

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 March 6, 2013 until September 6, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 135712

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.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MAR 06 2013

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 December 4, 2012 of the above personal care home, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance 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 Human Services 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 your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Public Welfare
Room 631 Health and Welfare Building
625 Forster Street
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 'Ronald Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 13671 - 12/04/2012 Adams, Patricia
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 12/4/12, at 10:01 am, the medication administration records were atop the medication cart; unlocked and accessible. The cart was located in the passage way area between the dining room and hallway. Other records in the same area, included blood pressure log, narcotic count and accu check logs were stored atop the desk, unlocked and accessible.

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 12/4/12, violations were noted and records were removed to a secure area by nurse on call.

During Monthly staff meeting/training staff members were informed that no record belonging to resident should be left where it is accessible to unauthorized persons. Meeting was held by administrator.

In the future, Charge Nurse will routinely monitor cart and cardexes area daily. This is to ensure all documents are stored out of reach and med carts are locked when not in use.

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 1-8-13

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

The above plan of correction is approved as of

1/11/13
 (Date)

Plan of correction implementation status as of

1/23/13
 (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 - 12/04/2012 Adams, Patricia
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600-2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION
 The home's quality management plan does not address reportable incidents, complaint procedures, staff training and licensing violations.

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.

- Administrative and department heads are currently working on management plan should be completed 1-18-13
- In the future and in this plan all reportable incidents, complaints, staff training and other violations will be included in plan.
- The administrator will schedule an annual review of the quality management plan.

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 *1-8-13*

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

The above plan of correction is approved as of 1/11/13 (Date)

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

Plan of correction implementation status as of 1/23/13 (Date)

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

Violation Report: 13571 - 12/04/2012 - Adams, Patricia
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.42(e) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
 The home video records entrances and exits and interior corridors leading to those entrances and exits. However the residents are not informed at admission and there are no posted signs, in the affected areas, indicating that images are being recorded

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.

- Residents are verbally informed that Accolades are monitored by camera.
 - Signs are now posted at all exits inside and outside that Accolades has surveillance camera at all exits of building 12/5/12
 Administrator will check and see that all signs are intact.

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 *1-8-13*

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

The above plan of correction is approved as of *1/23/13* (Date)

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

Plan of correction implementation status as of *1/23/13* (Date)

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

Violation Report: 18571 - 12/04/2012 - Adams, Patricia
 PGH Name: ACCOLADES SENIOR CARE

1. REGULATION 66 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 does not have active registration status on the Pennsylvania nurse aide registry. The registration expired 9/2/12.

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.

- Staff upon hiring did take the care nurse test and a copy will be placed in the staff file.
- Administrator will actually check staff file to make sure that all appropriate documents are in place.
- The administrator will review all staff records to ensure that prior to hire all direct care staff have the requirements of this regulation by 2/10/13.

(→)

Repeat Violation: No Date(s) of Previous Violation(s): 06/14/2012

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Pansy Clodes* Date *1-8-13*

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

The above plan of correction is approved as of *1/23/13* (Date)

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

Plan of correction implementation status as of *1/23/13* (Date)

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

Violation Report: 13571 - 12/04/2012 - Adams, Patricia
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION #8 Pa.Code §2801
2800.85(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
Direct care staff person B did not receive 12 hours of annual training in 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 12/4/12 violations were noted.
Effective immediately, duration of all training session will be documented and logged. This will be done by admin and Charge Nurse.
Admin
In the future, admin + charge Nurse will ensure length of training is document as required.
Staff person B will make up the missing annual training hours from 2011 in 2013. (P)

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 1-8-13

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

The above plan of correction is approved as of 1/23/13 (Date)

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

Plan of correction implementation status as of 1/23/13 (Date)

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

Violation Report: 13571 - 12/04/2012 - Adams, Patricia
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 58 Pa.Code §2600
2600.66(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. §§ 10225.101-10225.5102).
(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
Direct care staff person B did not receive training in resident rights during training year January 2011 to December 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.

