

Department of Human Services
Bureau of Human Service Licensing

October 5, 2021

[REDACTED], EXECUTIVE DIRECTOR
ELM TERRACE GARDENS
660 NORTH BROAD STREET
LANSDALE, PA 19446

RE: ELM TERRACE GARDENS
660 N. BROAD ST., 3RD & 4TH FL
LANSDALE, PA, 19446
LICENSE/COC#: 12783

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/06/2021, 05/07/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *ELM TERRACE GARDENS* License #: *12783* License Expiration Date: *06/10/2021*
Address: *660 N. BROAD ST., 3RD & 4TH FL, LANSDALE, PA 19446*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2153615600* Email: [REDACTED]

Legal Entity

Name: *ELM TERRACE GARDENS*
Address: *660 NORTH BROAD STREET, LANSDALE, PA, 19446*
Phone: *2153615600* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *08/11/1986* Issued By: *Borough of Lansdale*

Staffing Hours

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

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/13/2021*

Inspection Dates and Department Representative

05/06/2021 - On-Site: [REDACTED]
05/07/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *250* Residents Served: *81*

Secured Dementia Care Unit

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

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *81*
Diagnosed with Mental Illness: *38* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *57* Have Physical Disability: *1*

Inspections / Reviews

05/06/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/06/2021*

8/13/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/16/2021*

8/24/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/25/2021*

10/5/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED] for resident 1 indicates the resident requires assistance with Toileting and transferring. On multiple occasions, the resident did not receive this assistance as required in a timely manner.

Plan of Correction

Accept

LPN Supervisors will conduct call bell audits twice a week to monitor the care provided to residents

Completion Date: 08/27/2021

Document Submission

Implemented

LPN Supervisors continue to review call bell reports, review with staff during pre-shift meetings. Mobile phones assigned to specific care assignments to ensure each caregiver has access to the calls from the call bell system.

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 5/7/21, 3 containers of Sani-Hands Disinfecting wipes, with a manufacture's label indicating "if swallowed, get medical help contact a Poison Control Center immediately", was unlocked, unattended, and accessible to residents in Aspire Walnut Side memory care. Not all the residents of the home, including residents in Aspire Walnut side Memory care, have been assessed capable of recognizing and using poisons safely.

On 5/7/21, 1 container of Sani-Hands Disinfecting wipes, with a manufacture's label indicating "if swallowed, get medical help contact a Poison Control Center immediately", was unlocked, unattended, and accessible to residents in Aspire 7th Street side memory care. Not all the residents of the home, including residents in Aspire 7th Street side Memory care, have been assessed capable of recognizing and using poisons safely.

On 5/7/21, a 1 gallon container of Clothesline Fresh Oxygen Detergent EP, with a manufacture's label indicating "to contact poison control if inhaled", was unlocked, unattended, and accessible in the laundry room to residents in Aspire 7th Street side memory care. Not all the residents of the home, including residents in Aspire 7th Street side Memory care, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept

Audit completed to ensure all poisonous material has been locked up. All staff in-serviced about the importance of locking up all poisonous material. In service sign in sheet attached

Completion Date: 06/28/2021

82c - Locking Poisonous Materials (continued)

Document Submission **Implemented**

Audit completed to ensure all poisonous material has been locked up. All staff in-serviced about the importance of locking up all poisonous material. In service sign in sheet attached

84 - Heat Sources

1. Requirements

2600.

84. Heat Sources - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

Description of Violation

On 5/7/21, at approximately 12:15 pm, there were no protective guards in place to prevent residents from coming in contact or to prevent them from turning on the hot burners in the Aspire memory care units, including 7th street and walnut street sides.

Plan of Correction **Accept**

Mechanism disabled, no longer able to turn on and will not be utilized.

Completion Date: 08/13/2021

Document Submission **Implemented**

Mechanism temporarily disabled. Safety switch in place, induction cooktop in place so that the surface is not hot. Working towards having a safety barrier around the cooktop for when it is in use, once safety barrier is in place mechanism will be enabled.

101j7 - Lighting/Operable Lamp

1. Requirements

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

On 5/7/21, resident 2 located in room [REDACTED] does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction **Accept**

Audit completed to ensure all residents have appropriate lighting source, room rounds will be scheduled ongoing to monitor.

Completion Date: 08/13/2021

Document Submission **Implemented**

Ongoing rounds continue to check resident rooms to ensure operable light source at bedside

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105g - Lint Removal and Duct Cleaning *(continued)*

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer’s instructions.

