



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 11, 2012

Ms. Pansey Clarke, President
Accolades Senior Care
123 Meeting House Lane
Cherry Hill, New Jersey

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 October 5, 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.

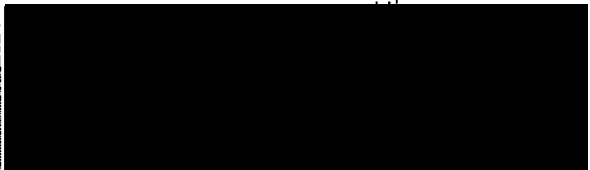
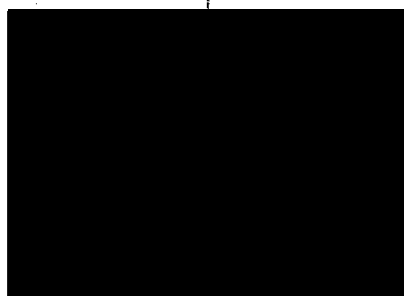
Sincerely,

A handwritten signature in black ink that reads "Chevon Miller". The signature is written in a cursive style with a large initial "C".

Chevon Miller
Regional Licensing Administrator

Enclosure(s)

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

PGH 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: 41	Working Staff: 31
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Provisional, Incident		
On-Site Inspection Dates and Department Representatives On-Site 10/05/2012: Grayes, Byron; OPake, Hope		
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: 41 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 13571 - 10/05/2012 - Grayes, Byron
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 - On 10/4/12, Resident #1 was not given Gabapentin 800mg at 8:00am, as prescribed. The home never reported the medication error to the department.
 - On 8/27/12, Resident #2 left the home in the middle of the night and did not contact the home again till 8/29/12. The home never reported the absence to the department.
 - On 10/1/12, Resident #6 left the home and never returned, after giving notice that [redacted] would be leaving on 10/24/12. The home did not report the absence to the department.

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 10/5/12 an incident report was submitted for resident #1 by [redacted]. In the future, Administrator and lead LPN will check Med Cart + MARs at the end of each workday to prevent reoccurrence of incident. A log has been developed for documentation of checked MAR.
 - On 9/24/12 resident #6 gave a written notice stating [redacted] would be leaving in a month. The resident however left before the date [redacted] gave, and did not pay any rent. On 10/5/12 an incident report was submitted. In the future, Administrator will submitted incident report in the appropriate time.
 - Resident #2 verbalized [redacted] was leaving to administration, but did not submit anything in writing. On 10/5/12 an incident report was submitted by [redacted]. In the future administrator will comply by submitting incident reports in a timely manner.

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 11/8/12

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

The above plan of correction is approved as of 11/8/12 (Date)
 The above plan of correction was approved by CRM (Initials)

Plan of correction implementation status as of 11/8/12 (Date)

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

Violation Report: 13571 - 10/05/2012 - Grays, Byron PCH Name: ACCOLADES SENIOR CARE	
1. REGULATION 55 Pa.Code §2600 2600.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.	
2a. DESCRIPTION OF VIOLATION On October 5, 2012, at approximately 6:30PM, a substance which appeared to be rat poison pellets was found sprinkled on the basement floor, under shelving containing boxed and canned food items as well as behind two standing freezers.	
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.	
<p>The administrator was not aware of what looked like rat pellets in storage room area. On 10/5/12 The storage room was emptied and thoroughly cleaned by House Keeping.</p> <p>As a preventative measure, in the future, Maintenance staff will look for signs of rodents. If found, a exterminator will be contacted by administrator.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Pansy Clarke</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Pansy Clarke</i>	
Date <i>11/2/12</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>11/8/12</u> (Date)	Plan of correction implementation status as of <u>11/8/12</u> (Date)
The above plan of correction was approved by <u><i>OCM</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 - 10/05/2012 - Grays, Byron
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

- On 10/5/12 at 6:00pm, the front of the home's basement smelled like rotten food and sewage waste and there was brown matter splattered over the basement wall.
 - The 2nd floor bathroom, near room #14, has black stains that appeared to be mold on the base of the toilet.

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 10/5/12 certified maintenance personnel was brought in to evaluate storage area. No sewage waste was found. The smell however, was the product of meat drainage that settled in a whole under the refrigerator. Please see attached documentation.

In the future, administrator will have environmental service to clean the storage room once per week. a log will be kept.

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

11/2/12

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

The above plan of correction is approved as of

11/8/12
 (Date)

Plan of correction implementation status as of

10/19/12
 (Date)

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

The above plan of correction was approved by

ORM
 (Initials)

Violation Report: 13571 - 10/05/2012 - Graves, Byron
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600:
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The ceiling outside of the 2nd floor bathroom, across from room #16, is in disrepair. There is a hole that is approximately 36" X 20" in size. There are also wooden slacks exposed from the hole that are causing a hazards when it falls.

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.

At the time of the survey Repair of the Ceiling was in progress. On 10/8/12 the Ceiling was completed by maintenance personnel

In the future, the administrator will make sure that all work initiated but not completed, is taped off, so as to not pose a hazard to residents.

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 11/2/12

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

The above plan of correction is approved as of 11/8/12 (Date)

Plan of correction implementation status as of 11/2/12 (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 - 10/05/2012 - Grayes, Byron
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 65 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The resident's smoking area in the backyard has a 4" deep drop from the patio surface to a metal drain. The hazardous area is 63" X 32".

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.

The area identified on inspection has been noted. Our plan of correction is to put a small fence around grid to prevent injury to resident.
 The change and work is scheduled to be completed 11/6/12.