In the future Administrator will make sure that all staff training, copy of signatures is put in staff file and in Sen educational log.
- This we will do immediately after each training.
- Staff B will complete Resident Rights training by 1/23/13.
(Signature)

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/14/2011

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 Date 1-8-13

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The above plan of correction is approved as of 1/23/13
(Date)

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

Plan of correction implementation status as of 1/22/13
(Date)

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

Violation Report: 13671 - 12/04/2012 - Adams, Patricia
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 86 Pa. Code §2600
2600.86(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
The trash can in the 1st floor bathroom, near room #3, does not have a lid.

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 12/5/12 trash lid was found and replaced. This was done by Housekeeper [REDACTED]

In the future Housekeeper will make daily rounds noting trash cans without lids and reporting it to Nurse on duty, so as corrections may be made and violations not repeated.

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 1-8-13

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

The above plan of correction is approved as of 1/11/13 (Date)

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

Plan of correction implementation status as of 1/27/13 (Date)

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

Violation Report: 13571 - 12/04/2012 Adams, Patricia
FCH Name: ACCOLADES SENIOR CARE

1. REGULATION 56 Pa.Code §2600
2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
A pile of filled black trash bags, thrown in a corner against the building were observed on 12/4/12.

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.

- Ground rounds will be done weekly by Environmental service, [redacted] and all unacceptable trash/debris will be removed from property. Administrator will do follow up rounds biweekly.
- Trash was removed and put in receptacle.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Pansy Cloutier* Date *1-8-13*

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

The above plan of correction is approved as of 1/11/13 (Date)

Plan of correction implementation status as of 1/23/13 (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 - 12/04/2012 - Adams, Patricia
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION
 The ventilation fan in the bathroom on the first floor and next to room #3 is inoperable.

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 12/10/12 ventilation fan was fixed by Robbin enterprise inc.
 Monthly checks will be done by housekeeper to ensure fans are operable.
 Administrator will do follow up check

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 1-8-13

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

The above plan of correction is approved as of 1/11/13
 (Date)

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

Plan of correction implementation status as of 1/13/13
 (Date)

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

Violation Report: 13571 - 12/04/2012 - Adams, Patricia
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 56 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
 There were water marks on the corner ceiling tile, located above the front door.

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 12/4/12 violations were noted. tiles are scheduled to be replaced on 1/12/13. This will be done by maintenance staff or Micheal Massey.

Water damage was caused by a leaking toilet above area. this was fixed.

In the future all stained tiles will be replaced in a timely manner. Administrator will do follow up check weekly

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 1-8-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 1/11/13
 (Date)

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

Plan of correction implementation status as of 1/23/13
 (Date)

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

Violation Report: 13571 - 12/04/2012 - Adams, Patricia
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa. Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 12/4/12, the water temperature at the 1st floor bath tub measured 123 degrees Fahrenheit.

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 12/4/12 Robbins Enterprise Inc staff was called in to check and fixed hot water gauge so that the temperature when taken reads no higher than 120°F. Weekly hot water temperature checked will be done by maintenance Robbins Enterprise Inc and documentation of the temperature will be reviewed by the administration weekly.

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 *1-8-13*

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

The above plan of correction is approved as of 1/11/13 (Date)

Plan of correction implementation status as of 1/13/13 (Date)

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

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

Violation Report: 13571 - 12/04/2012 - Adams, Patricia
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
The wooden panel covering a basement window, located on the side of the building and at the bottom of the ramp leading to the smoking area, is no longer secured to the window frame.

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 12/10/12 The old panel was removed + discarded. This was replaced with a new panel to cover crawl space. This was done by Afonso Robbin, Maintenance.

Administrator and housekeeper will check pannel weekly to make sure it is in place.

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 1-8-13

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

The above plan of correction is approved as of 1/11/13 (Date)

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

Plan of correction implementation status as of 1/23/13 (Date)

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

Violation Report: 13571 - 12/04/2012 - Adams, Patricia
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The bath tub in the 3rd floor bathroom, near room #3, is stained and needs re-caulking.

