

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 August 1, 2012 until February 1, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 135711

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

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

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

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: AUG 01 2012**

Ms. Pansey Clarke, Owner/Administrator  
Accolades Senior Care, LLC  
123 Meeting House Lane  
Cherry Hill, New Jersey 08002

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

Dear Ms. Clarke:

As a result of the Department of Public Welfare's (Department) licensing inspection on June 14, 2012 of the above personal care home, the violations specified on the enclosed Violation Reports were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the 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.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager  
Adult Residential Licensing  
Department of Public Welfare  
631 Health and Welfare Building  
Seventh and Forster Streets  
Harrisburg, Pennsylvania 17120

Ms. Pansey Clarke

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read 'RM', with a long horizontal line extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 13571 - 06/14/2012 - Kurtz, Andrea  
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa. Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 6-14-12 the home's copy of 55 Pa. Code Chapter 2600 was not posted in a conspicuous and public place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 6/15/12 a copy of the home's 55 Pa. Code chapter 2600 was posted in a public place and in a conspicuous manner for all to see. This change was made by Pansy Clarke RN. To ensure this problem does not reoccur, weekly check will be made by [redacted] and Pansy Clarke RN, Administrator. Make sure this booklet remains in the designated area and Accolades remain in compliance.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Pansy Clarke

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Pansy Clarke Administrator Date 7.6.12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/9/12 (Date)

Plan of correction implementation status as of 7/10/12 (Date)

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13571 - 06/14/2012 - Kurtz, Andrea  
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 56 Pa.Code §2800

2600.26(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

Resident #1, admitted 3-1-12, did not have a resident-home contract completed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 6/15/12 Resident #1 contract was completed date and signed. Change was made by administrator Pansy Clarke. In the future all resident home contracts will be completed signed and dated within 24 hrs of admission. Pansy Clarke and [redacted] will be responsible for the completion of said form.

The administrator will review all new resident admission contracts to ensure they are completed within 24 hours of admission. (SN)

The administrator will review all current resident contracts to ensure they are complete by 7/30/12. (SN)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Pansy Clarke

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Pansy Clarke Administrator

Date 7-6-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 7/9/12 (Date)

Plan of correction implementation status as of 7/10/12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by (SN) (Initials)

Violation Report: 13571 - 06/14/2012 - Kurtz, Andrea  
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION #5 Pa.Code §2600  
2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION  
The home has not implemented it's quality management plan as it has not conducted a quality management review since 1-17-11.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Includes steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 6-18-12 Quality management meeting was held between Pansy Clarke RN, Charge Nurse [redacted] - Head Med Tech,

[redacted] - Head house keeper and [redacted] Head cook. Smoking policy, Fire drills, resident council and medication violations were discussed.

In the future care full attention will be made to upcoming dates for review of Quality Management Plan. This will allow us to stay in compliance with State regulations.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Pansy Clarke

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Pansy Clarke Administrator Date 7-6-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/9/12</u> (Date)	Plan of correction implementation status as of <u>7/9/12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13371 - 08/14/2012 - Kurtz, Andrea  
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 65 Pa.Code §2600  
2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION  
Resident #2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 6/28/12 resident was given a copy of resident rights for personal records, and a signed copy was received for resident chart. Resident was given copy by [redacted]

In the future, at least 2 copies of rights will be given to residents. The first copy for personal reference, and the second signed and kept for Accolades record.

The administrator will review all resident records to ensure all current residents have been given a copy of the resident rights by 7/30/12. EW

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) Pansy Clarke

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Pansy Clarke Administrator      Date 7-6-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/9/12  
(Date)

Plan of correction implementation status as of 7/9/12  
(Date)

The above plan of correction was approved by EW  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13571 - 06/14/2012 - Kuntz, Andrea  
FCH Name: ACCOLADES SENIOR CARE

1. REGULATION 56 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 5-31-12 does not have a high school diploma.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 6/15/12 staff person 'A' was unable to provide a diploma that was equivalent to that of a US diploma. Staff person "A" was discharged from Accolades Senior Care 6/15/12. This change was made by Pansy Clarke Administrator. In the future all potential staff must be able to provide a valid high school diploma or equivalent, before they are considered for employment.

