



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**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)  
April 29, 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 February 11, 2020 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*  
Address: *660 N. BROAD ST., 3RD & 4TH FL., LANSDALE, PA 19446*  
County: *MONTGOMERY*                      Region: *SOUTHEAST*

License Number: *12783*

### Administrator

Name: *Mike 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: *132*                      Waking Staff: *99*

### Inspection

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

### Inspection Dates and Department Representative

*02/11/2020 - On-Site: Michele Swisher, Susan Smith*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *250*                      Residents Served: *85*

#### Secured Dementia Care Unit

In Home: *Yes*                      Area: *Aspire*                      Capacity: *24*                      Residents Served: *22*

#### Hospice

Current Residents: *2*

#### Number of Residents Who:

Receive Supplemental Security Income: *0*                      Are 60 Years of Age or Older: *85*  
Diagnosed with Mental Illness: *0*                      Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *47*                      Have Physical Disability: *0*

121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 2/11/2020, a green and red banner with a STOP sign printed on it was hung on the door frame of the emergency exit door that is located in the lounge area of the 7th St wing of Aspire. This banner creates an obstructed egress.

On 2/11/2020, a green and red banner with a STOP sign printed on it was hung on the door frame of the emergency exit door that is located in the lounge area of the Walnut St wing of Aspire. This banner creates an obstructed egress.

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*

Date *03/18/2020*

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

The above plan of correction is approved as of 04-29-2020  
(Date)

Plan of correction implementation status as of 04-29-2020  
(Date)

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

Implemented  
 Not Implemented

1d1A

The green and red bannered stop sign will be removed from the seventh street emergency exit door. The Administrator or designee will be responsible for stop signs not being used in the future. The stop sign was removed the day of inspection 2/11/2020.

The green and red bannered stop sign will be removed from the Walnut street emergency exit door. The Administrator or designee will be responsible for stop signs not being used in the future. The stop sign was removed the day of inspection 2/11/2020.

141b1 - Annual Medical Evaluation

Regulations

2600.  
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's most recent medical evaluation was completed on 3/29/2019. The resident's previous medical evaluation was completed on 3/30/2017.

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 Health* Date *2/18/2020*

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|  |            |   |  |
|--|------------|---|--|
| The above plan of correction is approved as of | 04-29-2020 | Plan of correction implementation status as of  | 04-29-2020                               |
|  | (Date)     |   | (Date)                                   |
| The above plan of correction was approved by   | <i>SP</i>  | <input checked="" type="checkbox"/> Implemented | <input type="checkbox"/> Not Implemented |
|  | (Initials) |   |  |

14161

Resident medical evaluations will be reviewed to assure their completion annually. A resident list will be created showing their annual completion dates. Meetings will be scheduled periodically to assure medical evaluation accuracy. This task will be completed by the Administrator or designee. This task will be completed by 4/20/2020.

141b2 - Medical Evaluation Changes

Regulations

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident #1 was admitted to hospice services on 11/20/2019. There was no document of medical evaluation completed for this change in medical condition.

Resident #2 was admitted to hospice services on 1/17/2020. There was no document of medical evaluation completed for this change in medical condition.

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 *[Handwritten Signature]*

*Timothy J. Murphy President*  
Printed Name and Title  
3/18/2020  
Date

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The above plan of correction is approved as of 04-29-2020  
(Date)

Plan of correction implementation status as of 04-29-2020  
(Date)

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

Implemented  
 Not Implemented

141b 2

Resident medical evaluations will be reviewed to assure their accuracy on medical change of condition. A resident list will be created for residents with medical change of conditions.

Meetings will be held periodically to assure medical evaluations accuracy for change of condition. This task will be completed by Administrator or designee. This task will be completed by 4/20/2020.

227h - Support Plan Refuse Sign

Regulations

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #2 participated in the development of his/her support plan on 1/21/20. The resident was unable to sign the support plan. The home did not make a notation regarding the resident's inability to sign.

Resident #2's designated person participated in the development of the resident's support plan on 1/21/20. The designated person refused to sign the support plan. The home did not make a notation regarding the designated person's refusal to sign.

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 *[Handwritten Signature]*

*Timothy J. Murphy President* / *3/18/2020*  
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of 04-29-2020  
(Date)

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

- Implemented
- Not Implemented

227H

Resident Support plans will be reviewed to assure signatures of resident or designated person. If resident or designated person are unable to sign or refuse to sign it will be noted on the Support Plan. Meetings will be held periodically to ensure future Support Plans meet regulations in regard to signatures, refusals or inability to sign. This task will be completed by Administrator or designee. This task will be completed by 4/20/2020.