



**Sent via e-mail timothy.murphy@etg-ccrc.org
Sent via e-mail mike.cahill@etg-ccrc.org
March 11, 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 7 and 8, 2019 and January 9, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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: 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: 08/11/1986

Issued By: Bourough of Lansdale

Staffing Hours

Resident Support Staff: 87

Total Daily Staff: 225

Waking Staff: 169

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

10/07/2019 - On-Site: Sabrina Freeman

10/08/2019 - On-Site: Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 250

Residents Served: 87

Secured Dementia Care Unit

In Home: Yes

Area:

Capacity: 24

Residents Served: 24

Walnut St & 7th St, 3rd floor

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 87

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 57

Have Physical Disability: 0

ELM TERRACE GARDENS

12783

25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1 did not sign their contract nor was there any documentation that the resident was unable to sign or refused to sign the contract.

Resident #2 did not sign their contract nor was there any documentation that the resident was unable to sign or refused to sign the contract.

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.)

Existing contracts will be checked for signatures of both resident and P.O.A. If resident or P.O.A.'s are unable to sign that will be noted. This will be completed by Administrator or designee. This will be completed by 12/20/19.

Future contracts will be checked for signatures of both resident and P.O.A. If resident or P.O.A. are unable to sign that will be noted. This will be completed by Administrator or designee. This will be completed by 12/20/19.

Legal Entity Representative

Signature *Timothy J. Murphy*

Printed Name and Title *Timothy J. Murphy Resident*

Date *11/14/2019*

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The above plan of correction is approved as of 3/10/20
(Date)

Plan of correction implementation status as of 3/10/20
(Date)

Implemented

The above plan of correction was approved by *TM*
(Initials)

Not Implemented

ELM TERRACE GARDENS

12783

41e - Signed Statement

Regulations

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Resident #2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.)

Existing contracts will be checked for signatures of both resident and P.O.A. If resident or P.O.A.'s are unable to sign that will be noted. This will be completed by Administrator or designee. This will be completed by 12/20/19.

Future contracts will be checked for signatures of both resident and P.O.A. If resident or P.O.A. are unable to sign that will be noted. This will be completed by Administrator or designee. This will be completed by 12/20/19. Resident rights are included in home contract.

Legal Entity Representative

Signature 


Printed Name and Title Timothy J Murphy President Date 11/14/2019

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The above plan of correction is approved as of 3/10/20 (Date)

Plan of correction implementation status as of 3/10/20 (Date)

Implemented

The above plan of correction was approved by  (Initials)

Not Implemented

ELM TERRACE GARDENS

12783

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 3/6/19 at approximately 4:05PM, the home received a phone call from the Lansdale Police Department stating that resident #2, who was housed in the secure dementia unit as of 3/1/19, was at the police station. Staff did not know that resident #2 was not on the SDCU or in the building at all. After staff viewed home video it was determined that resident #2 walked out the exterior exit. Resident #2 attempted to cross the street, but was approached by a car and opened the passenger side door. The resident spoke with the driver and entered the vehicle. The driver took resident #2 to the police station.

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 in-serviced on both Abuse training and resident rights. This will be completed by Administrator or designee. This will be completed by 12/20/19,

Legal Entity Representative

Signature *[Handwritten Signature]*

Printed Name and Title *Timothy J. Murphy President* Date *11/14/2019*

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Implemented

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Not Implemented

ELM TERRACE GARDENS

12783

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #2 does not have access to a source of light that can be turned on/off at bedside.


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 rooms will be checked for lamps with the ability to be turned on at bedside. This will be checked by Administrator or designee. This will be completed by 12/20/19.

Resident rooms will be checked monthly for lamps with the ability to be turned on at bedside. This will be completed by Administrator or designee. This will be completed by 12/20/19

Legal Entity Representative

Signature 

Printed Name and Title Timothy J. Murphy Resident


Date 11/14/2019

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(Date)

Implemented

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(Initials)

Not Implemented

ELM TERRACE GARDENS

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103f - Refrigerator/Freezer Temps

Regulations

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 10/8/19, the temperature in the freezer with the pie shells was 20 degrees Fahrenheit.
There was no thermometer in walk-in freezer #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.)

