



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 14, 2012

Ms. Pansey Clarke, President
Accolades Senior Care
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 licensing inspection on August 3, 2012 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.


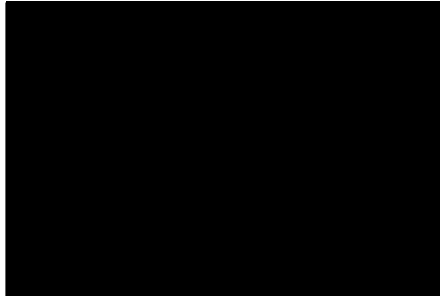
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing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

Sincerely,


Chevon Miller
Regional Licensing Administrator

Enclosure(s)
Plan of Correction

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

PCH Name: ACCOLADES SENIOR CARE		License Number: 135711
Address: 246 MELROSE AVENUE, EAST LANSDOWNE, PA 19050		County: Delaware
Administrator: Pansy Clark		Region: SOUTHEAST
Legal Entity Name: ACCOLADES SENIOR CARE LLC		
Legal Entity Address: 123 MEETING HOUSE LANE, CHERRY HILL, NJ 8002		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 42	Waking Staff: 32
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/03/2012: Scharpf, Amy; Sledge, Andrea		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 45 Number of Residents Served: 42 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 13571 - 08/03/2012 - Scharpf, Amy
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION
On 4/11/12, 5/21/12, 7/12/12 and 7/27/12 financial disbursements of \$23.80, \$32.00, \$40.90 and \$10.00, respectively were made for Resident #1. The home did not obtain the resident signature for these disbursements.

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.

All signatures were obtained for Resident #1 for the following dates... 4/11/12, 5/21/12, 7/12/12 and 7/27/12.

Administrator will comply with regulation to obtain signature during disbursement of funds.

Financial Records will be reviewed monthly by the Administrator or designee to ensure that all disbursements have been signed for by the residents.

CRM
8/31/12

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

Date *8/27/12*

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

The above plan of correction is approved as of *8/31/12*
(Date)

Plan of correction implementation status as of *8/31/12*
(Date)

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

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

Violation Report: 13571 - 08/03/2012 - Scharf, Amy
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600

2600.20(b)(6) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

2a. DESCRIPTION OF VIOLATION

The home has not offered the following residents assistance in establishing an interest-bearing account:

- The home held money for Resident #1, from 5/16/12 to 7/27/12, during which time the balance of those funds was over \$200.00.
- The home held money for Resident #2, from 10/9/11 to 4/16/12 and from 5/9/12 to 7/6/12, during which time the balance of those funds was over \$200.00.

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 refused interest-bearing account on 8/6/12. Resident also stated that [redacted] needed to pay Pharmacy for meds received and cable bill. Resident verbalized concerns of not being able to access [redacted] funds readily because of limited mobility. Administrator will continue to offer an interest bearing account whenever funds exceed \$200.

-Resident #2 was offered interest bearing account in the pass, which [redacted] had decline. Resident has been hospitalized for 6 weeks now. Upon Resident #2's returned, [redacted] will be asked again about interested bearing a account.

-Administrator will continue to offer interest bearing account each time funds amount to over \$200.

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 Date 8/27/12

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The above plan of correction is approved as of 8/31/12 (Date)

Plan of correction implementation status as of 8/31/12 (Date)

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

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

Violation Report: 13571 - 08/03/2012 - Scharpf, Amy
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

-Resident #1 has not received a quarterly account of financial transactions since 1/17/12.

-Resident #2 has not received a quarterly account of financial transactions since 9/10/11.

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 #1 was given a copy of [redacted] quarterly account of financial transaction 8/20/12. This was done by administrator.

Resident #2 is currently hospitalized and has been for the past 6 weeks. Upon [redacted] returned [redacted] will be presented with quarterly account of financial transaction, and all signatures obtained.

To remain in compliance with the state, the administrator will make sure that each resident receives a quarterly account of financial transaction, by the 20th of the month when it's due

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 Date 8/27/12

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The above plan of correction is approved as of 8/31/12 (Date)

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

Plan of correction implementation status as of 8/31/12 (Date)

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

Violation Report: 13571 - 08/03/2012 - Scharpf, Amy
PGH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #3's last medical evaluation was completed on 6/16/11.

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 #3 medical evaluation will be completed on 8/29/12, Per appointment by MD.

Administrator will review all charts in a timely manner to make sure all necessary evaluations are completed. This will eliminate potential citations.

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

Date 8/27/12

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

The above plan of correction is approved as of 8/31/12
(Date)

Plan of correction implementation status as of 8/31/12
(Date)

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

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

Violation Report: 13571 - 08/03/2012 - Scharpf, Amy
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600

- 2600.225(c) - 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.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident #3 was completed on 3/21/11.

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 #3 assessment was completed on 8/15/12.

Administrator will review chart in a timely manner to make sure all necessary assessment are completed within a specific time frame.

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* Date *8/27/12*

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

The above plan of correction is approved as of 8/31/12 (Date)

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

Plan of correction implementation status as of 8/31/12 (Date)

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