The administrator will review all current staff to ensure that a copy of a high school diploma, GED or C.N.A. are in the staff file by 7/30/12 *SN*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Pansy Clarke*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Pansy Clarke Administrator

Date 7-6-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

7/9/12  
(Date)

Plan of correction implementation status as of

7/10/12  
(Date)

The above plan of correction was approved by

*SN*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13571 - 06/14/2012 - Kurtz, Andrea  
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 56 Pa. Code §2600

2800.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A, whose first day of work was on 6-31-12, did not receive orientation in evacuation procedures; staff duties and responsibilities during fire drills; the designated meeting place outside the building in the event of a fire; smoking safety procedures; the location of fire exits, smoke detectors and fire alarms; telephone use and notification of emergency services.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 6.15.12 staff person was released from employment at Accolades.

In the future, employees will be oriented in general fire safety, staff responsibility during fire drills, designated meeting place in event of fire, smoking safety procedures, location of fire exits, smoke detectors and fire alarms, telephone use and notification of emergency services, on or before the first day of beginning work.

The administrator will review all current staff records to ensure that the staff have completed this required fire safety orientation by 7/20/12.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Pausy Clarke*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Pausy Clarke Administrator

Date 7-6-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

7/9/12  
(Date)

Plan of correction implementation status as of

7/10/12  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*SCW*  
(Initials)

Violation Report 13571 - 06/14/2012 - Kurtz, Andrea  
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600

2600.55(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10228.101-10228.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person B did not receive training in Resident Right during training year 2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 6.15.12 all staff persons to include staff person "B" were held in meeting on resident rights. This meeting was held by administrator Pansy Clarke. In the future, closer attention will be paid towards staff education and training dates. Also in the future a copy of training will be placed in staff person's personal file.

The administrator will develop an audit system that tracks employee training by 7/30/12, and review staff training for 2012. (2)

The administrator will check staff annual training each October to ensure the staff are completing the mandatory training. (2)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Pansy Clarke

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Pansy Clarke - Administrator

Date

7-6-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

7/9/12  
(Date)

Plan of correction implementation status as of

7/10/12  
(Date)

The above plan of correction was approved by

SC  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13571 - 06/14/2012 - Kurtz, Andrea  
PQH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
2600.65(f) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION  
The home's record of direct care staff training does not include content and length of the course.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.  
On 6-15-12 the correct training sheets were obtained from the DPW's website. This was done by [redacted]. In the future Record Training sheets will include content and length of course. This will also include other pertinent information required by the state.  
The administrator updated the 2012 STAFF trainings to ensure the required elements are noted on the STAFF TRAINING records by 7/30/12.  
(2)

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Pansy Clarke*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Pansy Clarke Administrator*      Date *7-6-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 7/5/12  
(Date)

Plan of correction implementation status as of 7/10/12  
(Date)

The above plan of correction was approved by (initials)  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13571 - 06/14/2012 - Kurtz, Andrea  
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 05 Pa.Code §2600  
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
- A trash can located in the bathroom between rooms 3 and 4 did not have a lid and was not emptied.  
- A trash can located in the bathroom between rooms 5 and 6 did not have a lid and was not emptied.  
- A trash can located in the public ladies bathroom did not have a lid and was not emptied.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- 6.18.12 trash can replaced with lid by housekeeper.  
- 6.14.12 trash can emptied by house keeper. Between rooms 5 and 6 in the future, routine weekly checks will be made by house keeper to ensure all trash are present with lids.  
- 6.14.12 trash can emptied by house keeper  
- 6.18.12 trash can missing lid between rooms 5 and 6 was replaced.  
- In the future routine weekly checks will be made by house keeper to ensure all trash lids are present and trash is emptied.  
- 6.14.12 public ladies room trash was emptied.  
- 6.18.12 trash can without lid in ladies room was replaced.  
In the future, routine weekly checks will be made by house keeper to ensure all trash lids are present and trash is emptied.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 05/12/2011