Description of Violation

On 5/7/21, there was an accumulation of lint in the lint trap of the dryer in the Aspire 7th street wing of memory care. There were no clothes in the dryer at the time.

Plan of Correction

Directed

Signs posted in all laundry rooms to remove lint after each use.

(DIRECTED)

A designated staff person will check the lint traps and drums of all clothes dryers daily to ensure there is no accumulation of lint. Documentation of checks will be kept. [REDACTED] 8/24/21

Completion Date: 08/13/2021

Document Submission

Implemented

Inservice completed with all staff regarding dryer check and signoff. August sign-off attached

185a - Implement Storage Procedures

1. Requirements

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.

185a - Implement Storage Procedures (continued)**Description of Violation**

On 5/7/21, there was a small round white pill found in the first drawer of the 4th floor medication cart.

On 5/7/21, the glucometer belonging to resident 2 was calibrated with the incorrect date and displayed a date of 1/5/2000.

On 3/29/21, at 7:48 pm, resident 2's glucometer reading was documented as 176 on the Medication administration record (MAR) but was not located on the glucometer.

On 3/30/21, at 7:55 pm, resident 2's glucometer reading was documented as 227 on the MAR but was not located on the glucometer.

On 4/01/21, at 7:50 pm, resident 2's glucometer reading was documented as 129 on the MAR but was not located on the glucometer.

On 4/03/21, at 7:42 pm, resident 2's glucometer reading was documented as 127 on the MAR but was not located on the glucometer.

On 4/04/21, at 8:31 pm, resident 2's glucometer reading was documented as 102 on the MAR but was not located on the glucometer.

On 4/05/21, at 7:56 pm, resident 2's glucometer reading was documented as 183 on the MAR but was not located on the glucometer.

On 4/08/21, at 5:01 pm, resident 2's glucometer reading was documented as 50 on the MAR but was not located on the glucometer.

On 4/11/21, at 11:55 am, resident 2's glucometer reading was documented as 297 on the MAR but was not located on the glucometer.

On 4/12/21, at 7:38 pm, resident 2's glucometer reading was documented as 129 on the MAR but was not located on the glucometer.

On 4/13/21, at 7:29 pm, resident 2's glucometer reading was documented as 63 on the MAR but was not located on the glucometer.

On 4/15/21, at 7:34 am, resident 2's glucometer reading was documented as 97 on the MAR but was not located on the glucometer.

On 4/17/21, at 7:39 pm, resident 2's glucometer reading was documented as 143 on the MAR but was not located on the glucometer.

On 4/18/21, at 7:37 pm, resident 2's glucometer reading was documented as 129 on the MAR but was not located on the glucometer.

On 4/19/21, at 4:56 pm, resident 2's glucometer reading was documented as 125 on the MAR. However the glucometer displayed 121.

On 4/21/21, at 6:24 pm, resident 2's glucometer reading was documented as 288 on the MAR. However the glucometer displayed 388.

On 4/21/21, at 7:51 pm, resident 2's glucometer reading was documented as 261 on the MAR but was not located on the glucometer.

On 4/22/21, at 12:09 pm, resident 2's glucometer reading was documented as 334 on the MAR. However the glucometer displayed 339.

On 4/22/21, at 7:32 pm, resident 2's glucometer reading was documented as 113 on the MAR but was not located on the glucometer.

On 4/23/21, at 08:05 pm, resident 2's glucometer reading was documented as 208 on the MAR. However the glucometer displayed 280.

On 4/24/21, at 09:14 pm, resident 2's glucometer reading was documented as 60 on the MAR. However the glucometer displayed 56.

On 4/25/21, at 9:42 pm, resident 2's glucometer reading was documented marked as 66 on the MAR but was not located on the glucometer.

On 4/26/21, at 7:43 pm, resident 2's glucometer reading was documented as 214 on the MAR but was not located on the glucometer.

On 4/27/21, at 7:13 pm, resident 2's glucometer reading was documented as 130 on the MAR but was not located on the glucometer.

On 4/28/21, at 7:28 am, resident 2's glucometer reading was documented as 137 on the MAR. However the glucometer displayed 133.

On 4/29/21, at 2:01 pm, resident 2's glucometer reading was documented as 52 on the MAR. However the glucometer displayed 66.

On 5/02/21, at 7:37 pm, resident 2's glucometer reading was documented as 216 on the MAR but was not located on the glucometer.

On 5/03/21, at 8:03 pm, resident 2's glucometer reading was documented as 89 on the MAR but was not located on the glucometer.

On 5/04/21, at 7:33 pm, resident 2's glucometer reading was documented as 324 on the MAR. However the glucometer displayed 329.

