



**Sent via e-mail [timothy.murphy@etg-ccrc.org](mailto:timothy.murphy@etg-ccrc.org)  
Sent via e-mail [mike.cahill@etg-ccrc.org](mailto:mike.cahill@etg-ccrc.org)  
November 18, 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 July 16, 17, 18, 23 and 24, 2019, August 29 and 30, 2019, and September 12, 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,

*Sandra Wooters*

Sandra Wooters, MHS, ACG  
Human Services Licensing Supervisor

Enclosure  
Violation Report

## Violation Report

### Facility Information

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

License Number: *12783*

### Administrator

Name: *Michael Cahill*                      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: *134*                      Waking Staff: *101*

### Inspection

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

### Inspection Dates and Department Representative

*07/16/2019 - On-Site: Tahesia Thomas*  
*07/17/2019 - On-Site: Tahesia Thomas*  
*07/18/2019 - Off-Site: Tahesia Thomas*  
*07/23/2019 - Off-Site: Tahesia Thomas*  
*07/24/2019 - Off-Site: Tahesia Thomas*  
*08/29/2019 - Off-Site: Tahesia Thomas*  
*08/30/2019 - Off-Site: Tahesia Thomas*  
*09/12/2019 - Off-Site: Tahesia Thomas*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *250*                      Residents Served: *82*

#### Secured Dementia Care Unit

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

#### Hospice

Current Residents: *2*

ELM TERRACE GARDENS

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Resident Demographic Data as of Inspection Dates *(continued)*

Number of Residents Who:

Receive Supplemental Security Income: 0

Diagnosed with Mental Illness: 1

Have Mobility Need: 52

Are 60 Years of Age or Older: 82

Diagnosed with Intellectual Disability: 0

Have Physical Disability: 0

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41a - Complaint w/o Retaliation

Regulations

2600.

41.a. Upon admission, each resident and, if applicable, the resident's designated person, shall be informed of resident rights and the right to lodge complaints without intimidation, retaliation, or threats of retaliation of the home or its staff persons against the reporter. Retaliation includes discharge or transfer from the home.

Description of Violation

It was reported to the Department that resident # 1's designee felt threaten by the home's administrator during a meeting regarding care. According to the witness interviewed, a statement was made to the designee by the administrator that if a complaint is made about resident care, then care may not be provided. The designee contacted local police who determined there was no evidence of harassment or threats. However, the local police did ask that the administrator have limited face to face contact with designee and to have written correspondence with the designee.

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.)

Employees will be re-educated on the right of a resident or their representative to lodge a complaint. All complaints will be free from retaliation from the home. This will be completed by the Administrator or designee. Completion date will be 10/15/19.

The administrator will document all verbal and written complaints received by both residents and their designee. The complaint will be investigated and documented obtaining witness statements, observations and review of the complaint to ensure all concerns are documented completely, starting immediately. Documentation will be available to the Department upon request. (slw 10/23/19)

Legal Entity Representative

*T. J. Murphy*  
Signature

Timothy J. Murphy President  
Printed Name and Title

10/7/2019  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 10/23/18 (Date)

Plan of correction implementation status as of 10/23/19 (Date)

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

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

ELM TERRACE GARDENS

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234b - Support Plan Needs Elements

Regulations

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The assessment for resident # 1, dated 08/24/18, indicates the resident has a need for behavioral management. The resident's support plan does not document how this need will be met.

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's Assessment and Support plan will be updated showing all Behavioral Management needs by 8/30/19. This will be completed by Administrator or designee. All Nurses will be trained on the proper procedure to complete a Resident Assessment and Support Plan by 8/30/19. This will be completed by the Administrator or designee. Training material attached.**

**A Resident Assessment and Support Plan meeting will be held weekly. The contents of the meeting will focus on all residents with changing needs or behaviors. All needs and behaviors will be transferred to the individuals Resident Assessment and Support Plan. This will be completed by Administrator or designee. First meeting will be held before 8/30/19, then recurring weekly.**

All resident RASP's will be updated upon the identification of any changes and will document steps on how the staff will assist the resident with any needs related to physical, medical, social, cognitive and safety needs, starting immediately. (slw 10/23/19)

All resident RASP's will be reviewed at least bi-annually by the administrator or designee, starting immediately. (slw 10/23/19)

Legal Entity Representative

Signature *[Handwritten Signature]*

Printed Name and Title *Timothy J. Murphy President* Date *10/7/2019*

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