

Department of Human Services  
Bureau of Human Service Licensing

July 20, 2021

[REDACTED]  
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 06/15/2021 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

Facility Information

Name: *ELM TERRACE GARDENS* License #: *12783* License Expiration Date: *06/10/2022*  
Address: *660 N. BROAD ST., 3RD & 4TH FL, LANSDALE, PA 19446*  
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

[REDACTED] [REDACTED] [REDACTED]

Legal Entity

Name: *ELM TERRACE GARDENS*  
Address: *660 NORTH BROAD STREET, LANSDALE, PA, 19446*

[REDACTED] [REDACTED] [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *139* Waking Staff: *104*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint,Incident* Exit Conference Date: *06/15/2021*

Inspection Dates and Department Representative

06/15/2021 - On-Site: [REDACTED]

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: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Year of Age or Older: *85*  
Diagnosed with Mental Illness: *30* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *54* Have Physical Disability: *0*

Inspections / Reviews

06/15/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/08/2021*

Inspections / Reviews *(continued)*

## 6/30/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/20/2021*

## 7/20/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 6/4/21, resident #1 alleged that staff member A hit [redacted] on the head. This incident was reported to staff person C on 6/4/21 at 6:29PM. However, the home did not report the allegation of abuse to the Local Agency on Aging and complete an Act 13 form within 48 hours.

Plan of Correction

Directed

Compliance officer will in-service all staff on abuse reporting

DPOC - SP - 06-30-2021

n-service to be completed by 07-19-2021. Documentation of in-service to be made available for Department review.

Completion Date: 07/20/2021

Update - 06/30/2021

Document Submission

Implemented

n-service sign in attached

15b - Supervisor Plan

1. Requirements

2600.

- 15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 6/4/21, resident #1 alleged that staff member A hit [redacted] on the head. The home did not immediately suspend staff member A involved in the alleged abuse or place the staff person on a plan of supervision that is developed in conjunction with or approved by the Department.

Plan of Correction

Accept

Administrator or Clinical Director will immediately develop a plan of supervision or suspend employees involved in an abuse allegation

Completion Date: 06/29/2021

Update - 06/30/2021

Document Submission

Implemented

Plan of supervision submitted to regional office for Staff member A via email.

16c - Written Incident Report

1. Requirements

2600.

16c - Written Incident Report (continued)

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 6/4/21, there was a allegation of abuse by resident #1. The home did not report this incident to the department until 6/7/2020 at 11:10am.

Plan of Correction

Directed

Administrator or Clinical Director will complete incident report for regional office within 24 hours of an abuse allegation.

DPOC -SP - 06-30-2021

Staff who require education on reportable incidents will be In-serviced by 07-19-2021. Documentation of in-service to be made available for Department review.

Completion Date: 06/29/2021

Update - 06/30/2021

Document Submission

Implemented

n-service sign in attached

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [redacted] for direct care. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until 1/5/21.

Plan of Correction

Directed

Department-approved direct care training course has been included in the first week orientation class for all Personal Care employees prior to working on the floor.

DPOC -SP - 06-30-2021

Direct care staff persons will NOT provide unsupervised ADL services until they complete training specified in 2600.65d. Staff trainings will be made available for Department review upon request.

Completion Date: 06/29/2021

Update - 06/30/2021

Document Submission

Implemented

Employee files audited by HR to confirm that current employees have department-approved training, going forward all new employees will complete during classroom orientation prior to working on the floor.

## 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 6/15/21 at 10:00am, in room [REDACTED] in the secure dementia care unit for resident #1, there was a tube of Colgate toothpaste sitting on the bathroom sink with warning on the label "if swallowed get medical help of contact poison control center right away".

On 6/15/21 at 10:05am, in room [REDACTED] in the secure dementia care unit for resident #3 there was a bottle of Dyna-Hex 4 Chlorhexidine Gluconate 4% on the dresser and Dial anti-perspirant deodorant in an unlocked bathroom cabinet with warnings on the label "if swallowed get medical help of contact poison control center right away."

## Plan of Correction

Directed

*n-service employees on poisonous materials*

*DPOC - SP - 06-30-2021*

*Poisonous materials will be locked and inaccessible to residents. In-service to be completed by 07-20-2021 and will be made available for Department review.*

**Completion Date:** 06/28/2021

## Document Submission

Implemented

*n-service completed and attached*

## 187b - Date/Time of Medication Admin.

## 1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

## Description of Violation

On 6/15/21 at 8:00am, resident #2 was administered Calmoseptine Ointment .44-20.6% (Menthol-Zinc Oxide). Staff person B did not document the administration until 6/15/21 at 9:45AM.

