

Department of Human Services
Bureau of Human Service Licensing

April 14, 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 02/16/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

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: *06/10/2022*
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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *127* Waking Staff: *95*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *02/16/2022*

Inspection Dates and Department Representative

02/16/2022 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *250* Residents Served: *79*

Secured Dementia Care Unit

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

Hospice

Current Residents: *x*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *79*
Diagnosed with Mental Illness: *34* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *48* Have Physical Disability: *4*

Inspections / Reviews

02/16/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/11/2022*

03/08/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/13/2022*

Inspections / Reviews (*continued*)

03/14/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/01/2022*

04/14/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25a - Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1, admitted [redacted], did not have a resident-home contract completed until [redacted]

Plan of Correction

Accept

Reviewed admissions process with the Marketing Director, Admissions coordinator, and Resident Services Director. All contracts are to be reviewed prior to admission and signed at that time or turned in the day of admission. Executive Secretary will audit files semi-annually checking for completion.

Completion Date: 03/10/2022

Document Submission

Implemented

Attachment previously sent

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

- 1. A general physical examination by a physician, physician's assistant or nurse practitioner.
- 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
- 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
- 4. Special health or dietary needs of the resident.
- 5. Allergies.
- 6. Immunization history.
- 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
- 8. Body positioning and movement stimulation for residents, if appropriate.
- 9. Health status.
- 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation dated [redacted] did not include (4) Special Health/Dietary needs.

Plan of Correction

Directed

Zoom education provided to all LPN supervisors. Upon completion from the NP or PCP, LPN supervisor will review for completion. Clinical Director will be responsible for annual audits.

Directed Plan of Correction 3/14/22 CM:

By [redacted] Resident #1's annual medical evaluation shall be scheduled and completed in accordance with Department regulations.

By 3/30/22, the administrator or designated staff person shall review all current medical evaluations to ensure that all required information is completed, including special health or dietary needs, medication list, level of care and allergies. Incomplete medical evaluations will be returned to the physician for completion or new medical

141a 1-10 Medical Evaluation Information (continued)

evaluations will be scheduled. Documentation of audits shall be provided to the Department.

By 3/30/22, the administrator will develop and implement a tracking system to ensure medical evaluations are completed in accordance with regulation 2600.141(a).

Completion Date: 03/10/2022

Document Submission

Implemented

Resident #1 expired [REDACTED], Attached is the DME audit, and PCC info

16c - Written Incident Report

1. Requirements

2600.

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 [REDACTED], resident #1 had a witnessed fall, suffered an injury, and was sent out via 911 to an ER. The home did not report this incident to the department until 01/31/2022.

Repeat Violation: 06/15/2021

Plan of Correction

Directed

Reviewed reportable incidents with all LPN supervisors. Reviewed completion of the Incident report with the Clinical Director. The Clinical Director and Administrator will be responsible for completing and reporting all incidents to the regional office.

Directed Plan of Correction 3/14/22 CM:

Starting 3/15/22, the administrator or designee shall review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c. Documentation of reviews shall be provided to the Department.

Completion Date: 03/10/2022

Document Submission

Implemented

Attached is incident reviewed weekly including details of any incident to be reported to DHS