

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

December 20, 2023

[REDACTED], PRESIDENT  
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 11/16/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *ELM TERRACE GARDENS* License #: *12783* License Expiration: *06/10/2024*  
 Address: *660 N. BROAD ST., 3RD & 4TH FL, LANSDALE, PA 19446*  
 County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *Other* Date: *05/01/1992* Issued By: *Borough of Lansdale*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *116* Waking Staff: *87*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *11/16/2023*

**Inspection Dates and Department Representative**

11/16/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *250* Residents Served: *76*  
 Secured Dementia Care Unit  
 In Home: *Yes* Area: *SDCU* Capacity: *24* Residents Served: *21*  
 Hospice  
 Current Residents: *0*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *76*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *40* Have Physical Disability: *0*

**Inspections / Reviews**

11/16/2023 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/18/2023*

12/18/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *12/19/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/21/2023*

Inspections / Reviews *(continued)*

12/20/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2023

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 the morning of 10/30/2023 between 8:00-8:39, staff person A pushed resident 1, causing [redacted] to fall and causing pain in [redacted] left shoulder. This incident was observed by staff person B. This incident was reported to staff person C on 10/30/2023 within hours of the event occurring. However, this allegation of abuse was not reported to the Department until 10/31/2023 at 4:28 pm.

Plan of Correction

Accept [redacted] - 12/18/2023)

Administrator and Clinical Director immediately reported the incident when informed. Administrator discussed process of reporting with Staff person C and Staff person B immediately. Staff training regarding abuse reporting process scheduled for 12/18/23 and 12/19/23 by Administrator and Nurse Educator. Moving forward, in addition to the annual Act 13 training, online Relias training, HR Director or designee will remind staff of reporting protocols annually during one of the monthly all staff meetings.

Proposed Overall Completion Date: 12/19/2023

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented [redacted] - 12/20/2023)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On the morning of 10/30/2023 between 8:00-8:39am, while the home was serving breakfast, staff person A pushed resident 1's shoulder, after the resident used [redacted] a racial slur. The resident fell from the rollator, while traveling to the dining room table. The incident occurred in the middle of the 4th floor dining room and observed by staff person B. There were no other witnesses to the event. It was reported to staff person C on 10/30/2023. The fall caused pain and discomfort to [redacted] left shoulder. Staff person A was terminated.

Plan of Correction

Accept [redacted] - 12/18/2023)

When incident reported to Clinical Director and Administrator Staff Person A was immediately suspended. After investigation, Staff Person A was terminated. Staff training scheduled for 12/18/23 and 12/19/23 regarding managing aggressive behaviors by Administrator and Nurse educator. Nurse Educator added Managing Aggressive Behaviors to the annual training schedule going forward.

Proposed Overall Completion Date: 12/19/2023

## 42b - Abuse (continued)

Licensee's Proposed Overall Completion Date: 12/19/2023

Implemented [REDACTED] - 12/20/2023)

## 226a - Mobility Assessment

## 3. Requirements

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

## Description of Violation

Resident 1's assessment, dated [REDACTED] 2023, indicates that the resident had a minimal need for mobility assistance. The support plan description indicates that the resident requires minimal assistance in the event of an emergency. On the resident's documentation of medical evaluation (DME) dated [REDACTED]/2023 it describes the resident as having a moderate mobility need. On 9/7/2023, the resident [REDACTED] needing additional assistance during healing.

## Plan of Correction

Accept [REDACTED] - 12/18/2023)

Resident 1's assessment and support plan immediately reviewed and updated. Nurse educator provided training regarding assessment and support plan completion on 9/26/23-9/29/23. Assessments and Support plans will be completed by the Clinical Director or designee. Chart audits will be completed weekly by the Administrator indefinitely to ensure accuracy of assessments and support plans

Proposed Overall Completion Date: 12/14/2023

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented [REDACTED] - 12/20/2023)

## 227c - Support Plan Revision

## 4. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

## Description of Violation

Resident 1 [REDACTED] from 2 falls on 9/5/23. The resident was sent to the hospital and admitted on [REDACTED]/23. Resident was released on [REDACTED]/23. Resident's RASP dated [REDACTED]/23 does not address [REDACTED] multiple falls.

## Plan of Correction

Accept [REDACTED] - 12/18/2023)

Resident 1's support plan immediately reviewed and updated. Clinical Director will be responsible for updating support plans with significant changes. Administrator will complete chart audits weekly to ensure support plans are up to date.

Proposed Overall Completion Date: 12/14/2023

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented [REDACTED] - 12/20/2023)

227d - Support Plan Medical/Dental

5. 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 DME for resident 1, dated [redacted]/2023, indicates the resident has a moderate mobility need. The resident's RASP, dated [redacted]/2023 does not document how this need will be met.

Plan of Correction

Accept [redacted] - 12/18/2023)

Resident 1's assessment and support plan immediately reviewed and updated. Nurse educator provided training regarding support plan completion on 9/26/23-9/29/23. Clinical Manager or designee will be responsible for reviewing the DME and completing the support plan. Chart audits will be completed weekly by the Administrator indefinitely to ensure accuracy of assessments and support plans

Proposed Overall Completion Date: 12/14/2023

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented [redacted] - 12/20/2023)

227g -Support Plan Signatures

6. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 1 participated in the development of [redacted] support plan on [redacted]/2022. However, the resident did not sign the support plan, nor was it indicated that [redacted] was unable or refused to sign.

Plan of Correction

Accept [redacted] - 12/18/2023)

Resident 1 support plan reviewed and updated immediately. Nurse educator provided training regarding support plan completion on 9/26/23-9/29/23. Clinical Manager or designee will be responsible for completing the support plan, reviewing with resident/family, and getting documentation signed. Chart audits will be completed weekly by the Administrator indefinitely to ensure completion of support plans

Proposed Overall Completion Date: 12/14/2023

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented [redacted] - 12/20/2023)