pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail timothy.murphy@etg-ccrc.org
August 7, 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 inspection on May 30 and 31, 2019 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 must be maintained.

Sincerely,

Mia Johnson

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *ELM TERRACE GARDENS*
License Number: *127830*
Address: *660 N BROAD ST 3RD & 4TH FL, LANSDALE, PA 19446*
County: *MONTGOMERY*
Region: *SOUTHEAST*

Administrator

Name: *CHRISTINA DANDRIDGE*
Phone: *2153615600*
Email: *TIMOTHY.MURPHY@etg-ccrc.org*

Legal Entity

Name: *ELM TERRACE GARDENS*
Address: *660 NORTH BROAD STREET, LANSDALE, PA, 19446*

Certificate(s) of Occupancy

Type: *Other*
Date:
Issued By:

Staffing Hours

Resident Support Staff: *0*
Total Daily Staff: *140*
Waking Staff: *105*

Inspection

Type: *Partial*
BHA Docket #:
Notice: *Unannounced*
Reason: *Complaint,Incident*

Inspection Dates and Department Representative

05/30/2019 - On-Site: Tahesia Thomas, DAVID CARRION

05/31/2019 - On-Site: Tahesia Thomas, DAVID CARRION

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *250*
Residents Served: *86*

Secured Dementia Care Unit

In Home: *Yes*
Area: *ASPIRE*
Capacity: *24*
Residents Served: *23*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Are 60 Years of Age or Older: *86*
Diagnosed with Mental Illness: *29*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *54*
Have Physical Disability: *1*

42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Staff A showed no dignity or respect to residents # 1 and # 2. Around May 2018, it was reported that staff person A hit resident # 1 for moving slowly. However, the home was not made aware of the abuse until May 2019 by another staff member during another abuse allegation regarding staff person A and resident # 2. During the investigation, resident # 1 could not recall the abuse and there was no injury or mark on the resident. However, during the Department's investigation, it was evident that staff person A lacks the appropriate attitude to care for residents as well as the policies regarding dignity and respect set forth by the home. This evident lack of dignity and respect was apparent during the investigation process for resident # 2. Resident # 2's medical condition has affected their use of their lower extremities. Thus, resident # 2 needs help with transferring. Staff person A used an older technique of transferring resident # 2, where staff person A gripped and grabbed resident # 2's clothing tightly at the waist, then forcefully moves resident # 2 and then releases / drop resident # 2 into the chair. Provided resident # 2 was not physically injured in this process. Resident # 2's behaviors (crying and not wanting to interact with others) provided evidence of hurt feelings. The process does not show respect for resident # 2 for their clothes or personal space. In addition, the dropping process does not show resident # 2 any dignity regarding their medical condition that is out of their control.

Staff person B showed no dignity or respect to resident # 3 will providing hygiene and sanitary care. Resident # 3 had an incontinence concern where fecal matter was all over resident # 3 and their room. When staff person B attempted to engage with resident # 3 regarding hygiene care, resident # 3 refused. However, staff person B did not respect resident # 3's wishes not to receive hygiene care causing resident # 3 to have additional behaviors.

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 A was terminated from her position. Resident #2 was evaluated by therapy. Plan developed by PC Administrator and interdisciplinary team to provide gait belt for transfers, slide board from bed to chair and commode for transfers. Community RN Educator will educate staff on RASP changes and updates. Residents #2 has since been discharged to skilled nursing due to decline in transfer status and now uses mechanical lift. Community RN Educator and/or designee will re-educate PC staff on dignity and respect. This re-education will be completed by August 15, 2019. PC Administrator and Director of Nursing met with resident #3. Resident #3 stated she does become anxious during showers and requested to be bathed 1 day per week and showered 1 day per week. Changes will be made on RASP for resident #3. Community RN Educator and/or designee will re-educate PC staff on dignity and respect. This re-education will be completed by August 15, 2019. *Maintain documentation of re-education for Department review. 8/6/19*

Legal Entity Representative

Signature

Timothy J. Murphy President

Printed Name and Title

7/18/2019

Date

42c - Treatment of Residents *(continued)*

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The above plan of correction is approved as of 8/6/19 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 8/6/19 (Date)

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

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

The home's nursing staff did not follow the home's medication policy to ensure that resident # 4's medication, Memantine HCL 10 mg tab, was re-ordered in a timely manner so that staff could administer the medication as prescribed.

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 #4 received her medication. Community RN Educator and/or designee will re-educate clinical staff on re-ordering medications in a timely manner. This re-education will be completed by August 15, 2019. Criteria for admission has been updated Personal Care will not accept residents that will not use home's contracted in-house pharmacy. For resident's currently using an outside pharmacy and medications are not received timely, home will order medications from contracted pharmacy.

Maintain documentation of re-education for Department review.
Develop a check list tracking system to log medications that need to be re-ordered. 8/6/19 MJ

Legal Entity Representative

Signature: Timothy J. Murphy

Printed Name and Title: Timothy J. Murphy President

Date: 7/18/2019

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The above plan of correction is approved as of 8/6/19 (Date)

The above plan of correction was approved by MJ (Initials)

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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 04/05/19, the home's staff did not administer resident # 4's 9:00 am scheduled dose of Memantine HCL 10 mg tabs that was prescribed to be administered twice daily at 9:00 am and 8:00 pm because the medication was not available in the home.

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 #4 received her medication. Community RN Educator and/or designee will re-educate clinical staff on following prescriber's directions. This education will be completed by August 15, 2019. Criteria for admission has been updated Personal Care will not accept residents that will not use home's contracted in-house pharmacy. For resident's currently using an outside pharmacy and medications are not received timely, home will order medications from contracted pharmacy. PC Nurse Supervisors will ensure continued compliance regarding following prescriber's direction by completing random audits.

Maintain documentation of re-education for Department review.

Develop a check list tracking system to log medications that need to be re-ordered. 8/6/19 MJ

Legal Entity Representative

Signature _____ Timothy J. Murphy Pres. Date 7/19/2019

Printed Name and Title

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- ☐ Not Implemented

ELM TERRACE GARDENS

127830

201 - Positive Interventions

Regulations

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Staff person's B and C did not implement the home's policy regarding positive interventions to modify or eliminate the behaviors for resident # 3. While staff person B and C were providing hygiene and sanitary care, resident # 3 was refusing care and having behaviors. Because staff person's B and C did not properly engage with and manage resident # 3's behavior, staff person's B and C exacerbated resident # 3's behaviors.

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 #3 received appropriate hygiene and sanitary care by clinical staff. RN Community educator and/or designee will re-educate staff persons B and C as well as clinical staff on safe management techniques and use of positive interventions to identify and diffuse potential situations. This re-education will be completed by August 15, 2019. PC Administrator will ensure continued compliance regarding safe resident management techniques through periodic monitoring and resident engagement.

Maintain documentation of re-education for Department review. 8/6/19 MJ

Legal Entity Representative

Signature: Timothy J Murphy

Printed Name and Title: Timothy J. Murphy President

Date: 7/16/2019

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