Signature of Legal Entity Representative  
(Required on EVERY Page) *Pansy Clarke*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Pansy Clarke Administrator*      Date *7-6-12*


DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/9/12  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

Plan of correction implementation status as of 7/10/12  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13571 - 06/14/2012 - Kurtz, Andrea POH Name: ACCOLADES SENIOR CARE	
1. REGULATION 06 Pa.Code §2800 2800.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	
2a. DESCRIPTION OF VIOLATION - The lid on the dumpster located outside the home was open.  - A worn mattress and box spring was leaning against a fence in the corner of the yard.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i> On 6/14/12 lid on dumpster was placed down in its correct position. This change was made by housekeeper [redacted] On 6-15 Staff were informed to report any trash can with open or missing lid. In the future staff will report, or replace any trash can without lids or covers.  On 6/14/12 A box spring and worn mattress was removed from yard by Accurate disposal company. In the future no trash will be kept anywhere but in its designated trash receptacle. In the event that this receptacle is full, our disposal company will be called and alerted for trash pick up. This will be done by Pansy Clarke, RN.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) Pansy Clarke	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Pansy Clarke Administration Date 7-6-12	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of 7/9/12 (Date)	Plan of correction implementation status as of 7/10/12 (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13571 - 06/14/2012 - Kurtz, Andrea  
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 85 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

The fire escape does not have an operating light which is a hazard for the residents using the fire escape in the event of an evacuation.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

6/15/12 fire escape lighting bulb was replaced. Change was made by maintenance personnel. In the future routine bi-weekly checks will be made for non-working bulbs. on 6/15/12 after staff will be reporting any non-working bulb to maintenance or administrator, so as they may be replaced, and accolades stays in compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kathy Clarke*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Kathy Clarke, Administrator*

Date

*7-6-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

*7/9/12*  
(Date)

Plan of correction implementation status as of

*7/10/12*  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*SK*  
(Initials)

Violation Report: 13571 - 06/14/2012 - KUH2, Andrea  
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa. Code §2600  
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION  
- Resident #3's room was missing a screen in the window.  
- The screen in the window of the alcove by the first floor elevator has a bent frame which allows insects in.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 6.18.12 Resident 3's room window screen was repaired by maintenance personnel.  
In the future bi-weekly checks will be made by maintenance to ensure all screens remain without holes or default.

On 6.18.12 The bent frame of the window by the first floor elevator was repaired by maintenance.  
In the future bi-weekly checks will be made by maintenance to ensure all screens & frame are present without holes or default.

The maintenance personnel will conduct bi-weekly checks of all screens to ensure they are all in good repair. (S)

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Pansy Charles

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Pansy Charles Administrator Date 7-6-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/9/12</u> (Date)	Plan of correction implementation status as of <u>7/10/12</u> (Date)
The above plan of correction was approved by <u>(Signature)</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13571 - 06/14/2012 - Ruiz, Andrea

FCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600

2800.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf,

2a. DESCRIPTION OF VIOLATION

There is no bedside table or shelf beside the bed in Resident #4's room..

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

6/17/12 an additional bedside table was placed in Resident 4's room, beside the bed. Changes were made by Housekeeper [redacted] In the future, monthly walk through will be done to make sure all tables are present and in its correct place...beside the bed. This will allow us to remain in compliance with State regulations.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

*Pansy Clarke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Pansy Clarke Administrator

Date 7-6-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/9/12 (Date)

Plan of correction implementation status as of 7/10/12 (Date)

The above plan of correction was approved by *EM* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented.