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 12/5/12 Robbins Enterprise Inc was called in to do repair on bathroom
- The tub was scrubbed by environmental service staff
- The caulking was done by Robbins Enterprise staff
- Administrator will make monthly rounds on all rooms/bathrooms to make sure rooms/bathrooms are clean and acceptable

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 1-8-13

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

The above plan of correction is approved as of

1/11/13
 (Date)

Plan of correction implementation status as of

1/23/13
 (Date)

The above plan of correction was approved by

OCM
 (Initials)

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

Violation Report: 13671 - 12/04/2012 - Adams, Patricia
PGH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 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 following items were at the rear of the home on 12/4/12:
- Pile of wooden pallets
- Rusted lawn chair and weed wacker

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 12/4/12 all items were removed from yard. wooden pallets and Rusted lawn chair was crushed. The weed wacker was covered and stored away for safety and safe keeping. This was done by housekeeper [redacted] Administrator will review/walking around grounds to ensure no hazard is present in yard. This will be done weekly.

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 1-8-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 1/11/13 (Date)

Plan of correction implementation status as of 1/03/13 (Date)

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

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

Violation Report: 13571 - 12/04/2012 - Adams, Patricia
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 56 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
On 12/4/12, the home's freezer contained 2 unlabeled packages of what appeared to be chicken steak.

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 12/4/12, unlabeled food was discarded.
- The Head chef will check all packages in freezer weekly for dated labels as he removed food from freezer.
- The administrator along with cooke will do weekly checks for unacceptable items in kitchen or storage area and freezer to avoid violations.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Pansy Clarke		1-8-13

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

The above plan of correction is approved as of	1/11/13 (Date)	Plan of correction implementation status as of	1/23/13 (Date)
The above plan of correction was approved by	CLM (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: 13671 - 12/04/2012 - Adams, Patricia
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
2600.104(b)(2) - Dishes, glassware, and utensils must be clean, and free of chips and cracks.

2a. DESCRIPTION OF VIOLATION
Five cracked dishes were found in the kitchen on 12/4/12..

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 12/4/12 cracked dishes were discarded by Chef [redacted]
Head Chef [redacted] was notified to discard all cracked or unacceptable dishware.
- long term goal is to purchase melamine dinnerware.
- On 1/23/13 cracked dishes were still in the cabinet. removed.
- Administrator will check the kitchen cabinet on a weekly basis to ensure that there are no cracked dishes for use. (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 Date 1-8-13

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

The above plan of correction is approved as of 1/23/13 (Date)

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

Plan of correction implementation status as of 1/23/13 (Date)

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

Violation Report: 13671 - 12/04/2012 - Adams, Patricia
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 56 Pa.Code §2600-2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 The home's dryer duct, which vents through a basement window, is covered with lint. There were also piles of lint on the ground near the duct.

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.

- Dryer vents are cleaned daily by Laundry staff
 - Dryer duct vents are cleaned weekly by environmental service staff Michael and the home maintenance staff Alfonso
 - The administrator will check weekly to make sure it is getting done and to stay in compliance.

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 Date 1-8-13

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

The above plan of correction is approved as of 1/11/13 (Date)

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

Plan of correction implementation status as of 1/22/13 (Date)

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

Violation Report: 13671 - 12/04/2012 - Adams, Patricia
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
The last fire safety and drill observed by a fire safety expert was conducted on 7/7/11.

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.

The home has composed a letter to the local fire department requesting a fire drill of fire safety inspection. The home will maintain a copy of the letter to the local fire department on the file of quality management. The administrator will review the quality management annually to ensure that the home has had a fire drill conducted by the fire safety expert annually.

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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 *1-8-13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of *1/13/13* (Date)

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

- Plan of correction implementation status as of *1/13/13* (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 13571 - 12/04/2012 - Adams, Patricia
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
The A, B, C and D exit routes were used during the fire drill conducted on 7/12/12, 8/28/12, 9/15/12 and 10/21/12.

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 12/4/12 violations were noted. Since then, the home is currently using various emergency evacuation routes. We will continue to use various designated exit routes with appropriate documentation. Documentation will be ~~remote~~ reviewed monthly to ensure compliance. This will be done by administrator + charge nurse.

