 06-05-19

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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Finisby J. Murphy* Date *2/11/2019*

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Violation Report: 12783 - 12/27/2018 - Swisher, Michele
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 65 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

A box of Refresh Tears eye drops with no label identifying a resident name is present in the SDU medication cart.
 A bottle of Namenda XR with no label identifying a resident name is present on the SDU Medication cart.
 A box of Assure Prism blood glucose test strips with no label identifying a resident name is present in the medication cart on the 4th floor.
 A Humalog Kwik Pen with no label identifying a resident name is present in the medication cart on the 4th floor.
 A Lanigra 400mg/ml pen with no label identifying a resident name is present in the medication cart on the 4th floor.

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.

Medication carts will be audit by Elm Terrace Gardens contracted pharmacy for proper labeling and storage all resident's medication. All medication that are not labeled will be discarded. Medication Technician will be in-serviced on the proper labeling and storage of medications. This training will be conducted by the Clinical Director prior to 4/1/2019.

Personal Care Nurse Supervisor is responsible for ensuring continued compliance through periodic checks of the medication carts.

Administrator or designee will ensure all prescription medications are in their original container and include all the specifications of regulation 2600.184(a). Audits and staff trainings will be made available for Department review. SP 06-05-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *2/11/2019*

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Violation Report: 12783 - 12/27/2018 - Swisher, Michele
 POH Name: ELM TERRACE GARDENS

1. REGULATION 88 Pa.Code §2800
 2800.186(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
 A Humalog Kwik-pen located in the 4th floor medication cart does not have an OPENED ON date. This medication must be discarded 28 days after initial open date.
 A Lantus 100mg/ml pen located in the 4th floor medication cart does not have an OPENED ON date. This medication must be discarded 28 days after initial open date.
 Resident 1 is prescribed DUO NEB Solumon 0.5-2.5mg/3ml. Inhale 3ml orally via nebulizer as needed for dyspnea 4 times a day. The medication is not present in the medication room on the 3rd floor on 12/20/18.
 Resident 4's glucometer has a reading of 119 on 12/19/18 at 12:49pm, the MAR is documented with a reading of 112.
 Resident 4's glucometer has a reading of 214 on 12/20/18 at 4:22pm, the MAR is documented with a reading of 241.
 Resident 4's glucometer has a reading of 108 on 12/24/18 at 8:00pm, the MAR is documented with a reading of 103.
 Resident 4's glucometer has a reading of 161 on 12/19/18 at 8:00pm, the MAR is documented with a reading of 166.

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.

Medication Carts will be audited by Elm Terrace Gardens contracted pharmacy for proper storage of all medication for all Personal Care residents. Medication technician will conduct a Medication Review Audit of checking the medication in the medication cart to the Medication Administration Record. This task will be completed by 2/20/19.

All Personal Care staff members who have been trained on the proper procedures of medication administration and trained by a Certified Diabetic Educator for Insulin Training and blood sugar monitoring will be re-educated on the proper documentation of blood sugars and storage including the importance of dating the insulin with an open date and doing this task with accuracy and at the time that the medication administration or treatment takes place. This training will be provided by our facility Clinical Director prior to 4/1/2019.

The Personal Care Nurse Supervisor is responsible for ensuring continued compliance through periodic checks of the glucometer documented reading in the electronic medication administration record. Administrator or designee will ensure the home has developed and implemented procedures for the safe storage, access, security, and distribution of medications. Staff trainings will be made available for Department review. SP 06-05-19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Timothy T. Murphy* Date *2/11/2019*

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Violation Report: 12783 - 12/27/2018 - Swieher, Michele
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 65 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 The initial assessment for resident 1, admitted 5/3/18, was completed on 7/3/18.
 The initial assessment for resident 3, admitted 1/17/2018, was not completed by an administrator or designee.

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.

Personal Care Administrator or designee will complete an initial assessment for resident 3 and have the resident sign immediately. Personal Care Administrator or designee will conduct an audit of all new admission in the last 6 months to ensure compliance of all initial assessment. This audit will be completed by 3/1/19. Personal Care Administrator has developed a schedule of compliance thru the User Defined Assessment Portal in the electronic health record for reminders that the initial assessment needs to be completed.

Personal Care Nursing Supervisors will be held responsible to ensure compliance of having the initial assessment completed and signed by the resident in a timely manner.

Administrator or designee will ensure the Resident Assessment Support Plan (RASP), is completed and documented in the proper timeframes specified in 2600.225(a). SP 06-05-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Trinity J. Murphy* Date *6/11/2019*

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Violation Report: 12783 - 12/27/2018 - Swisher, Michele
PCH Name: ELM TERRACE GARDENS

1. REGULATION 65 Pa.Code §2600
2600.225(c) - The resident shall have additional assessments as follows:
(1) Annually.
(2) If the condition of the resident significantly changes prior to the annual assessment.
(3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
The most recent assessment for resident 2 was completed on 12/8/2018, the previous assessment was completed on 10/23/2017.

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.

Personal Care Administrator or designee will conduct an audit of all personal care resident's assessment for accurate and timely documentation of resident's signature. This audit will be completed by 3/1/2019. Personal Care Administrator has developed a schedule of compliance thru the User Defined Assessment Portal in the electronic health record for reminders that the assessment needs to be completed.

Personal Care Nursing Supervisor will be held responsible to ensure compliance of having the assessment completed and signed by the resident in a timely manner.