Violation Report: 13071 - 06/14/2012 - Kurtz, Andrea  
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
The bed in Resident #4's room does not have a source of light that can be turned on/off from bedside.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.  
6/17/12 an Operable lamp was placed in Resident #4's room by house keeper [redacted]  
In the future, monthly checks of each room will be made by house keeper. This is to ensure all lamps are in working condition. Staffer will report any inoperable lighting in order to remain in compliance with State regulations.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Patsy Clarke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Patsy Clarke Administration* Date *7-6-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/9/12</u> (Date)	Plan of correction implementation status as of <u>7/10/12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13571 - 06/14/2012 - Kurtz, Andrea  
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 85 Pa.Code §2600  
2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION  
There is no grab bar, hand rail or assist bar in the bathroom by room 10.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.  
6/18/12 Grab-bar was placed in bathroom by room 10. Maintenance personnel made this change. In the future maintenance personnel will check all bathroom's hand rail or grab-bars to make sure they are present and secure on a monthly basis. (SN)

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Penny Clarke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Penny Clarke Administration* Date *7-6-12*

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The above plan of correction is approved as of 7/9/12 (Date)

Plan of correction implementation status as of 7/10/12 (Date)

The above plan of correction was approved by (SN) (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13571 - 06/14/2012 - Kurtz, Andrea  
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 65 Pa.Code §2000

2600.123(o) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The home does not have emergency evacuation diagrams.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

6-15-12 Evacuation diagrams were placed on all three floors, with line of travel and exit pushers highlighted. Change was made by [redacted] In the future monthly checks will be made to ensure diagrams do not need replacement and they are in their designated positions. Checks will be made by [redacted]

Additional evacuation diagrams were placed at each Hallway's end.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Danny Clarke*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Danny Clarke Administration* Date *7-6-12*

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The above plan of correction is approved as of 7/9/12  
(Date)

Plan of correction implementation status as of 7/10/12  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

18 of 29

Violation Report: 13871 - 06/14/2012 - Kurlz, Andrea  
FCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION  
The last inspection of the furnaces was conducted on 1-28-10.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 6-18-12 our boiler was inspected by inspector [redacted] One boiler was approved. We are now awaiting follow-up for other boiler scheduled for 7/13/12.

In the future calendar reminders will be posted and inspection done promptly as needed. This will be done by our administrator.

Withdrawn 7/11/12  
(initials)

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) Pansy Clarke

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Pansy Clarke Administrator Date 7-6-12

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The above plan of correction is approved as of 7/9/12  
(Date)

The above plan of correction was approved by (initials)  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13571 - 06/14/2012 - Kurtz, Andrea  
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION  
The fire drill record for the drills conducted on 1-14-12, 2-9-12, 3-10-12, 4-4-12, and 5-4-12 does not include the exit routes used.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.  
6.15.12 Staff made aware that during staff meeting on fire drills, exit routes used should also be included. All fire drills recorded in the future will be completed with exit routes used. Appropriate fire drill forms were obtained from DPW's website.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Pansy Clauce*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Pansy Clauce Administrator*      Date *7-6-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/9/12</u> (Date)	Plan of correction implementation status as of <u>7/10/12</u> (Date)
The above plan of correction was approved by <u><i>PC</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13571 - 06/14/2012 - Kurlz, Andrea  
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's designated evacuation time from the East Lansdowne Fire Marshall is 4 minutes. The home's fire drill evacuation times are:

- 1-14-12 - 7 minutes
- 2-9-12 - 10 minutes
- 3-10-12 - 10 minutes
- 4-4-12 - 9 minutes
- 5-4-12 - 6 minutes

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 6.26.12 a fire drill was held/performed at Accolades. Our evacuation time was 3 minutes and 50 secs. In the future, any evacuation time that exceeds over 4 minutes as stated from the East Lansdowne fire Marshall, will be repeated promptly. This will be done until evacuation time is in compliance with state regulations.

The administrator will review the monthly fire drill records to ensure they are completed correctly beginning 7/30/12.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Pansy Clarke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Pansy Clarke Administration* Date *7-6-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *7/9/12* (Date)

The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of *7/10/12* (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13571 - 06/14/2012 - Kurtz, Andrea  
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 65 Pa.Code §2600  
2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION  
The home permits smoking outside the home on the patio at the rear of the home. The home has not developed written fire safety procedures to ensure safe smoking practices.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.  
6-18-12 A written fire safety policy and procedure have been developed by Pansy Clarke and [redacted]. In the future a copy of the homes smoking policy will be kept on file and residents will be continuously reminded of proper policy and procedures to remain safe and in compliance.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Pansy Clarke*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Pansy Clarke Administration*      Date *7-6-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/9/12  
(Date)

