

Department of Human Services  
Bureau of Human Service Licensing

June 29, 2022

[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 06/08/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Shawn Parker

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: *06/10/2023*  
Address: *660 N. BROAD ST., 3RD & 4TH FL, LANSDALE, PA 19446*  
County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *215-361-5600* Email: [REDACTED]

**Legal Entity**

Name: *ELM TERRACE GARDENS*  
Address: *660 NORTH BROAD STREET, LANSDALE, PA, 19446*  
Phone: *215-361-5600* Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *114* Waking Staff: *86*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *06/08/2022*

**Inspection Dates and Department Representative**

*06/08/2022 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *250* Residents Served: *75*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *sdcu* Capacity: *24* Residents Served: *20*

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *75*  
Diagnosed with Mental Illness: *30* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *39* Have Physical Disability: *1*

**Inspections / Reviews**

**06/08/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/02/2022*

**06/28/2022 - POC Submission**

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/01/2022*

Inspections / Reviews (*continued*)

06/29/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 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**

*Resident #1 is prescribed Foley catheter output every shift for urinary output. However, this was not documented on 5/1/22 evening, 5/5/22 night, 5/7/22 evening, 5/8/22 evening, 5/21/22 evening, 5/22/22 evening, 5/31/22 day.*

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

*During pre-shift meetings, LPN supervisor reviewed documentation of MAR. Audited the foley documentation daily starting on 6/8/22 until discharge of this resident on [REDACTED]. Every shift documented foley output*

**Completion Date:** 06/16/2022

**Document Submission****Implemented**

*During pre-shift meetings, LPN supervisor reviewed documentation of MAR. Audited the foley documentation daily starting on 6/8/22 until discharge of this resident on [REDACTED]. Every shift documented foley output*

## 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 Nitrofurantoin Macro crystal capsule 25MG give 1 cap by mouth in the evening. However, it was not administered on 5/15/22*

*Resident #1 is prescribed Trazodone HCl Tablet 50mg give 1 tablet by mouth in evening. However, it was not administered on 5/21/22*

*Resident #1 is prescribed Macrobid Capsule 100mg give 1 capsule by mouth two times a day for 7 days starting 5/6/22 at 20:00. However, it was not administered on 5/6/22 at 20:00.*

*Resident #1 is prescribed Percocet tablet 5-325MG give 1 tablet by mouth every 6 hours as needed for moderate to severe pain. On 5/5/22, this medication was administered at 14:31 (2:31PM) and again administer at 20:01 (8:01PM), 5 hours and 30 minutes later.*

*Resident #1 is prescribed Bilateral Knee-High Ted Hose, apply in AM before rinsing, remove at bedtime. Check skin integrity Q shift. Every shift for TED hose. However, this was not completed on 5/1/22, 5/2/22, 5/4/22, 5/6/22 to 5/11/22, 5/14/22 to 5/25/22, 5/28/22, 5/29/22, 5/31/22, 6/1/22, 6/3/22.*

*Resident #1 is prescribed wound care: RT elbow cleanse with NSS. Apply ABT ointment and cover comfort border gauze everyday shift for wound care. However, this was not completed on 5/28/22 and 5/31/22.*

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

*PCP immediately notified and reviewed medications. MAR audited daily on 6/9/22 until resident discharge 6/16/22*

**Completion Date:** 06/16/2022

**Document Submission****Implemented**

*PCP immediately notified and reviewed medications. MAR audited daily on 6/9/22 until resident discharge 6/16/22*