

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

April 7, 2026

[REDACTED]
ELM TERRACE GARDENS
[REDACTED]
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/30/2025 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: *06/10/2026*
 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: [Redacted]
 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: *65* Waking Staff: *49*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *12/30/2025*

Inspection Dates and Department Representative

12/30/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *250* Residents Served: *52*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Aspire* Capacity: *24* Residents Served: *20*

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *52*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *13* Have Physical Disability: *0*

Inspections / Reviews

12/30/2025 Partial
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *02/06/2026*

02/06/2026 - POC Submission
 Submitted By: [Redacted] Date Submitted: *02/26/2026*
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *02/09/2026*

Inspections / Reviews *(continued)*

02/10/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/26/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/27/2026

04/07/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/26/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

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] the home became aware that it had not been administering resident [redacted]'s [redacted] tablets as prescribed since [redacted]. The home did not report this incident to the department.

Plan of Correction

Accept [redacted] - 02/10/2026)

The home completed the department approved reportable incident form and submitted to the department for resident 1 not receiving their Ibrance tablets as prescribed.

The Clinical Director will be in serviced by the Administrator on Written Incident Reports. This will be completed by 02/20/26.

The Clinical Director or designee will review resident records daily during clinical meeting to determine if any written incident reports need to be completed. This will be reviewed quarterly at QM.

Staff will be trained on reportable incidents and conditions, including who and when to report incidents to for proper reporting. This will be implemented by 2/20/26

Licensee's Proposed Overall Completion Date: 02/20/2026

Implemented [redacted] - 04/07/2026)

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

Resident [redacted] who is assessed as unable to self-administer medication, has a diagnosis of [redacted]. The resident is prescribed [redacted] on a 28-day cycle: one [redacted] tablet per day for twenty-one days, followed by a seven-day intermission. A family member of resident [redacted] receives the Ibrance on a monthly basis from a specialty pharmacy and delivers it to staff in the home to administer to resident [redacted]. On [redacted], the family member handed a box of the medication, containing one month's supply, to staff person A. Staff person A told the family member that the home already had five boxes of Ibrance, which the staff person showed the family member in an unlocked cabinet in the medication room. Resident [redacted] received no Ibrance from [redacted] until [redacted] and missed 63 pills during this time. The resident also did not receive this medication from [redacted] until [redacted]; resident [redacted] should have received 21 pills in June 2025.

The home's medication policy states: "Nurse/med-aid shall document delivery of new prescription medications in the resident's MAR. All medications that are to be administered by staff must be kept in a locked med cart. [...] When medications are provided by the resident and/or family, these medications must be counted and documented on the proper form upon admission and again upon discharge. This form must be signed each time by the staff persons and the person receiving the medications. Admissions staff or designee may receive medication from the resident or their

42b Abuse (continued)

designated person and then hand it over to the Nurse/Med aide for proper documentation." This policy wasn't followed and resident #1 was not treated as directed. The home did not report the error to the department. As the resident was prescribed Ibrance to counteract the growth of a tumor, missing doses could affect the resident's health and even lifespan.

Plan of Correction

Directed [redacted] - 02/10/2026)

The resident and family were notified of the missed medication administration. Resident [redacted] has been receiving the medication as prescribed by the doctor.

Licensed staff will be reeducated by the educator or designee on abuse and the medication policy. This will be completed by 02/20/26.

This will be reviewed quarterly at QM.

Cart audits and MAR reviews will be completed weekly times 4 weeks and on an as needed basis thereafter.

DIRECTED POC: In addition to the above training plan of correction, beginning within 3 calendar days of the receipt of this plan of correction, the administrator or designee shall conduct weekly audits on medication carts and resident medication administration records to ensure that all medications prescribed for all residents are available to be administered as prescribed, that physician orders are being followed correctly, and that any medication errors have been reported timely. Audits shall be conducted weekly for 6 weeks or longer if necessary to maintain ongoing compliance. Any instances of non compliance shall be address with the staff via additional in service trainings or remediation training for the medication administration training program. Documentation of the audits and any additional trainings shall be kept and made available to the Department upon request.