Plan of correction implementation status as of 7/9/12  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

- Fully Implemented *eww@*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13571 - 06/14/2012 - Kurtz, Andrea  
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2800

2800.183(d) - Only current prescription, OTC, sample and OAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

- On 5-3-12, Risperidon 2 mg 1 tablet at bedtime prescribed for Resident #2, was discontinued. The medication was located in the home's medication cart.
- On 6-14-12, Risperidon 3 mg 1 tablet at bedtime prescribed for Resident #2 was found on the medication cart. There were no physicians orders for this medication.
- On 6-14-12, Sivaden 1% for Resident #3 was found on the home's medication cart. The medication was prescribed on 5-16-12 for 2 weeks.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 6.15.12 Risperidon 2mg 1 tablet prescribed at bedtime was removed from the home's medication cart by [redacted] in the future a weekly review of carts has been implemented, and is to be done by [redacted] LPU. This is to ensure only current and correct medication remains in chart to remain in state compliance.

On 6.15.12 Risperidon 3mg 1 tab at bedtime for Resident #2 was removed from the home's cart by [redacted] in the future a weekly survey of carts will be done by [redacted] to ensure only current and correct medication is available in carts. This will lower med errors and keep Accolades in compliance.

On 6.15.12 Sivadene 1% for resident #3 was removed from home-medication chart by [redacted] in the future careful weekly review will be made by [redacted] to ensure all discontinued medications are removed, and only current medications remain.

The home will conduct a training on medication administration by 7/30/12 (E)

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Pansy Clark*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Pansy Clark Administration*      Date *7-6-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/9/12 (Date)

Plan of correction implementation status as of 7/10/12 (Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13571 - 06/14/2012 - Kurtz, Andrea

POH Name: ACCOLADES SENIOR CARE

1. REGULATION #5 Pa.Code §2600

2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

- On 6-14-12, a bottle of Prednisolone Acetate Ophthalmic 1% was found with the medications belonging to Resident #2. The medication bottle did not have a name on it and Resident #2 does not have physician's orders for this medication.

- On 6-14-12 a bottle of Sterile 0.9% normal saline for Resident #3 was located in the home's medication cart and was not labeled with the resident's name.

- On 6-14-12 a package of Mucinex DM for Resident #4 was found in the home's medication cart and was not labeled with the resident's name.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 6.14.12 the bottle of prednisolone acetate ophthalmic 1% was removed from resident #2's medications, labeled and placed in its correct place by [redacted]. In the future all medications in carts will be appropriately labeled, so as their placement in cart is correct, and medication violation and errors reduced.

On 6.14.12 the bottle of sterile 0.9% normal saline for resident #3 was removed from the Homes cart by [redacted].

In the future all medication in carts will be reviewed weekly for labeling, correct placing, discontinuation or New orders by [redacted].

On 6/14/12 the package of Mucinex DM for resident #4 was labeled with resident's name by [redacted]. In the future staff has been briefed to keep all medication in its original labeled containers. Meds without labeling will be reported to pharmacy, to obtain correct labeling. The administrator will conduct a training on med [redacted]

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

[Signature]

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Pansy Clarke Administration

Date 7-6-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

5/9/12 (Date)

Plan of correction implementation status as of

7/10/12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature] (Initials)

Adm by 7/30/12 (R)

Violation Report: 13571 - 06/14/2012 - Kurtz, Andrea  
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2800  
2600.184(c) - Sample prescription medications shall have written instructions from the prescriber that include the components specified in § 2600.184(a)

2a. DESCRIPTION OF VIOLATION  
Sample packages of Latuda 40 mg belonging to Resident #1 was located in the homes medication cart. The labels for these samples did not include the date the prescription was issued, the prescribed dosage and instructions for administration and the name and title of the prescriber.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

6.14.12 sample packages of Latuda was removed and pharmacy contacted for reorder. 6.15.12 Latuda medication received and placed in cart. Order made by [redacted] In the future any package without proper labeling will be reported to pharmacy. A new label from pharmacy will be placed on medication or a new packet already labeled will be sent obtained.