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 *1-8-13*

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

The above plan of correction is approved as of *1/11/13* (Date)

Plan of correction implementation status as of *1/23/13* (Date)

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

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

Violation Report: 13571 - 12/04/2012 - Adams, Patricia PGH Name: ACCOLADES SENIOR CARE	
1. REGULATION 53 Pa.Code §2600.2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	
2a. DESCRIPTION OF VIOLATION - Resident #1 was admitted on 4/12/12. A medical evaluation has not been completed for the resident. - Resident #2 was admitted 6/5/12. A medical evaluation was not completed on a form specified by 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.	

Resident 1 and 2 medical evaluation was done and all residents file will be reviewed for accuracy and regulatory compliance by the nurse at the time it is submitted as part of the admission process. The Director or the designee will complete a final review of all new admission paperwork before placing the evaluation in the resident's medical record. A monthly audit of all admission paperwork will be performed by the Director or designee to assure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	<u>1/03/13</u> (Date)	Plan of correction implementation status as of <u>1/03/13</u> (Date)
The above plan of correction was approved by	 (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

1. REGULATION 56 Pa.Code 52600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION:
The medical evaluation for resident #3, dated 5/14/12, does not include the resident's medication regimen.

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 medical evaluation was sent back to resident PCP to add medication to sheet 12/10/12
- When reviewing medical w/ administrator unit check to see if medications are listed on sheet
Resident # 3 medical evaluation dated 5/14/12 medication regimen has been added to [redacted] record *JP*

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 *1-8-13*

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

The above plan of correction is approved as of *1/23/13* (Date)

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

Plan of correction implementation status as of *1/23/13* (Date)

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

Violation Report: 13671 - 12/04/2012 - Adams, Patricia
 PCH Name: AGCOLADES SENIOR CARE

1. REGULATION 65 Pa. Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #4'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 medical evaluation was completed by resident PCP on 9/24/12
- Charge nurse and administrator will make sure that these important forms when completed is put on chart under appropriate tabs.
- We have also developed a plan to mark all charts on the out side when these medical evaluations are due to be completed this will help us to stay in compliance with state regulation

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/03/2012

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Pansy Clarice* Date *1-8-13*

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

The above plan of correction is approved as of 1/11/13
 (Date)

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

Plan of correction implementation status as of 1/23/13
 (Date)

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

Violation Report: 13671 - 12/04/2012 - Adams, Patricia
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 56 Pa. Code § 2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 On 12/4/12, resident #5's vial of Leveinr Insulin was open and undated. The manufacturer recommends "once in use, vials should be kept in the refrigerator or at room temperature below 86 degrees farenheit for up to 42 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.

- Pharmacy was contacted and new vials of insulin was sent to home on 12/7/12
 They were properly dated and signed by Charge nurse.
 - Staff was reeducated by administrator on proper labeling/dating of any vials, container packages with meds for residents.
 - Administrator and Charge nurse is actively monitoring containers for dating and control
 Our Pharmacist John is currently working with us monthly assessing/monitoring our med carts for errors and correction if needed.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Pansy Clarke		1-8-13

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

The above plan of correction is approved as of	<u>1/11/13</u> (Date)	Plan of correction implementation status as of	<u>1/21/13</u> (Date)
The above plan of correction was approved by	<u>CMEM</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 - 12/04/2012 - Adams, Patricia
 PCH 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

- On 9/26/12, resident #2 was sent out via ambulance and treated for a concussion. The resident was returned to the home with orders to follow-up with their physician as soon as possible. There was no documentation in the resident's record on 12/4/12 the follow-up was done.
 - On 11/14/12, resident #6 was sent out to Mercy Fitzgerald Hospital and was treated for multiple problems. The resident returned to the home on 11/16/12 with orders for new medication which included Aspirin 81 mg and Diclofenac Sodium Ophthalmic Drops. The home did not administer the medications, nor did they get clarification from the physician for the changes.