## Plan of Correction

Directed

*n-service med techs about documentation at the time medication is administered. In-service attached*

*DPOC- SP - 06-30-2021*

*n-service to be completed by 07-19-2021. Documentation of in-service to be made available for Department review.*

**Completion Date:** 06/28/2021

## Document Submission

Implemented

*n-service completed and attached*

## 187c - Refusal of Medication

## 1. Requirements

2600.

**187c - Refusal of Medication (continued)**

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**Description of Violation**

On 6/5/21, resident #1 refused to take a scheduled medications of Lasix Tablet 40mg, Levothyroxine sodium tablet 125MCG, Melatonin Tablet 3MG, Melatonin Tablet 5MG, PreserVision AREDS 2 tablet chewable, Zoloft Tablet 25MG. The home did not report the refusals to the prescriber.

**Plan of Correction****Directed**

n-serviced med techs about reporting medication refusals to PCP. In-service attached

DPOC- SP - 06-30-2021

n-service to be completed by 07-19-2021. Documentation of in-service to be made available for Department review.

Completion Date: 06/28/2021

**Document Submission****Implemented**

n-service completed and attached

**187d - Follow Prescriber's Orders****1. Requirements**

2600.

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

**Description of Violation**

Resident #1 is prescribed Cefpodoxime Proxetil Tablet 200MG give 1 tablet by mouth two times a day for UTI for 7 days starting 5/8/21. However, resident #1 was not administered the final dose on 5/14/21.

Resident #1 is prescribed Tubigrips to BLE: on during the day, off at night every morning and at bedtime related to essential hypertension and edema. However, this was not administered at the following times: 5/1/21 morning, 5/5/21 morning, 5/7/21 morning, 5/8/21 bedtime, 5/14/21 bedtime, 5/15/21 bedtime, 5/21/21, bedtime, 5/23/21 bedtime, 5/24/21 bedtime, and 6/9/21 bedtime.

Resident #1 is prescribed Hearing Aides every day and evening shift apply in AM and remove in PM however they are currently unavailable in the home.

Resident #1 is prescribed Melatonin Tablet 3MG give one tablet by mouth at bedtime for insomnia however it was not given on 6/9/21.

Resident #1 was prescribed UA+CS collect urine and notify the nurse to place order with aculabs every shift for concentrated urine but was never collected on night shift of the following dates: 5/24/21, 5/25/21, 5/27/21, 5/28/21, 6/1/21 6/2/21, 6/3/21, 6/4/21, 6/5/21; and day shift on the following dates: 5/25/21, 5/26/21, 5/30/21, and 6/7/21; and on evening shift on the following dates: 5/26/21 and 5/30/21.

187d - Follow Prescriber's Orders (*continued*)**Plan of Correction****Directed**

*n-serviced med techs about documenting refusals and following physician orders, in-service attached*

*DPOC- SP - 06-30-2021*

*n-service to be completed by 07-19-2021. Documentation of in-service to be made available for Department review.*

**Completion Date:** *06/28/2021*

**Document Submission****Implemented**

*n-service completed and attached*

## 231c - Preadmission Screening

**1. Requirements**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**Description of Violation**

*Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident #1's written cognitive preadmission screening was completed on [REDACTED]. The form indicates resident #1 does not require secured care.*

**Plan of Correction****Directed**

*Administrator or Clinical Director will ensure documentation is completed if a resident moves from PC to SDCU or vice versa*

*DPOC- SP - 06-30-2021*

*Residents will not be admitted into SDCU without a cognitive preadmission screening completed in accordance with regulation 2600.231c. Staff will be in-serviced by 07-19-2021. Documentation to be made available for Department review.*

**Completion Date:** *06/29/2021*

**Document Submission****Implemented**

*During DME review with LPN supervisors, discussed the importance of accurate documentation in Pre-screen, DME, and RASP. That if any inaccuracies are noted, to have the documents redone. In-service sign in attached*

## 234b - Support Plan Needs Elements

**1. Requirements**

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

**Description of Violation**

*The support plan, dated 2/23/21, for resident #1 reports no needs for irritability, agitation, and aggression, however the residents progress notes repeatedly report behavioral issues and behavioral monitoring.*

**Plan of Correction****Accept**

*During DME review with LPN supervisors, discussed the importance of accurate documentation in Pre-screen, DME, and RASP. That if any inaccuracies are noted, to have the documents redone. In-service sign in attached*

**Completion Date:** *06/25/2021*

234b - Support Plan Needs Elements *(continued)*

**Document Submission**

**Implemented**

*n-service completed and attached*

252 - Record Content

**1. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
10. A record of incident reports for the individual resident.

**Description of Violation**

*Resident #1's record does not include the incident report for resident #1 dated 6/7/2020.*

**Plan of Correction**

**Accept**

*All incident reports for the past year will be audited by medical records to be sure they are included in the resident record.*

**Completion Date:** *08/01/2021*

**Document Submission**

**Implemented**

*Medical records reviewed all incident reports for the past year and added those needed to the resident record*