The administrator will conduct a monthly medication administration audit beginning 7/30/12 su

The administrator will conduct training on sample medication procedures to all med. techs by 7/30/12. su

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Pansy Clarke

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Pansy Clarke Administration Date 7.6.12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/9/12 (Date)

Plan of correction implementation status as of 7/10/12 (Date)

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13571 - 06/14/2012 - Kurtz, Andrea  
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600

2600.186(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

- Resident #2 has physician orders for Loperamide 2 mg as needed. On 6-14-12 the medication was not available for the resident.
- Resident #4 has physician orders for Apap/Cod 325mg/30mg, 1 tablet every 8 hours as needed for pain. On 6-14-12 the medication was not available.
- Resident #4 has physician orders for Doc Sodium 100 mg, 1 cap two times a day as needed for constipation. On 6-14-12 the medication was not available.
- Resident #4 has physician orders for Loperamide 2 mg, Take 1 cap two times a day as needed for diarrhea. On 6-14-12 the medication was not available.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- On 6-18-12 Resident #2 orders for loperamide 2mg PRN was received from pharmacy. med placed in cart by med Tech.  
In the future meds will be ordered 7 days in advance of running out. This will be done by [redacted]

- On 6-18-12 Resident #4 orders for Apap/Cod was received from pharmacy by med tech on duty.  
In the future meds will be ordered 7 days in advance of running out. Done by [redacted]. This will keep med available.

- On 6-15-12 Resident #4 orders for Doc Sodium was retrieved from nurses station and placed in cart by [redacted].  
In the future all medication will be available in cart for immediate use thru contacting pharmacy and checking nurses station.

- On 6-18-12 Resident #4 orders for loperamide 2mg was received from pharmacy by med Tech on duty. In the future meds will be re-ordered 7 days in advance to assure availability to residents.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) Pansy Clarke

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Pansy Clarke Administrator Date 7-6-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/9/12 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 7/10/12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13671 - 03/14/2012 - Kurtz, Andrea  
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 65 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

- The medication administration record for Resident #4 was not initialed by the staff member who administration Lamotrigine 200 mg tab at 8 am on 6-3-12.
- The medication administration record for Resident #4 was not initialed by the staff member who administration Losartan 100 mg tab at 8 am on 6-3-12.
- The medication administration record for Resident #4 was not initialed by the staff member who administration Metoprolol Tartrate 26 mg, 1.5 tabs each morning on 6-3-12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #4 8am med. on 6-3-12  
 - On 6-15-12 Staff member made aware of missing signature MAR by Pansy Clarke and the importance of correct med. administration and documentation discuss. In the future staff members will be constantly reminded through monthly meetings on the importance of signing meds as they are given. This will be done by Pansy Clarke Administration

- On 6-15-12 staff member administering Resident #4 8am med was made aware of missing signature MAR by Pansy Clarke, and the importance of signing medications out as given was discussed. In the future all medications will be signed appropriately as given. Staff will be reminded through monthly staff meeting beginning 7/12 @

- On 6-15-12 staff member who administered Resident #4's 8am med. on 6-3-12 was made aware of missing signature MAR by Pansy Clarke. The importance of signing as meds are given was also discussed. In the future medications will be signed appropriately as given. Staff members will be monitored and reminded through monthly staff meetings.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Pansy Clarke*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Pansy Clarke Administration* Date *7-6-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/9/12</u> (Date)	Plan of correction implementation status as of <u>7/10/12</u> (Date)
The above plan of correction was approved by <u><i>SM</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13571 - 06/14/2012 - Kurtz, Andrea  
FCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa. Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- Risperidone 2mg, 1 tablet at bedtime for Resident #2 was discontinued on 5-3-12. The resident received this medication on 6-3-12, 6-4-12, 6-5-12, 6-8-12, 6-9-12, and 6-10-12.
- Resident #3 has physician's orders for Diphenhydramine 25 mg 1 cap each evening. The medication was not available.
- Resident #4 has 2 physician's orders for Prednisone Acet 1%, 1 drop in right eye twice a day. One order is dated 4-11-12 and the other order is dated 5-18-12. The order was listed twice on the June 2012 Medication Administration Record. The resident was given a double dose twice a day from 6-1-12 to 6-10-12.
- Resident #4 has physician orders for Temazepam 7.5 cap, 1 cap at bedtime. On 6-14-12 the medication was not available.
- Resident #4 has physician orders for Metoprolol Tartrate 25 mg, 1 tab in evening. On 6-14-12 the medication was not available.
- Resident #4 has physician orders for Atropine Sulf 1% Opth Sol, 1 drop in right eye daily. The order was duplicated on the Medication Administration Record and the resident received a double dose from 6-1-12 to 6-11-12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 6-14-12 Risperidone 2mg was removed from medication cart and discontinued in MAR by [redacted]. In the future MARs will be checked along with cart for discontinued meds. These meds will be removed. This check will be done on a weekly basis by [redacted].