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 11/2/12

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

The above plan of correction is approved as of 11/2/12
 (Date)

Plan of correction implementation status as of 11/2/12
 (Date)

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

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

Violation Report: 13571 - 10/05/2012 - Grayes, Byron
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.

2a. DESCRIPTION OF VIOLATION
 Perishable foods in the basement were exposed to rotting food in 2 broken freezers. The following foods were contaminated: 10 bags of unfrozen chicken parts, 30 packs of hot dogs, 4 large bags of unfrozen bacon, 2 large bags of white turkey.

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 10/10/12 the refrigerator freezer consultant Jack Fogel was contacted to check the working condition. He concluded that the freezer were in good condition.
 A check log has been developed where as the freezer will be checked and logged on a daily basis by the cook.

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 11-2-12

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

The above plan of correction is approved as of 11/8/12
 (Date)

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

Plan of correction implementation status as of 11/20/12
 (Date)

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

Violation Report: 13571 - 10/06/2012 - Grayes, Byron
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F.
 Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

- On 10/5/12, at 6:00pm, the left side freezer (Kenmore) in the basement had a temperatures of 46°F.
- On 10/5/12, at 6:00pm, the right side freezer (Frigidaire) in the basement had a temperatures of 47°F.

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.

[Redacted] when thermometers were removed with new ones by administrator. A check log has been developed and implemented. refrigerator freezers temperature will be checked and logged on a daily basis by the cook on duty.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Pansy C Clarke

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

Pansy C Clarke

Date 11/2/12

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

The above plan of correction is approved as of 11/8/12
 (Date)

Plan of correction implementation status as of 11/2/12
 (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 - 10/05/2012 - Grayes, Byron
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 65 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 The home did not conduct fire drills during the months of July 2012 and September 2012.

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 fire drills were completed, however they were documented inappropriately.
 In the future administrator + [redacted] will document fire drills at time of occurrence and in the appropriate manner.

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* Date *11/2/12*

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

The above plan of correction is approved as of *11/2/12* (Date) Plan of correction implementation status as of *11/2/12* (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 - 10/05/2012 - Craves, Byron
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 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
 -On 10/12/12, at 8:00am, resident #2 was administered Aspirin 81mg. The staff person who administered the medication did not initial the resident's medication administration record.
 -On 10/1/12, at 8:00am, resident #3 was administered Citalopram. Staff person B did not initial the resident's medication administration record.
 -On 10/2/12, 10/3/12, & 10/4/12 at 8:00am, resident #3 was administered Citalopram. Staff person C did not initial the resident's medication administration record.
 -On 10/5/12, at 8:00am, resident #3 was administered Citalopram. Staff person D did not initial the resident's medication administration record.

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.

10/5/12
 These violations were identified on the day of DPW's survey. The administrator has since then hire CPAs for med administration vs med techs. The importance of signing as you go, was reviewed on orientation.

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/14/2012

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Pamcy Clarke* Date *11/2/12*

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

The above plan of correction is approved as of *11/2/12* (Date)
 The above plan of correction was approved by *[Signature]* (Initials)
 Plan of correction implementation status as of *11/2/12* (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 13571 - 10/05/2012 - Grayes, Byron
 PCH Name: ACCOLADES SENIOR CARE

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

2. DESCRIPTION OF VIOLATION

- Resident #1's Accucheck Aviva Plus was not administered on 10/2/12 at 2:00pm, 10/4/12 at 2:00pm & 10/3/12 at 8:00pm, as ordered by the prescriber.
 - Resident #4 was prescribed Hydrocortisone 2.5% cream twice a day to 3 times per day for 14 days. According to the resident's medication administration records, the home applied the medication 4 times per day for the entire 14 days.

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.

Since the survey, Administrator has developed individual resident log. This log is specific to accu-checks and date and time. In the future, the administrator and Lead LPN will check logs for appropriate documentation of accuchecks.

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/14/2012

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 *11/2/12*

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The above plan of correction is approved as of *11/2/12*
 (Date)

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

Plan of correction implementation status as of *11/2/12*
 (Date)

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

Violation Report: 13571 - 10/05/2012 - Graves, Byron
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 85 Pa.Code §2800
 2800.224(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 preadmission screening form for resident #5, admitted 8/22/12, which includes the determination that the home can meet the resident's service needs, is not dated.

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 10/08/12 resident #5's preadmission screening was redone by [redacted] noting Dates.
 In the future the administrator + [redacted] will carefully check all preadmission screening to make sure it is dated and sign in every appropriate place. Upon Admission [redacted]

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/14/2012

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 *11/2/12*

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

The above plan of correction is approved as of *11/8/12* (Date)

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

Plan of correction implementation status as of *11/20/12* (Date)

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

Violation Report: 13571 - 10/06/2012 - Grayes, Byron
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.224(c) - The preadmission screening shall be completed by the administrator or designee.

2a. DESCRIPTION OF VIOLATION
 The preadmission screening not dated, for resident #6, admitted 8/22/12, was completed by resident #5.

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.

Administrator was not aware that resident could not contribute in writing [redacted] assessment.
 ON 10/08/12 resident #5 preadmission screening was reviewed and re-written.
 In the future administrator will make sure that all assessments and pre-admission screening form are completed, dated and signed by administrator or designee.

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) Date
 Pansy Clarke 11/2/12

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

The above plan of correction is approved as of 11/8/12
 (Date)

Plan of correction implementation status as of 11/20/12
 (Date)

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

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