

Department of Human Services
Bureau of Human Service Licensing

June 29, 2021

██████████ CEO/EXECUTIVE DIRECTOR
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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/05/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Inspections / Reviews

02/05/2021 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *05/24/2021*

6/11/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/14/2021*

6/24/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/02/2021*

6/29/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

WITHDRAWN

42c - Treatment of Residents

1. Requirements

2600.

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

Description of Violation

On 12/19/20, staff person B gave resident #1 a shower after staff person C refused. Resident #1's [redacted] was in the bedroom as the resident was being showered. After the shower was over, staff person B cleaned the shower stall while resident #1 sat naked, cold and wet. Resident #1's [redacted] asked staff person B to attend to the resident by providing towels to dry and cover them. Staff person B responded to resident # 1's [redacted] "do you want to my job?" as the resident sat cold and shivering.

Plan of Correction

Do Not Accept

Staff will be inserviced regarding dignity and respect, focusing on proper set up prior to care.

Completion Date: 07/01/2021

Plan of Correction

Accept

Staff will be inserviced regarding dignity and respect, focusing on proper set up prior to care.

Completion Date: 07/01/2021

Document Submission

Implemented

n-service attached for dignity and respect with a focus on proper set up prior to care

44e - Complaint Submission

1. Requirements

2600.

44.e. Within 2 business days after the submission of a written complaint, a status report shall be provided by the home to the complainant. If the resident is not the complainant, the resident and the resident's designated person shall receive the status report unless contraindicated by the support plan. The status report must indicate the steps that the home is taking to investigate and address the complaint.

44e - Complaint Submission (*continued*)**Description of Violation**

On 1/8/21, a written complaint regarding resident #1's care and treatment was filed in the home. (Elm Terrace Garden Compliance and Privacy Hotline complaint # [REDACTED])

The home did not provide a status report within 2 business days after the submission of the complaint indicating the steps the home is taking to investigate and address the complaint. As of 2/5/21, the home still has not provided a status report.

Plan of Correction**Do Not Accept**

[REDACTED] to review - Grievance was not submitted to Elm Terrace Gardens, grievance called in to a 3rd party agency.

Completion Date: 05/26/2021

Plan of Correction**Accept**

When a complaint is submitted to the external (3rd party) FSA hotline and the complaint is not anonymous, ETG will respond in accordance to DHS regulations.

Completion Date: 06/15/2021

Document Submission**Implemented**

Policy and Procedure updated to reflect response to grievances will be in accordance with DHS regulations

44f - Written Decision

1. Requirements

2600.

44.f. Within 7 days after the submission of a written complaint, the home shall give the complainant and, if applicable, the designated person, a written decision explaining the home's investigation findings and the action the home plans to take to resolve the complaint. If the resident is not the complainant, the affected resident shall receive a copy of the decision unless contraindicated by the support plan. If the home's investigation validates the complaint allegations, a resident who could potentially be harmed or his designated person shall receive a copy of the decision, with the name of the affected resident removed, unless contraindicated by the support plan.

Description of Violation

On 1/8/21, a written complaint regarding resident #1 was filed with the home. (Elm Terrace Garden Compliance and Privacy Hotline complaint [REDACTED])

The home did not provide the complainant with a written decision explaining the investigation findings and the action the home plans to take to resolve the complaint within 7 days after the submission of the complaint. As of 2/5/21, the home still had not provided a written decision.

Plan of Correction**Do Not Accept**

[REDACTED] to review - Grievance was not submitted to Elm Terrace Gardens, grievance called in to a 3rd party agency.

Completion Date: 05/26/2021

Plan of Correction**Accept**

When a complaint is submitted to the external (3rd party) FSA hotline and the complaint is not anonymous, ETG will respond in accordance to DHS regulations.

Completion Date: 06/15/2021

44f - Written Decision (continued)

Document Submission **Implemented**

Policy and Procedure updated to reflect response to grievances will be in accordance with DHS regulations

101j2 - Bedroom Chairs

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 2. A chair for each resident that meets the resident's needs.

Description of Violation

Resident #1 has a need for a soft chair or recliner for transferring purposes. When resident #1 moved into the home on 12/08/20, a metal folding chair that didn't meet the residents needs was provided.

The home did not provide the recliner until 12/11/20.

Plan of Correction **Do Not Accept**

Home provided a soft high back chair that met the needs of the resident. Recliners not provided by home.

Completion Date: 05/26/2021

Plan of Correction **Directed**

Home provided a soft high back chair that met the needs of the resident. Recliners not provided by home.

DPOC - SP 06-24-2021 - Home will ensure each resident is provided with a chair that meets the residents needs in accordance with regulation 2600.101j2

Completion Date: 05/26/2021

Document Submission **Implemented**

Checklist prepared for all new admissions to ensure proper room set up, checklist attached

105c - Supply Linens/Towels

1. Requirements

2600.

105.c. The supply of bed linens and towels shall be sufficient to ensure a complete change of bed linen and towels at least once per week.

Description of Violation

On 12/19/2020 staff person B stated they went to the laundry room to get towels in order to shower resident #1. There were only 2 towels available which were insufficient to cover and dry resident #1. Resident #1's [redacted] states the home did not have the proper sheets and blankets for the residents' hospital bed. The [redacted] had to acquire sheets and blankets for the bed on [redacted] own.

On 02/05/2021, an agent of the Department inspected the linen cart. There were no blankets and minimal sheets available.

Plan of Correction **Do Not Accept**

Linen closets will be monitored by housekeeping to ensure the needed supply is available.

Completion Date: 06/01/2021

105c - Supply Linens/Towels (continued)

Plan of Correction

Accept

Linen closets will be monitored by housekeeping to ensure the needed supply is available.

Completion Date: 06/01/2021

Document Submission

Implemented

n-service with housekeeping attached to review linen par level and monitoring

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, 12/8/20 medical evaluation documented moderate mobility needs. However, resident #1 was bedridden and had dementia. Resident #1 needed total physical and oral assistance to evacuate in an emergency from one or more staff persons. The medical evaluation also did not document resident #1's dietary needs.

Plan of Correction

Do Not Accept

When a DME is completed by the physician prior to resident admission, clinical team and PCP will review for accuracy within 30 days after admission

Completion Date: 06/01/2021

Plan of Correction

Accept

When a DME is completed by the physician prior to resident admission, clinical team and PCP will review for accuracy within 30 days after admission

Completion Date: 06/01/2021

Document Submission

Implemented

Review attached: reviewed with LPN supervisors the importance of reviewing the DME and if they see inconsistency to have the PCP complete a new DME with 30 days of admission