Directed Completion Date: 02/20/2026

Implemented [redacted] - 04/07/2026)

141a 1-10 Medical Evaluation Information

3. 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 [redacted]'s medical evaluation, dated [redacted], had an incomplete medication listing. The list of medications was

141a 1-10 Medical Evaluation Information (continued)

included as an addendum, containing pages numbered 1, 3, 5, and 7 of 8. The resident's prescription for [REDACTED], apparently listed on page 6, was excluded.

Plan of Correction**Directed [REDACTED] - 02/10/2026)**

Resident [REDACTED] Medical Evaluation dated 03/21/25 has been updated to include the missing information on page 6 with the Ibrance drug listed in the medication listing.

The clinical director and social worker will be in serviced by the educator or designee on required Medical Evaluation Information, this will be completed by 02/20/26.

This will be reviewed quarterly at QM.

DMEs will be audited by the administrator after completion, monthly, to ensure compliance.

DIRECTED POC: In addition to the above plan of correction, within 10 calendar days of the receipt of this plan of correction, the administrator or designee shall audit all current DME's for all residents to ensure it is complete and current. Any DME found to be missing information or out of date shall be corrected within 5 business days. Documentation of this audit and any subsequent audits shall be kept and made available to the Department upon request.

Directed Completion Date: 02/20/2026

Implemented [REDACTED] 04/07/2026)**183b - Meds and Syringes Locked****4. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [REDACTED] a five-month supply of resident [REDACTED]'s [REDACTED] tablets was unlocked, unattended, and accessible in a medicine cabinet in the medication room.

Plan of Correction**Directed [REDACTED] - 02/10/2026)**

Resident 1's Ibrance medication was placed into the medication cart for safekeeping.

Licensed staff will be in service on medications being locked in secured in a safe location by the educator or designee by 02/20/26.

This will be reviewed quarterly at QM.

Any Residents receiving Ibrance will be reviewed and audited monthly to ensure compliance and brought to QM quarterly.

DIRECTED POC: In addition to the above training plan of correction, beginning within 3 calendar days of the receipt of this plan of correction, the administrator or designee shall conduct daily audits on medication carts and all areas where medications are stored to ensure all medications stored in an area or container that is locked, including auditing resident rooms for residents who self administer their medications. Audits shall be conducted daily for 2 weeks then weekly for 6 weeks.

183b - Meds and Syringes Locked (continued)

Directed Completion Date: 02/20/2026

Implemented [redacted] - 04/07/2026)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] on a 28-day cycle. The resident is instructed to receive one [redacted] tablet per day for twenty-one days, followed by a seven-day intermission. However, resident [redacted] did not receive this medication at all from [redacted] to [redacted]. The resident missed 63 pills during this time period. The resident also did not receive this medication from [redacted] until [redacted], and the resident missed 21 pills in June 2025.

Plan of Correction

Directed [redacted] - 02/10/2026)

Resident [redacted] is receiving the Ibrance medication as prescribed by the provider.

Licensed staff will be in serviced by the educator or designee regarding following prescriber's orders by 02/20/26.

This will be reviewed quarterly at QM.

Any Residents receiving Ibrance will be reviewed and audited monthly to ensure compliance and brought to QM quarterly.

DIRECTED POC: In addition to the above training plan of correction, beginning within 3 calendar days of the receipt of this plan of correction, the administrator or designee shall conduct weekly audits on medication carts and resident medication administration records to ensure that all physician orders are being followed correctly. Audits shall be conducted weekly for 6 weeks or longer if necessary to maintain on-going compliance. Any instances of non-compliance shall be address with the staff via additional in-service trainings or remediation training for the medication administration training program. Documentation of the audits and any additional trainings shall be kept and made available to the Department upon request.

Directed Completion Date: 02/20/2026

Implemented [redacted] - 04/07/2026)