

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

April 14, 2026

[REDACTED]  
ELM TERRACE GARDENS  
[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 02/09/2026, 02/10/2026 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: *99* Waking Staff: *74*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *02/10/2026*

**Inspection Dates and Department Representative**

02/09/2026 - On-Site: [REDACTED]  
 02/10/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *250* Residents Served: *70*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Aspire* Capacity: *24* Residents Served: *18*

**Hospice**  
 Current Residents: *3*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *29* Have Physical Disability: *0*

**Inspections / Reviews**

02/09/2026 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/15/2026*

03/18/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *04/10/2026*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/10/2026*

Inspections / Reviews (*continued*)

04/14/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 04/10/2026  
Reviewer: [REDACTED] Follow Up Type: *Not Required*

## 42c - Treatment of Residents

### 1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

#### Description of Violation

Resident [REDACTED] is served most meals in their room. On [REDACTED] at 5:45 pm, resident [REDACTED] had not eaten and activated their call bell to request dinner. The resident waited until 5:52 pm and activated their call bell again. Resident [REDACTED] rang their call bell again at 5:57pm. At 5:58pm, staff person A came to the room and said, "Don't you dare push that call button again." Resident [REDACTED] reported that they had not had dinner. Staff person A responded, "And you're not going to, either," and left the room. Resident [REDACTED] ate a leftover half sandwich from their refrigerator for dinner.

#### Plan of Correction

Accept [REDACTED] - 03/18/2026)

Staff person A was an agency staff member their organization was notified that individual is no longer permitted to work at the community.

Direct care staff will be educated by the nurse educator or designee on regulation 42c, resident rights, responding to call bells and the importance of offering meals to all residents. This will be completed by March 27.

The Administrator or designee will conduct random weekly resident audits (25% of resident population including resident 1) to ensure they are being offered food, they received the food they requested, and call bells are being responded to timely. This will begin March 13, daily for 1 week and weekly for 3 weeks.

These will be reviewed at QM to ensure compliance.

Licensee's Proposed Overall Completion Date: 03/27/2026

Implemented [REDACTED] - 04/14/2026)

## 65f - Training Topics

### 2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

#### Description of Violation

Direct care staff person B did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year 2025.

## 65f Training Topics (continued)

**Plan of Correction**

Accept [REDACTED] - 03/18/2026)

Staff person B was educated on 3/9/2026 by the nurse educator.

The administrator or designee will conduct a one time audit of all DCS files to ensure all DCS have their training in 65f to meet the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. This will be completed by March 27.

Once the audit is completed, any additional DCS who do not have the training will be re educated on the topic by April 3.

These will be reviewed at QM to ensure compliance.

Licensee's Proposed Overall Completion Date: 04/03/2026

Implemented [REDACTED] - 04/14/2026)

## 182c - Medication Administration

**3. Requirements**

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

**Description of Violation**

On [REDACTED] at 10:00am, staff person C did not identify the correct resident when administering medications to resident [REDACTED] who requires this assistance to take medications, as a result, resident [REDACTED] received medications prescribed for resident [REDACTED], which required treatment at a hospital due adverse reactions from receiving the wrong medication.

**Plan of Correction**

Accept [REDACTED] - 03/18/2026)

Staff person C was notified that [REDACTED] is no longer permitted to work at the community.

Medication administrators will be educated on regulation 182c with emphasis on properly identifying the correct resident for medication administration. This will be completed by March 27.

The Clinical Supervisor or designee will conduct morning Medication Observation Checks with 5 different residents to ensure the correct processes are being followed, with focus on resident identification daily for 1 week and then 5 different residents during morning med pass observations with 5 different residents weekly for 3 weeks. This will begin March 16.

These will be reviewed at QM to ensure compliance.

182c - Medication Administration (*continued*)

Licensee's Proposed Overall Completion Date: 03/27/2026

Implemented [REDACTED] 04/14/2026)

## 186b - Medication Used by Resident

## 4. Requirements

2600.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

**Description of Violation**

On [REDACTED] at approximately 10:00 am, staff person C administered several medications that were prescribed for resident [REDACTED], to resident [REDACTED] in error. Medications included a [REDACTED] and a [REDACTED]. Resident [REDACTED] was admitted to the hospital at 1:20pm with altered mental status, after exhibiting lethargic behavior and changes in pulse oximetry.

On [REDACTED] at approximately 2:40 pm, staff person D was on the way to administer a [REDACTED] to resident [REDACTED] when resident [REDACTED] requested assistance in their room. Instead of continuing on to administer the medication, staff person D, stopped to provide the requested care to resident [REDACTED]. While cleaning and changing resident [REDACTED] staff person D placed the medication cup containing resident [REDACTED]'s medication on a table next to resident [REDACTED] recliner. Resident [REDACTED] picked up the medication cup, believing it to be for them, and swallowed the half-tablet prescribed to resident [REDACTED].

**Plan of Correction**

Accept [REDACTED] - 03/18/2026)

Staff person C was an agency staff person and has been notified [REDACTED] is no longer permitted to work at the community. Staff person D was educated on 186b by the clinical supervisor.

Medication administrators will be re-educated on 186b with emphasis on ensuring they are giving the correct medication to the correct resident and focus on the 5 medication rights, with attention to identification and comparing label to administration record. This will be completed by March 27.

The clinical supervisor or designee will conduct morning Medication Pass Observation Checks to ensure the correct resident is being identified and the correct medications are being administered. This audit will be conducted using 5 different residents during the morning through the use of the med pass observations checklist to ensure the proper processes are being followed. This will be conducted daily during morning med pass with 5 different residents for the first week and then weekly for 3 weeks during morning med pass with 5 different residents. This will begin March 16.

These will be reviewed at QM to ensure compliance.

Licensee's Proposed Overall Completion Date: 03/27/2026

Implemented [REDACTED] 04/14/2026)