



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail timothy.murphy@etg-ccrc.org
Sent via e-mail mike.cahill@etg-ccrc.org
April 16, 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 November 25, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Shawn Parker

Shawn Parker
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

Staffing Hours

Resident Support Staff: *0*Total Daily Staff: *138*Waking Staff: *104*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*Reason: *Complaint*

Inspection Dates and Department Representative

11/25/2019 - On-Site: Sabrina Freeman, David Carrion

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**2nd floor, 7th Street & Walnut Street*

Hospice

Current Residents: *NM*

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: *51*Have Physical Disability: *0*

ELM TERRACE GARDENS

12783

42f - Mail Access

Regulations

2600.
42.f. A resident has the right to receive and send mail.

Description of Violation

The home did not deliver mail daily to residents on the Secured Dementia Unit. The Administrator and staff from SDU stated that resident mail is kept in a container in the nursing office, and resident family members have to request the mail. On 11/25/19, resident mail was observed in the container in the nursing office dating back six months.

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.)

42f Resident mail, on the Secured Unit, will be delivered promptly to each resident as required. This will be completed by Administrator or designee. Completion by 1/17/20.

Administrator or designee will ensure all residents maintain to right to send and receive unopen mail.

SP 04-16-2020

Legal Entity Representative

Signature *Timothy J. Murphy*

Printed Name and Title *Timothy J. Murphy President* Date *12/23/2019*

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The above plan of correction is approved as of 04-16-2020 (Date)

Plan of correction implementation status as of 04-16-2020 (Date)

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

Implemented
 Not Implemented

ELM TERRACE GARDENS

12783

42k - Resident Record

Regulations

2600.

42.k. A resident and the resident's designated person, and other individuals upon the resident's written approval shall have the right to access, review and request corrections to the resident's record.

Description of Violation

On 8/5/19, staff person A denied resident #1's designated person access to the residents record.

Per nursing note, "Daughter was here today inquiring of Tylenol order. Explained that she does still get med TID and she wanted a copy of the MARs to ensure she is getting them. MARs not provided explained to her that she gets her meds regular and if she was missing them regularly she would have been notified."

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

Please see attached.....

Legal Entity Representative

Signature *Timothy J. Murphy*

Printed Name and Title *Timothy J. Murphy President* Date *12/23/2019*

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The above plan of correction is approved as of 04-16-2020
(Date)

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(Date)

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

Implemented
 Not Implemented

42 K Upon residents written approval, residents records will be made available to the resident, the residents designated person or other approved individuals.

With written approval the ability to access, review and request corrections to the record will also be made available. Nursing staff will be in-serviced on resident's access to their written record and ability to make changes. The Administrator or designee will complete task. Completion date 1/17/20.

ELM TERRACE GARDENS

12783

142a - Secure Medical Care

Regulations

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

Resident #1 was to receive wound care every evening shift, every two days. Wound care was provided on 5/2/19. On 5/4/19, resident #1's wound dressing was not changed; however staff did make an attempt. The wound dressing was changed on 5/6/19 at which time the gauze was sticking to the residents wound. The bandage was not able to be removed without removing skin layer.

Per nursing note 5/6/19 - Upon removing gauze dressing from wound to perform wound care, dressing sticking to wound bed and resident became resistant. Wound would be further injured if dressing removed.

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

Please see attached

Legal Entity Representative

Timothy J. Murphy
Signature

Timothy J. Murphy President
Printed Name and Title

12/23/2019
Date

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(Date)

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(Date)

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

Implemented
 Not Implemented

142 A. Resident assessments and support plans will be updated to include the residents need for medical care. The facility will assist resident to secure medical care if resident's health status declines. The Administrator or designee will complete task. Completion date 1/17/20.