

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395507	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/17/2024
NAME OF PROVIDER OR SUPPLIER Elm Terrace Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE 660 North Broad Street Lansdale, PA 19446	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48578</p> <p>Based on clinical record review, observation, and staff interview, it was determined that the facility failed to implement care planned interventions for one of 19 sampled residents. (Resident 13)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 13 was admitted to the facility on [DATE], and had diagnoses that included a stroke with remaining weakness to one side of the body and altered mental status. According to the Minimum Data Set assessment dated [DATE], the resident was cognitively impaired and had sustained falls on two occasions since admission. A review of the care plan revealed that the resident had a risk for falls related to confusion and lack of safety awareness and staff was to place the fall mat on left side of the bed while in bed and to check placement every shift. Observations on May 15, 2024, at 9:40 a.m., and May 16, 2024, at 9:01 a.m., revealed Resident 13 was in bed with no fall mat to the left side of the bed.</p> <p>In an interview on May 17, 2024, at 11:17 a.m., the Community Registered Nurse Educator stated that the fall mat should have been in place when the resident was in bed.</p> <p>CFR. 483.21(b)(1) Comprehensive Care Plans</p> <p>Previously cited 6/1/23.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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