Kitchen area refrigerators and freezers will be checked for temperature and the presence of a thermometer. This will be completed by Administrator or designee. This will be completed by 12/20/19.

Kitchen area refrigerators and freezers will be checked monthly for temperature and the presence of a thermometer. This will be completed By Administrator or designee.

Legal Entity Representative



Signature

Timothy J. Murphy President 11/19/2019
Printed Name and Title Date

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Implemented

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Not Implemented

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132d - Evacuation

Regulations

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. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill on 4/24/19 at 8:20pm, the home exceeded the maximum evacuation time of 13 minutes. The drill did not end until 8:34 PM the drill took 14 minutes.

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.)

Fire drills will be held monthly assisting residents 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 specified. All drills will be documented and meet fire safety expert time.

This will be completed by Administrator or designee. Drills will start by 12/20/19.

Legal Entity Representative

Signature *Timothy J Murphy*

Printed Name and Title *Timothy J Murphy President* Date *11/14/2019*

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(Date)

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(Date)

Implemented

The above plan of correction was approved by *TM*
(Initials)

Not Implemented

ELM TERRACE GARDENS

12783

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's, 6/28/19 medical evaluation was incomplete and did not include the completion of Section 7 or the medication addendum. The medical evaluation said "see attached," but there was no attachment.

Resident #7's, 9/20/19 medical evaluation was incomplete and did not include the completion of Section 7 or the medication addendum. The medical evaluation said "see attached," but there was no attachment.

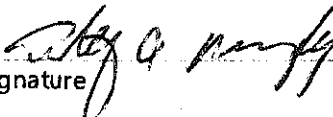
Plan of Correction (PC)

Medical Evaluations for resident #1 and resident #7 will be reviewed for completion. Reviews will be done by Administrator or designee. Reviews will be completed by 12/20/19.

(Attach pages as necessary. Re-measure to prevent a similar violation from occurring.)

Each month ten medical evaluations will be checked for completion. New medical evaluations will be chosen each month. This will be completed by Administrator or designee. This process will begin by 12/20/19.

Legal Entity Representative

Signature 

Printed Name and Title Timothy J. Murphy, Director

Date 11/14/2019

ELM TERRACE GARDENS

12783

141a 1-10 Medical Evaluation Information *(continued)*

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(Date) (Date)

Implemented

The above plan of correction was approved by MCJ
(Initials) Not Implemented

ELM TERRACE GARDENS

12783

184a - Labeling OTC/CAM

Regulations

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.

Description of Violation

Resident #3 is prescribed Lorazepam. The pharmacy label and pill packet on the med-cart did not match the medication administration record (MAR) or the doctor's order that was in the residents record at the time of inspection.

MAR & 10/1/18 doctors order - Give 0.5mg of Lorazepam by mouth every 6 hours as needed

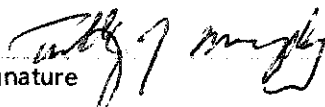
9/5/19 Pharmacy label & actual pill packet - 1/2 tablet or 0.25mg of Lorazepam, give 1/2 tablet by mouth every 6 hours as needed for 7 days

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.)

"SEE ATTACHED"

Legal Entity Representative

Signature 

Printed Name and Title *Timothy J Murphy President / CEO*

Date *11/14/2018*

184A

Resident #3's medication amount will be corrected to match prescriber's orders. This will be completed by Administrator or designee. Correction will be completed by 11/16/19.

MAR and Doctors orders will be reviewed monthly to assure Physicians orders match the MAR. This will be completed by Administrator or designee. Review will be started by 12/20/19.

ELM TERRACE GARDENS

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184a - Labeling OTC/CAM (continued)

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(Date)

Plan of correction implementation status as of 3/10/20
(Date)

Implemented

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

Not Implemented

ELM TERRACE GARDENS

12783

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

Resident #4's glucometer was not calibrated.

