

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 01/21/2026, 01/22/2026 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: *0* Total Daily Staff: *85* Waking Staff: *64*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Monitoring* Exit Conference Date: *01/22/2026*

Inspection Dates and Department Representative

01/21/2026 - On-Site: [REDACTED]
 01/22/2026 - 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: *Memory Care Unit* 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: *33* Have Physical Disability: *0*

Inspections / Reviews

01/21/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/06/2026*

02/12/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/05/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/15/2026*

Inspections / Reviews (*continued*)

02/17/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/05/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/06/2026

04/07/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/05/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED], assignments sheets were found on top of the 4th floor medication cart unlocked, unattended, and accessible.

Plan of Correction

Accepted [REDACTED] 02/17/2026)

The assignment sheet was removed from the cart and given to the staff member responsible for that cart during the survey.

Clinical staff will be in serviced by the Educator or designee regarding confidential records and safe keeping of those records. This will be completed by 02/20/26.

Audits will be conducted by the Administrator or designee to check med carts for confidential resident information daily for 2 weeks then weekly after that for 3 weeks and will conclude March 31, 2026. This will begin by 2/20/26.

This will be reviewed quarterly at QM.

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

Implemented [REDACTED] - 04/07/2026)

187b - Date/Time of Medication Admin.

2. 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 [REDACTED] is prescribed [REDACTED]. On [REDACTED] at 18:00 p.m., the narcotic sheet was signed out and the count was deducted, but the medication administration record does not include the initials of the staff person who administered it.

Resident [REDACTED] is prescribed [REDACTED]. On [REDACTED] at 11:00 p.m., the narcotic sheet was signed out and the count was deducted, but the medication administration record does not include the initials of the staff person who administered it.

Plan of Correction

Accepted [REDACTED] - 02/17/2026)

Licensed staff will be in serviced by the Educator or designee to follow the process when signing the MAR once medications are administered regarding signing the MAR once medications are administered. This will be

187b Date/Time of Medication Admin. (continued)

completed by 02/20/26.

Audits of the MAR will be conducted by the administrator or designee to review the MAR for initials of the individual administering medications daily for 2 weeks and weekly after that for 3 weeks and will conclude March 31, 2026. This will begin by 2/20/26.

This will be reviewed quarterly at QM.

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

Implemented [redacted] - 04/07/2026)

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] give 25 mg. by mouth one time a day for HTN hold for SBP less than [redacted] or HR less than [redacted]. However, on [redacted] at 8 a.m., [redacted] was held according to vitals; resident vitals were [redacted] for systolic, [redacted] for diastolic, and heart rate was [redacted]. The medication was held without consulting the doctor.

Plan of Correction

Directed ([redacted] - 02/17/2026)

Resident [redacted] doctor was notified and consulted about the medication being held and was in agreement. No adverse side effects were noted.

Licensed staff will be in serviced by the Educator or designee regarding following the prescribers orders. This will be completed by 02/20/26.

The administrator or designee will conduct audits for residents who have active orders for losartan potassium oral tablet to ensure the provider is notified if the resident is outside the parameters prescribed by the provider, weekly for 4 weeks. This will begin the week of February 16, 2026 and conclude March 14, 2026.

This will be reviewed quarterly at QM.

Directed POC: In addition to the above plan, the audits will include a random sample of at least 5% of current residents medications and medication administration records to ensure that all resident medications and prescribed orders are being followed correctly. (the audits should not include just those residents on Losartan). Audits shall be documented with details to identify specifically what/who was audited and details of any non compliance observed as well as any corrective measures to ensure ongoing compliance. Documentation shall be kept and made available for Department review.

Directed Completion Date: 02/20/2026

Implemented [redacted] - 04/07/2026)

187d - Follow Prescriber's Orders (*continued*)