

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395507	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/07/2025
NAME OF PROVIDER OR SUPPLIER: ELM TERRACE GARDENS		STREET ADDRESS, CITY, STATE, ZIP CODE: 660 NORTH BROAD STREET LANSDALE, PA 19446		
STATE LICENSE NUMBER: 310802				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
E 0000	INITIAL COMMENT Based on an Emergency Preparedness Survey completed on April 7, 2025, at Elm Terrace Gardens, it was determined there were no deficiencies identified with the requirements of 42 CFR 483.73.	E 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.



Certified End Page

ELM TERRACE GARDENS

STATE LICENSE NUMBER: 310802

SURVEY EXIT DATE: 04/07/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

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THIS PAGE IS NOW PART OF THIS SURVEY

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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 310802 Component 03 D Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on April 7, 2025, it was determined that Elm Terrace Gardens was not in compliance with the following requirements of the Life Safety Code for an existing Nursing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a).</p> <p>This is a six-story, Type II (222), fire resistive construction, with a basement, which is fully sprinklered.</p>	K 0000		

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K 0225 SS=E	NFPA 101 Stairways and Smokeproof Enclosures Stairways and Smokeproof Enclosures Stairways and Smokeproof enclosures used as exits are in accordance with 7.2. 18.2.2.3, 18.2.2.4, 19.2.2.3, 19.2.2.4, 7.2 This REQUIREMENT is not met as evidenced by:	K 0225	Maintenance staff sealed the penetration surrounding the red fire alarm wiring, directly above the door, at the second floor stair tower #3, using through penetration fire stop system number C-BJ-3016 with the corresponding 3M through penetration fire stop system rating 3M Fire Barrier Sealant CP 25WB+. Maintenance staff will conduct monthly audits in the stair towers to assess for unsealed penetrations and repair as needed. Audits will be presented to the Quality Council for review to ensure compliance.	Completion Date: 04/30/2025 Status: APPROVED Date: 04/16/2025

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K 0225 SS=E	Continued from page 2 Based on observation and interview, it was determined the facility failed to maintain the fire-resistance rating of stair towers, affecting one of three levels. Findings include: 1. Observation on April 7, 2025, at 1:00 p.m., revealed an unsealed penetration surrounding red fire alarm wiring, directly above the door, second floor stair tower #3. Exit Interview with the Administrator and the Maintenance Director on April 7, 2025, at 2:00 p.m., confirmed the unsealed penetration.	K 0225		
K 0353 SS=E		K 0353		

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K 0353 SS=E	Continued from page 3 NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by:	K 0353	Sprinkler gauges will be replaced by a qualified vendor to ensure the sprinkler system is properly maintained. Maintenance and a qualified vendor will assess sprinkler gauges throughout the facility and report findings to the Quality Council to ensure compliance.	Completion Date: 04/30/2025 Status: APPROVED Date: 04/16/2025

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K 0353 SS=E	Continued from page 4 Based on document review and interview, it was determined the facility failed to maintain the sprinkler system, affecting one of four inspections. Findings include: 1. Document review on April 7, 2025, at 9:00 a.m., revealed the August 2, 2024, Quarterly Sprinkler report listed sprinkler gauges needed to be replaced by the end of the year 2024. Evidence of corrective action was not available at time of survey. Exit Interview with the Administrator and the Maintenance Director on April 7, 2025, at 2:00 p.m., confirmed the missing documentation.	K 0353		
K 0541 SS=E		K 0541		

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K 0541 SS=E	Continued from page 5 NFPA 101 Rubbish Chutes, Incinerators, and Laundry Chutes Rubbish Chutes, Incinerators, and Laundry Chutes 2012 EXISTING (1) Any existing linen and trash chute, including pneumatic rubbish and linen systems, that opens directly onto any corridor shall be sealed by fire resistive construction to prevent further use or shall be provided with a fire door assembly having a fire protection rating of 1-hour. All new chutes shall comply with 9.5. (2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, shall be provided with automatic extinguishing protection in accordance with 9.7. (3) Any trash chute shall discharge into a trash collection room used for no other purpose and protected in accordance with 8.4. (Existing laundry chutes permitted to discharge into same room are protected by automatic sprinklers in accordance with 19.3.5.9 or 19.3.5.7.) (4) Existing fuel-fed incinerators shall be sealed by fire resistive construction to prevent further use. 19.5.4, 9.5, 8.4, NFPA 82 This REQUIREMENT is not met as evidenced by:	K 0541	Maintenance staff repaired the rubbish shoot door in the second floor Skilled Nursing trash room to ensure it self-closes and latches when tested. Maintenance staff will audit the rubbish shoot door monthly to ensure proper functioning and report findings to the Quality Council to ensure compliance.	Completion Date: 04/30/2025 Status: APPROVED Date: 04/16/2025

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K 0541 SS=E	Continued from page 6 Based on observation and interview, it was determined the facility failed to maintain the fire resistance rating of chutes and discharge rooms, affecting one of three levels. Findings include: 1. Observation on April 7, 2025, at 1:10 p.m., revealed the rubbish chute door failed to self-close and latch when tested, second floor Skilled Nursing Trash Room. Exit Interview with the Administrator and the Maintenance Director on April 7, 2025, at 2:00 p.m., confirmed the rubbish chute failed to self-close and latch.	K 0541		
K 0712 SS=E		K 0712		

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K 0712 SS=E	Continued from page 7 NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by:	K 0712	Maintenance staff will ensure fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. Maintenance staff will review fire drill logs with the Quality Council to ensure compliance.	Completion Date: 04/30/2025 Status: APPROVED Date: 04/16/2025

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K 0712 SS=E	Continued from page 8 Based on document review and interview, it was determined the facility failed to conduct required fire drills, affecting one of twelve drills. Findings Include: 1. Document review on April 7, 2025, at 9:00 a.m., revealed a fire drill was not conducted for the 2nd shift, in the second quarter of 2024. Exit Interview with the Administrator and the Maintenance Director on April 7, 2025, at 2:00 p.m., confirmed the missing fire drill.	K 0712		
K 0918 SS=F		K 0918		

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K 0918 SS=F	Continued from page 9 NFPA 101 Electrical Systems - Essential Electric System Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10	K 0918	Maintenance Director has contacted the facility's natural gas company to obtain a copy of the Natural Gas Reliability Letter. Maintenance Director and/or designee initiated monthly testing of battery specific gravity or battery conductance to ensure the generator is properly maintained. Maintenance Director will present the Natural Gas Reliability Letter and monthly testing of the generator battery to Quality Council for review to ensure compliance.	Completion Date: 04/30/2025 Status: APPROVED Date: 04/16/2025

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K 0918 SS=F	Continued from page 10 (NFPA 70) This REQUIREMENT is not met as evidenced by:	K 0918		

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K 0918 SS=F	Continued from page 11 Based on document review and interview, it was determined the facility failed to maintain and test the generator, affecting the entire facility. Findings include: 1. Document review on April 7, 2025, at 9:00 a.m., revealed the facility could not produce documentation of the following tests for the past twelve months: a. Natural gas reliability letter. b. Monthly testing of battery specific gravity or battery conductance. Exit Interview with the Administrator and the Maintenance Director on April 7, 2025, at 2:00 p.m., confirmed the missing documentation.	K 0918		



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