185a - Implement Storage Procedures (*continued*)**Plan of Correction****Directed**

Clinical director audit each med cart and equipment, in-service scheduled for 8/31/21 for Med Techs and will review Glucometer use

(DIRECTED)

By 9/24/21: All staff persons qualified to administer medications will be re-educated on the proper procedure for medication administration, by a Department-approved medication administration Train-the-Trainer, including documentation of medication administration, following the orders of the prescriber and reporting medication errors. Documentation of education will be kept. [REDACTED] 8/24/21

Completion Date: 08/31/2021

Document Submission**Implemented**

Clinical Director/Department-approved medication administration Train-the-Trainer reviewed with staff proper procedures to administer medication including documentation, following prescribers orders, and reporting medication errors.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident 2 is prescribed [REDACTED] with meals.

On 4/21/21, at 6:24 pm, resident 2's glucometer reading was documented as 288 on the MAR. However the glucometer displayed 388. The resident was administered 6 [REDACTED]; however the resident should have been administered 10 units.

Plan of Correction**Directed**

Med Tech in-service completed to review the need to follow the directions of the prescriber

By 9/24/21: All staff persons qualified to administer medications will be re-educated on the proper procedure for medication administration, by a Department-approved medication administration Train-the-Trainer, including documentation of medication administration, following the orders of the prescriber and reporting medication errors. Documentation of education will be kept. [REDACTED] 8/24/21

Completion Date: 06/28/2021

187d - Follow Prescriber's Orders (*continued*)**Document Submission****Implemented**

Clinical Director/Department-approved medication administration Train-the-Trainer reviewed with staff proper procedures to administer medication including documentation, following prescribers orders, and reporting medication errors.

223a - Description of Service

1. Requirements

2600.

223.a. The home shall have a current written description of services and activities that the home provides including the following:

1. The scope and general description of the services and activities that the home provides.
2. The criteria for admission and discharge.
3. Specific services that the home does not provide, but will arrange or coordinate.

Description of Violation

The home's current written description of services and activities at the home does not include call bell response times.

Plan of Correction**Directed**

Review policy and procedure, update policy to include a response time to call bells.

(DIRECTED)

By 9/24/21: All staff person will be educated on the updated call bell policy and procedure. Documentation of education will be kept. ■■■ 8/24/21

Completion Date: 08/13/2021

Document Submission**Implemented**

All staff educated on updated policy and procedure regarding call bells. Call bells that are not answered within 10 minutes will be escalated to nursing supervisor phone, concierge/receptionist phone

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 3's preadmission screening form, dated ■■■, does not include sections I-B, I-C, and I-E. These sections are all left blank and not completed.

Plan of Correction**Directed**

Inservice nurse supervisors to review prescreen for completion and accuracy

(DIRECTED)

By 9/24/21: The administrator or designated staff person will create and implement a system to ensure all residents being admitted to the home have a preadmission screening completed in its entirety, to include an indication the home can meet the resident's needs. All staff involved in the admission process will be educated regarding the system. ■■■ 8/24/21

Completion Date: 08/13/2021

224a - Preadmission Screen Form (*continued*)**Document Submission****Implemented**

Administrator, Clinical Director, or Marketing Director will meet all residents prior to admission in a scheduled admissions meeting either on-site or at the prospective resident's prior living arrangements. Pre-screen screening will be completed prior to acceptance of any new resident application.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident 4, dated [REDACTED], does not indicate what level of care the resident has a need for in section 3 Mental Health, Behavioral Health, and Cognitive Functioning Needs. The resident's support plan, dated 9/29/20 does not document if there is a need, how these needs will be met and the responsible party.

Plan of Correction**Directed**

In-service nurse supervisors about each section of the RASP and the need for complete, person-centered information (DIRECTED)

By 9/24/21: All staff persons completing or reviewing support plans will be educated regarding the completion and accuracy of support plans including the care and services the home will provide. Documentation of education shall be kept. [REDACTED] 8/24/21

Completion Date: 08/13/2021

Document Submission**Implemented**

Completing and reviewing support plan in-serviced with all staff regarding completion and accuracy

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

On 5/6/21, the directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU) in the Aspire 7th Street wing.

On 5/6/21, the directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU) in the Aspire Walnut street Wing.

233c - Key-Locking Devices (continued)**Plan of Correction****Accept**

Picture immediately re-hung at both doors, continued audits to ensure they are in proper location

Completion Date: 05/06/2021

Document Submission**Implemented**

Picture immediately re-hung at both doors, continued audits to ensure they are in proper location