Administrator or designee will ensure the Resident Assessment Support Plan (RASP), is completed on the conditions specified in 2600.225(c). SP 06-05-19

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

Signature of Legal Entity Representative
(Required on EVERY Page) *D. Murphy*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *D. Murphy* Date: *2/11/2019*

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Violation Report: 12783 - 12/27/2018 - Swisher, Michele
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 58 Pa. Code §2600
 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
 Resident 1 was admitted to the home on 5/3/2018. The home did not develop a support plan for the resident until 7/3/2018.

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.

Personal Care Administrator or designee will conduct an audit of all new admission in the last 6 months to ensure compliance of all initial assessment of personal care residents. This audit will be completed by 3/1/2019. Personal Care Administrator has developed a schedule of compliance thru the User Defined Assessment Portal in the electronic health record for reminders that the initial assessment needs to be completed.

Personal Care Nursing Supervisors will be held responsible to ensure compliance of having the initial assessment completed and signed by the resident in a timely manner.

Administrator or designee will ensure the Resident Assessment Support Plan (RASP), is developed and implemented within required timeframes specified in regulation 2600.227(a).
 SP 06-05-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Timothy J. Murphy* Date *2/11/2019*

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Violation Report: 12783 - 12/27/2018 - Swisher, Michele
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 56 Pa. Code §2800
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 On 12/4/2018, resident 3's, assessment identifies the residents medical diagnosis of hyperlipidemia, diabetes and partial blindness. The resident's support plan does not address how the home will assist the resident in meeting these needs.

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.

Personal Care Administrator of designee will conduct an audit on section 2 and 3 of personal care resident's support plan to ensure accuracy of how Elm Terrace Gardens is assistance the resident in meeting their medical diagnosis. Personal Care staff will be re-educated by the Clinical Director on the accuracy of completing the resident's support plan. This training will be completed by 3/1/19.

Personal Care Administrator of designee will review resident's support plan for accuracy prior to having the resident's sign the completed assessment.

Personal Care Administrator will be held responsible for ensure compliance of having the medical diagnosis and how the home will assist the resident in meeting their medical diagnosis.

Administrator or designee will ensure the Resident Assessment Support Plan (RASP), is completed fully and covers all the aspects of 2600.227(d). Staff will be familiar with resident RASP. Training to be maintained by home and made available for Department review.
 SP 06-05-19

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The above plan of correction was approved by <u>SP</u> (Initials)	<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

Violation Report: 12783 - 12/27/2018 - Swisher, Michele
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 56 Pa.Code §2600
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
 Resident 1 participated in the development of their support plan on 7/3/2018. The resident did not sign the support plan and the home did not make a notation regarding the resident's inability or refusal to sign.

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.

Personal Care Administrator will conduct an audit on all personal care resident's support plan to ensure that the resident did sign their assessment in a timely manner.

Personal Care staff will be re-educated on the importance of meeting with the resident to go over their support plan and make sure that the resident signs the support plan. Staff will be re-educated if the resident is unable to sign that two staff personnel will sign the support plan as witness. This training will be conducted by the Clinical Director and will be completed by 3/1/19.

Personal Care Administrator or designee will be held responsible to ensure compliance of having the resident's assessment is completed and signed by the resident in a timely manner.

Administrator or designee will ensure the Resident Assessment Support Plan (RASP), are signed or notated with the residents' inability to sign. SP 06-05-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Timothy J. Murphy* Date *2/11/2019*

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Violation Report: 12783 - 12/27/2018 - Swisher, Michele
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident 4, admitted to the SDCU on 1/26/2018 had a medical evaluation on 2/28/2018. There was no medication evaluation done within 60 days prior to admission to the SDCU.

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.

During an audit by the Personal Care Administrator in September 2018, it was determined that all the residents that reside in the secured dementia unit did not have their medical evaluation completed within 60 days prior to the admission to the secured dementia unit.

Personal Care Administrator will review the regulation with the Director of Marketing and Sales and clinical staff that is responsible for having the medical evaluation completed.

Personal Care Administrator or designee will review all medication evaluations for accuracy of date completed by physician prior to any resident moving into the secured dementia unit.

Administrator or designee will ensure all residents in the Secured Dementia Care Unit (SDCU) have a proper medical evaluation in the specified timeframe. SP 06-05-19

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: *2/11/2018* *2019*

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06-05-19

(Date)

Plan of correction implementation status as of

06-05-19

(Date)

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

The above plan of correction was approved by

SP

(Initials)

Violation Report: 12783 - 12/27/2018 - Swisher, Michele
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 66 Pa. Code §2600
 2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident 4 was admitted to the SDU on 1/28/2018. The resident had a cognitive preadmission screening completed on 1/30/2018.

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.

Personal Care Administrator and or designee will conduct an audit of all secured dementia care unit resident's preadmission screening form for accuracy of dates for physician or geriatric assessment team signatue within 72 hours prior to admission to a secured dementia care unit.

Personal Care Administrator will review the regulations of written cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit with the Director fo Marketing and Sales.

Personal Care Administrator or designee will review all pre-admission screening including written cognitive portion for compliance prior to any new admission moving into the secured dementia unit.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly J. Mervish</i>	Date <i>2/11/2019</i>
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The above plan of correction was approved by <u>SP</u> (Initials)	