On 6-14-12 Resident #3's diphenhydramine was retrieved and placed in med cart for immediate use. In the future med carts will be reviewed weekly, and all missing needed medication ordered 7 days in advance.

On 6-10-12 Resident #4's duplicate order was discontinued. In the future monthly review of MARs will be made to ensure no duplicate orders are present. Also, before transcribing any new medication, a thorough review will be done to check for and discontinue previous med before it becomes duplicated. This will be done by Pansy Clarke and [redacted].

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Pansy Clarke

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Pansy Clarke - Administrator      Date 7-6-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 7/9/12 (Date)

Plan of correction implementation status as of 7/10/12 (Date)

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

7/6/12 Olanay Clarke Administration

In 6.15.12 Resident #4 orders for temazepam was orderd. on 6.18.12 resident order was received and placed in cart. [REDACTED] ordered medication. In the future, Medications will be ordered 7 days in advance, so as medication is readily available to resident. This will be done by [REDACTED]

In 6.15.12 Resident #4 orders for metoprolol was made by [REDACTED] on 6.18.12 order was recieved from pharmacy and placed in cart by med tech on duty. In the future carts will be reviewed weekly and medications ordered 7 days in advance ~~of running out~~, to assure availability to resident.

In 6.11.12 Resident #4 duplicate orders for Atropine sulfate was discontinued. In the future New monthly MARs will be carefully reviewed for duplicates before ~~put~~ being put to use. Also a careful review of medication will be done before New orders are transcribed, to make sure a previous order is not present. This will be done by [REDACTED]

7/9/12  
(1)

Violation Report: 13571 - 06/14/2012 - Kurtz, Andrea  
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form for Resident #2 admitted on 3-30-12 was not dated and was not checked if the home can meet the resident's needs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which they will be completed.

6-15-12 [redacted] pre-admission screening was dated and checked, verifying that Accolades can meet the residents needs. In the future, within 30 days prior to admission to this facility determination will be made if needs of the client can be met, and the appropriate box checked. All accepted application will indicate if needs can be met, dated and signed.

The administrator will check all new resident admission records to ensure that the pre-admission screening form is completed as required prior to admission to the home beginning 7/30/12.

The administrator will check all resident records to ensure they are completed by 7/30/12.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Randy Clarke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Randy Clarke Administration*

Date *7-6-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *7/30/12* (Date)

The above plan of correction was approved by *SN* (Initials)

Plan of correction implementation status as of *7/10/12* (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13571 - 06/14/2012 - Kurtz, Andrea  
FCH Name: ACCOLADES SENIOR CARE

1. REGULATION 58 Pa.Code §2600  
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
Resident #2's records does not include a designee.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

6-18-12 Resident 2 was asked about a potential designee... Resident responded by saying [redacted] had a cousin, but this said cousin will not be designee because of the responsibility to pay moneys when Resident cannot. In the future, All residents will have a designee signed on to their contract, before being admitted to facility.

Withdrawn 7/10/12  
*(Signature)*

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Ansy Clarke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ansy Clarke Administrator* Date *7-6-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/9/12 (Date)

The above plan of correction was approved by *(Signature)* (Initials)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented