

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ACCOLADES SENIOR CARE, LLC

LEGAL ENTITY

To operate ACCOLADES SENIOR CARE

NAME OF FACILITY OR AGENCY

Located at 246 MELROSE AVENUE, EAST LANSDOWNE, PA 19050

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 45  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 5, 2011 until July 5, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **135710**

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

AUG 31 2011

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Pansey L. Clark, President  
1023 Cherry Street, 1<sup>st</sup> Floor  
Philadelphia, Pennsylvania 19107

RE: Accolades Senior Care  
246 Melrose Avenue  
East Lansdowne, Pennsylvania 19050

Dear Ms. Clark:

As a result of the Department of Public Welfare's licensing inspection on May 12, 2011, May 19, 2011 and June 30, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

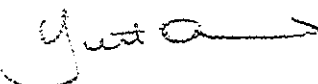
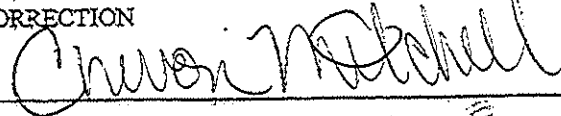
A handwritten signature in black ink, appearing to be 'R. Melusky'.


Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 25 <sup>18</sup>

NAME AND ADDRESS OF PERSONAL CARE HOME ACCOLADES SENIOR CARE, 246 MELROSE AVENUE EAST LANSDOWNE, PA 19050		CURRENT LICENSE NUMBER 135711	
INSPECTION DATES (Include all dates of the inspection) 05/12/2011, 5/19/11		REGIONAL REPRESENTATIVE Palermo, Michael, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Yvet Opperman, Administrator			
SIGNATURE OF LEGAL ENTITY 	DATE 6/20/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/30/11

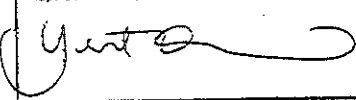
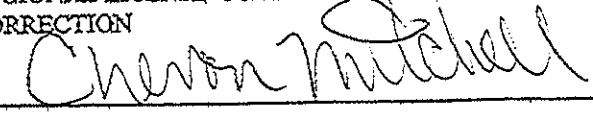
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).  Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15	The home did not obtain complete an FBI background check on ancillary staff person A, hired 2/7/11, or obtain documentation that ancillary staff person A was a resident of Pennsylvania for two years prior to employment. Staff person A has a VISA from Kingston, Jamaica dated 9/8/10.	6/20/2011	Applications have been revised to ensure staff has resided in the state of Pennsylvania for 2 years prior to employment. In future FBI background checks will be performed if the staff has not been a resident of Pennsylvania. Administrator will review staff files to ensure completion of all required documents.	<p>Steps have been taken to correct violation; full compliance is now verifiable</p> <p> Date Initials (DPW)</p>

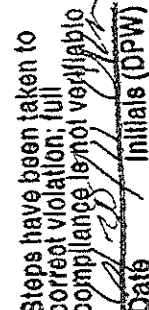
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SIGNATURE OF LEGAL ENTITY <i>Yvet Oppeman</i> Administrator	DATE <i>6/30/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE <i>6/30/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
(relating to protective services for older adults) and other applicable regulations.		<i>5/12/11</i>	<i>Staff Person A was terminated on 5/12/11 due to work related issues.</i>	



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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	On 5/12/11, Homelite bar and chain oil, with a manufacturer's label indicating, "call a doctor immediately if swallowed," was unlocked and accessible to residents in the basement storage room. All residents have not been assessed capable of recognizing and using poisons safely.	6/30/2011	In future, all storage rooms will be locked and checked by maintenance staff to ensure residents have no access to poisonous materials.  The locks will be checked to ensure it is locked with every use by maintenance.	<div style="text-align: center;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p> Date Initials (DPW)</p> </div>



VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

Page 4 of 15 <sup>18</sup>

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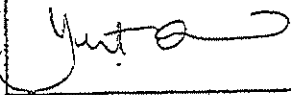
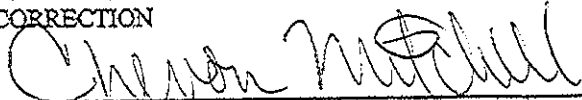
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85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	<p>On 5/12/11, the trash can in the shared bathroom between bedrooms #3 and #4 did not have a lid and was not emptied.</p> <p>On 5/12/11, the trash can in the shared bathroom across from bedroom #1 did not have a lid and was not emptied.</p>	6/30/11	<p>All trash receptacles in kitchens &amp; baths will have a lid and be emptied in a timely manner. This will be replaced and monitored by housekeeping staff on a daily basis.</p>	6/30/11


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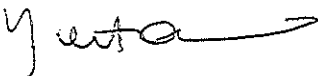
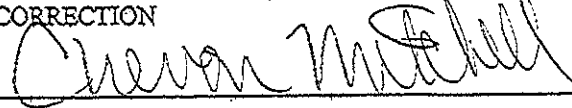
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<p>86b</p> <p>A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.</p>	<p>The bathroom between bedrooms #3 and #4 does not have an operable ventilation fan.</p> <p>The bathroom between bedrooms #5 and #6 does not have an operable ventilation fan.</p> <p>The bathroom across from bedroom #1 does not have an operable ventilation fan.</p>	<p>6/30/11</p>	<p>All inoperable ventilation fans have been replaced.</p> <p>In future, maintenance will perform daily checks to ensure the ventilation fans are in working condition.</p> <p>They are currently in working condition but will be checked weekly by maintenance in the future.</p>	<p>6/30/11</p>


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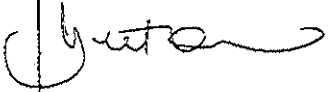

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89a The home shall have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.	The sink in the common bathroom nearest bedroom #17 does not have sufficient hot water pressure.	7/20/2011	The maintenance dept. is aware and will correct the pressure of the hot water.  In future the maintenance dept. will check weekly or as needed to ensure the water pressure is accurate.	<div style="text-align: center;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p> Date 6/30/11 Initials (DPW)</p> </div>


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93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	On 5/12/11, the handrail in the stairway leading from the first to the second floor was loose and pulling away from the wall.	7/30/2011	<p>The handrail has been supported properly and is no longer loose. In future maintenance will ensure all handrails are well-secured.</p> <p>The house keeping/maintenance staff will monitor all handrails on a daily basis to ensure all handrails are secure</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p> Date Initials (DPW)</p>

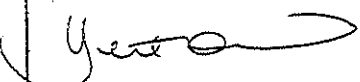

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95 Furniture and equipment shall be in good repair, clean and free of hazards.	<p>On 5/12/11, the light switch directly outside of bedroom #23 has an open socket that when tested, was found to have power, posing a hazard to residents and staff. ✓</p> <p>The ground fault interrupter (GFI) outlets in the shared bathroom across from bedroom #19 and the shared bathroom near bedroom #14 were unusable because they were painted over. ✓</p> <p>The ground fault interrupter (GFI) outlet in the shared bathroom nearest bedroom #17 was inoperable due to broken buttons. ✓</p>	7/20/2011	<p>All inoperable GFI outlets and open socket will be replaced.</p> <p>In future, maintenance will ensure that outlets are operable and free of hazards on a weekly basis.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p> Date 6/30/11 Initials (DPW)</p>

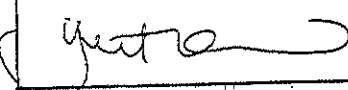
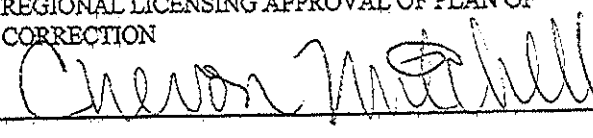
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Page 9 of 19<sup>18</sup>

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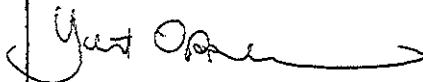

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102i A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.	On 5/12/11, there was no soap in the dispenser in the shared bathroom across from bedroom #26. ✓  On 5/12/11, there was no soap in the dispenser in the shared bathroom nearest bedroom #14. ✓	6/20/2011	All bathrooms are supplied with soap dispensers and checked daily by housekeeping to ensure dispensers are stocked.	6/30/11 UCM

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125b Combustible materials shall be inaccessible to residents.	On 5/12/11, an Echo GT 200R gasoline string trimmer with gas in it was unlocked and accessible to residents in the basement storage room. ✓	6/20/2011	The basement storage closet has been locked to prevent residents from accessing combustible/poisonous materials. In future, housekeeping will ensure all storage closets are properly locked. It will be checked to ensure it is locked at every use.	Steps have been taken to correct violation; full compliance is not yetifiable  Date 6/30/11 Initials (DPW)

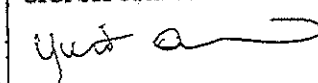
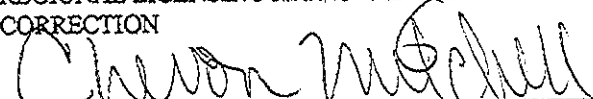
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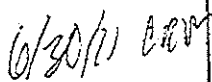
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132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	The home schedule reflects one staff to work overnight. The fire drill log indicates three staff assist with evacuation of residents during the sleeping hour fire drills. This "added staff" does not provide the home with a true indication of how quickly one staff can safely assist residents to evacuate in the event of a real emergency.	6/20/2011	The fire drill log will no longer include the Administrator as being present. The log will only include the staff that is on the schedule at the time. It will not include any staff that may show up early for their scheduled shift. The Administrator is aware and will ensure log is documented properly.	<div style="text-align: center;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>06/20/11</p> <p>Date Initials (DPW)</p> </div>

