

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: 04/27/2026
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 27, 2026, 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.



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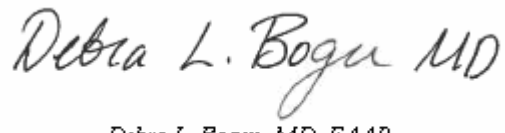
ELM TERRACE GARDENS

STATE LICENSE NUMBER: 310802

SURVEY EXIT DATE: 04/27/2026

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

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY

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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID# 310802</p> <p>Component 03</p> <p>D Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on April 27, 2026, 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 building, with a basement, that is fully sprinklered.</p>	K 0000		
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K 0353 SS=E	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>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.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0353	<p>The Maintenance Director has hired a qualified vendor to facilitate quarterly sprinkler tests and will be conducted during the following months: August 2026, November 2026, and February 2027 to ensure compliance. The Maintenance Director has hired a qualified vendor to repair the sprinkler head within the exterior car port which was obstructed by aluminum paneling. Quarterly sprinkler head maintenance and the exterior sprinkler head repair will be monitored by the Maintenance Director and/or designee and presented to the Quality Council monthly to ensure compliance.</p>	<p>Completion Date: 05/28/2026 Status: APPROVED Date: 05/27/2026</p>

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K 0353 SS=E	Continued from page 2 Based on document review, observation and interview, it was determined the facility failed to maintain the sprinkler system, affecting one of four inspections and one of six exterior sprinkler heads. Findings include: 1. Document review on April 27, 2026, at 10:00 a.m., revealed three (Q) Quarterly Sprinkler reports were provided for the following time frames: 4th Q 3/10/26, 3rd Q 11/5/25, 1st Q 5/15/25. The 2nd Quarter Annual Sprinkler report was not available for review. 2. Observation on April 27, 2026, at 8:30 a.m., revealed one of six sprinkler heads within the Exterior Car Port was obstructed by underside aluminum paneling. Exit Interview with the Administrator and the Maintenance Director on April 27, 2026, at 12:30 p.m., confirmed the missing documentation and the obstructed sprinkler heads.	K 0353		
K 0923 SS=E		K 0923		

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K 0923 SS=E	Continued from page 3 NFPA 101 Gas Equipment - Cylinder and Container Storage Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders	K 0923	Maintenance staff removed the oxygen cylinders from the first and second floor nurses stations. Nursing posted signage no oxygen cylinders are to be stored at the first and second floor nurses station to ensure cylinders are distanced from combustible materials/ignition sources. Maintenance will complete random monthly audits on first and second floor nurses stations to ensure oxygen is not being stored in those areas and present finding to the Quality Council monthly for review to maintain compliance.	Completion Date: 05/28/2026 Status: APPROVED Date: 05/27/2026

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K 0923 SS=E	Continued from page 4 are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure oxygen cylinders were distanced from combustible materials / ignition sources, on two of three levels within this component. Findings include: Observation made on April 27, 2026, between 10:30 a.m., and 12:15 p.m., revealed within the first and second floor nurses' stations, oxygen cylinders were stored less than five feet from electrical receptacles and combustibles. Exit Interview with the Administrator and the Maintenance Director on April 27, 2026, at 12:30 p.m., confirmed the cylinders were stored less than five feet from combustible / ignition sources.	K 0923		



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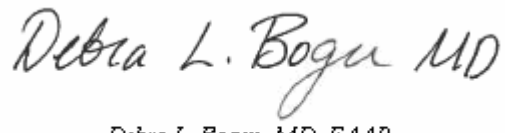
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