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 12/8/12 Discharge instructions was reviewed and noted. Pt. Dr. was also contacted to clarify med. change by [redacted].
 Effective immediately, A careful review of discharge instructions will be done every time a patient returns home with one. All med changes and follow-ups will be noted + scheduled. This will be done by Charge Nurse, [redacted].
 Progress will be documented. Administrator will also follow-up.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/05/2012	09/14/2012
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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 *1-8-13*

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The above plan of correction is approved as of 1/11/13 (Date)

Plan of correction implementation status as of 1/11/13 (Date)

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

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

Violation Report: 13571 - 12/04/2012 - Adams, Patricia
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION #5 Pa.Code §2600:
2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
The home does not have a current weekly activity calendar posted in a public and conspicuous 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 10/6/12 a current monthly schedule was posted. Activity Coordinator has been informed and will be supplying charge nurse and administrator with the following month's calendar two weeks in advance.

[Redacted] will post calendar for the next month, 1 week in advance. A current schedule will also be available.

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 1-8-13

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The above plan of correction is approved as of 1/23/13
(Date)

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

Plan of correction implementation status as of 1/23/13
(Date)

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

Violation Report: 13671 - 12/04/2012 - Adams, Patricia
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:
 (1) The scope and general description of the services and activities that the home provides.
 (2) The criteria for admission and discharge.
 (3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION
 The home's current written description of services and activities does not include criteria for discharge.

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 12/10/12 a discharge criteria was established. Please see attached addendum. Effective immediately, all incoming Residents will be given a copy of our discharge Criteria by Administrator or Nurse, [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* Date *1-8-13*

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The above plan of correction is approved as of 1/11/13
 (Date)

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

Plan of correction implementation status as of 1/23/13
 (Date)

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

Violation Report: 13671 - 12/04/2012 - Adams, Patricia
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 56 Pa.Code §2600.

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services. If the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #4 has numerous scars and red abrasions on the face and especially around the mouth. There was also a long scratch on the resident's forehead. Direct care staff person C was queried about it and replied that the resident plucks at their face, continually consumes soda and liquids all day and is afraid of water; thus does not wash their hands without prompting. None of these behaviors are addressed on the resident's support plan dated 5/8/12.

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.

- 1- Addendum was added to resident #4 Resp on 12/5/12 to show altered skin integrity
 - 2- Manicure done on 12/5/12 to shorten finger nail, so as to aide in resident not digging/scratching face
 - 3- Resident is reeducated at times when noted to avoid scratching face
 - 4- Skin assessment with documentation is done every two weeks
 - 5- Cream is applied to facial area daily per MD order.
 - 6- Administrator will along with the nurse do the biweekly skin assessment with documentation
 - 7- Biweekly manicure by auxiliary nurse with documentation
- The administrator will audit the resident's record every 30 days to ensure all documentation is accurate and complete. AB

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 1-8-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

1/8/13
(Date)

Plan of correction implementation status as of

1/23/13
(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 - 12/04/2012 - Adams, Patricia
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600.
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
Resident #9 participated in the development of their support plan on 12/01/11. The resident did not sign the support plan.

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 #6 support plan was signed by 12/08/12.
Effective 12/10/12, all support plans will be reviewed
and condition changes + yearly to assure all
areas of form has been completed and signed.
This will be done by administrator and
charge nurse

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Pansy Clarke		1-8-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of	<u>1/11/13</u> (Date)	Plan of correction implementation status as of	<u>1/13/13</u> (Date)
The above plan of correction was approved by	<u>OPM</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	

1. REGULATION 55 Pa.Code §2600
2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

The home used while out to correct an entry, listed under formal supports, on the 12/01/11 support plan for resident #6.

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.

1. White out removed from facility (Home)
2. Nurse informed that white out cannot be use on legal document.
3. Administrator will review charts and legal document to make sure white out is not been used monthly.
4. RASP was rewritten for resident #6 on 12/10/12

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 1-8-13

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

The above plan of correction is approved as of

1/11/13
(Date)

Plan of correction implementation status as of

1/22/13
(Date)

The above plan of correction was approved by

QVM
(Initials)

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