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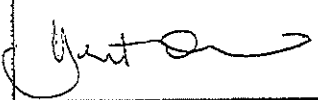
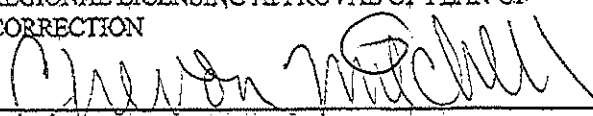
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Page 13 of 14


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144d Smoking outside of the smoking room is prohibited.	On 5/12/11, twenty-five cigarette butts were found scattered on the ground on the walkway to the dumpster and from the exit from the first floor door next to rooms #4 and #5. This is not a designated smoking area.	6/20/2011	Cigarette butts were cleaned up from property. All staff is aware and will redirect any residents found not smoking in the designated smoking area. The residents were given a verbal notice to remind on 5/12/11 that the designated smoking area is located out back.	6/30/11 

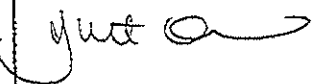
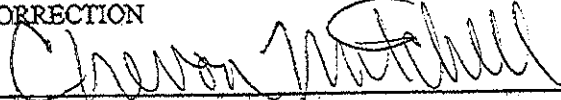
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

Page <sup>13</sup> 14 of <sup>18</sup> 19

NAME AND ADDRESS OF PERSONAL CARE HOME ACCOLADES SENIOR CARE, 246 MELROSE AVENUE EAST LANSDOWNE, PA 19050		CURRENT LICENSE NUMBER 135711	
INSPECTION DATES (Include all dates of the inspection) 05/12/2011		REGIONAL REPRESENTATIVE Palermo, Michael, Serena Chou	
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REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	<p>On 5/19/11, the following was found:</p> <p>The medication Levemir for resident #1 was found opened and undated. The provided drug information indicates opened vials should be discarded after 42 days of use. Without knowing what date the product was opened it is not possible to know when to discard the medication.</p> <p>Resident #2's opened medication Novolog was undated. The provided drug information indicates 28 days of use following opening. Without knowing what date the product was opened it is not possible to know when to discard the medication.</p> <p>Resident #2's opened medication Lantus was undated. The provided drug information indicates 28 days of use following opening. Without knowing what date the product was opened it is not possible to know when to discard the medication.</p> <p>Resident #3's opened medication Lantus was undated. The provided drug information indicates 28 days of use following opening. Without</p>	6/30/11	<p>In future, all insulin will be dated once opened. The charge nurse and lead med techs will ensure they comply with dating insulin. The charge nurse will ensure that when they do a med cart check on a weekly basis that the insulin has been dated when opened.</p>	6/30/11 

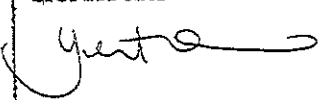
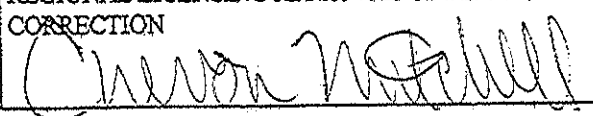
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	knowing what date the product was opened it is not possible to know when to discard the medication.			

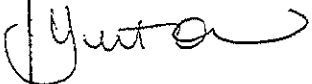
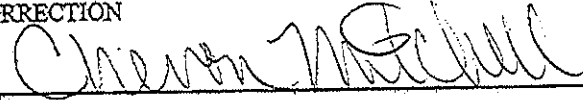
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

15 18  
Page 16 of 19

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	Resident #1's medication administration records for the months of March, April and May of 2011 indicate the dosage of Lorazepam is 1mg. The narcotic administration record for these months indicate the medication is Ativan 0.5mg.	6/20/2011	In future, the charge nurse will verify doctor's orders match the MAR, narcotic sheet and label to ensure proper dosage is being administered. The charge nurse and med techs will check the MARS daily.	6/30/11 UCN

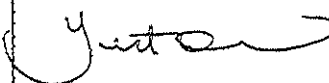
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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

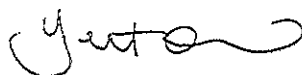
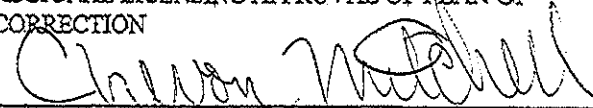
17 18  
Page 18 of 19



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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	<del>Resident #4 was admitted to the home 4/4/11. There was no initial assessment completed.</del>  Withdrawn CRM 6/30/11	4/7/11	Cited in error. Assessment for Res #4 was completed 4/7/11. (within 15 days as per regulation?)	

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

Page <sup>18</sup> ~~19~~ of <sup>18</sup> ~~19~~

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225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The most recent assessment for resident #5 was 4/22/10.  The most recent assessment for resident #6 was 2/15/10.	6/30/11          7/29/11	In future, all assessments will be completed annually or as needed to comply with regulation. All residents will be audited to ensure assessments are completed annually. A calendar system is being implemented to ensure completion for each resident assessment.	<div style="text-align: center;">                           Initials (DPW)                     </div> <hr/> <div style="text-align: center;">                           Date                     </div>

Steps have been taken to correct violation; full compliance is not verifiable