Resident #5 is prescribed Acetaminophen as needed for pain and also for elevated temperature. On 10/8/19, the medication was not available in the home. The home stated the Acetaminophen was ordered the previous evening.

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.)

"SEE ATTACHED"

Legal Entity Representative

Signature *[Handwritten Signature]*

Printed Name and Title *Kenneth J. Murphy Resident*

Date *11/14/2019*

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(Date)

Plan of correction implementation status as of 3/10/20
(Date)

Implemented

The above plan of correction was approved by *[Handwritten Initials]*
(Initials)

Not Implemented

185A

Resident #4's glucometer will be recalibrated to correct time and day.

Resident #4's glucometer will be recalibrated by Administrator or designee. Glucometer will be recalibrated by 11/16/19.

Glucometers will be reviewed monthly for correct calibration. Review will be completed by Administrator or designee. Review will be started by 12/20/19.

Resident #5's medication will be replaced. Medication will be replaced by Administrator or designee. Medication will be replaced by 10/8/19.

As needed medication will be reviewed monthly for accuracy and sufficient supply. Review will be completed by Administrator or designee. Review will be complete by 12/20/19.

ELM TERRACE GARDENS

12783

191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

The home failed to provide documentation that resident #1 and resident #2 were educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.)

Existing contracts will be checked for signatures of both resident and P.O.A. If resident or P.O.A.'s are unable to sign that will be noted. This will be completed by Administrator or designee. This will be completed by 12/20/19.

Future contracts will be checked for signatures of both resident and P.O.A. If resident or P.O.A. are unable to sign that will be noted. This will be completed by Administrator or designee. This will be completed by 12/20/19. Resident rights are included in home contract.

Legal Entity Representative

Signature *[Handwritten Signature]*

Printed Name and Title *Timothy J Murphy President* Date *11/17/2019*

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(Date)

Plan of correction implementation status as of 3/10/20
(Date)

Implemented

The above plan of correction was approved by *[Handwritten Initials]*
(Initials)

Not Implemented

ELM TERRACE GARDENS

12783

252 - Record Content

Regulations

- 2600.
- 252. Content of Resident Records - Each resident's record must include the following information:
 - 10. A record of incident reports for the individual resident.

Description of Violation

Residents #3, #4, #6, #8, #9 and #10's record did not include a record of incident reports.


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 records for residents #3, #4, #6, #8, #9 and #10 will be updated to include incident reports. This will be completed by Administrator or designee. This will be completed by 12/20/19.

Resident records going forward will include incident reports. This will be completed by Administrator or designee.

Legal Entity Representative


Signature 

Printed Name and Title *Timothy J. Murphy President* Date *4/14/2019*

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The above plan of correction is approved as of 3/10/20 (Date) Plan of correction implementation status as of 3/10/20 (Date)

Implemented

The above plan of correction was approved by  (Initials)

Not Implemented

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: *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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *137* Waking Staff: *103*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
 Reason: *Interim, POC Verification*

Inspection Dates and Department Representative

01/09/2020 - On-Site: Tahesia Thomas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *250* Residents Served: *90*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>90</i>
Diagnosed with Mental Illness: <i>0</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>47</i>	Have Physical Disability: <i>0</i>

ELM TERRACE GARDENS

12783

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Residents #1 and #2 are prescribed Lantus Solution Insulin Pen. This medication was observed in the medication cart without the original pharmacy packaging and without the residents name.

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.)

184a-We will re in-service med techs on labeling protocol. When package is opened pens will be labeled. Audit will be developed to ensure compliance. Will be signed off q- shift. Will be completed by Administrator or designee.

Legal Entity Representative

Signature *Timothy J. Murphy*

Printed Name and Title *Timothy J. Murphy President* Date *1/30/2020*

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Plan of correction implementation status as of 3/10/20 (Date)

Implemented

Not Implemented

The above plan of correction was approved by *TMJ* (Initials)