



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail timothy.murphy@etg-ccrc.org
June 1, 2020**

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 September 25, 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,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: ELM TERRACE GARDENS

License Number: 12783

Address: 660 N. BROAD ST., 3RD & 4TH FL., LANSDALE, PA 19446

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name: Micheal Cahill

Phone: 2153615600

Email: MIKE.CAHILL@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: 137

Waking Staff: 103

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint, Incident

Inspection Dates and Department Representative

09/25/2019 - On-Site: Denise Gillespie

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 250

Residents Served: 85

Secured Dementia Care Unit

In Home: Yes

Area: SDCU

Capacity: 24

Residents Served: 23

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 85

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 52

Have Physical Disability: 0

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident # 1 had a skin tear on the upper right extremity and was ordered for it to be cleansed with normal saline solution, patted dry, have triple antibiotic ointment applied, and to be covered with an adhesive foam dressing, this is to be changed every other day as needed. The order is to be discontinued once the skin Tear is resolved. This treatment was done 9/1/19, 9/3/19, 9/5/19, 9/8/19, 9/9/19, 9/10/19, 9/12/19, 9/14/19, 9/16/19, 9/22/19, 9/24/19. The home did not follow the orders of every other day. The order was discontinued 9/25/19.

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 had treatment ordered discontinued by physician. Administrator and/or designee will re-educate clinical nursing staff on compliance with following physician treatment orders by June 10, 2020. Administrator and/or designee will conduct random audits of resident's treatments to ensure compliance.

Audits and education to be maintained by home and made available for Department review
SP 06-01-2020

Legal Entity Representative

Signature 

Printed Name and Title Timothy J. Murphy

Date 5/26/2020

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The above plan of correction is approved as of 06-01-2020
(Date)

Plan of correction implementation status as of 06-01-2020
(Date)

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

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

202 - Prohibitions

Regulations

2600. 202. The following procedures are prohibited: 1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).

Description of Violation

On 9/17/19, Staff Member A held Resident # 2's door closed for approximately 30-45 seconds to prevent Resident # 1 from exiting their room. Resident # 1 had been wandering all day and night. Staff Member A wanted to keep Resident # 1 in their bedroom so the resident would sleep.

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 member A was suspended pending investigation and terminated from employment 10/27/19 as a result of the incident. Administrator and/designee will re-educate staff on Resident Rights to ensure compliance by June 10, 2020.

Education to be maintained by home and made available for Department review SP 06-01-2020

Legal Entity Representative

Signature [Handwritten Signature]

Printed Name and Title Timothy J. Murphy President Date 9/24/2019

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The above plan of correction is approved as of 06-01-2020 (Date)

Plan of correction implementation status as of 06-01-2020 (Date)

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