

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 15, 2013 until August 15, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 135710

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 15 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 June 19, 2013 and June 20, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary 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.

A regular license is being issued based on the enclosed Licensing Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Licensing Inspection Summary

PCH Name: ACCOLADES SENIOR CARE		License Number: 135712
Address: 246 MELROSE AVENUE, EAST LANSDOWNE, PA 19050		County: Delaware
Administrator: Pansy Clarke RN		Region: SOUTHEAST
Legal Entity Name: ACCOLADES SENIOR CARE LLC		
Legal Entity Address: 123 MEETING HOUSE LANE, CHERRY HILL, NJ 8002		
Certificate(s) of Occupancy C-2 LP 06/13/1985 PA L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 40	Waking Staff: 30
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Provisional, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 06/19/2013: Kurtz, Andrea; Scharpf, Amy 06/20/2013: Kurtz, Andrea; Scharpf, Amy		
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: 39 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served In Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 16 Have Mental Illness: 30 Have an Intellectual Disability: 2 Have a Mobility Need: 1 Have a Physical Disability: 1	

Violation Report: 13571 - 08/19/2013 - Facility: Andrea
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 65 Pa. Code §2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (65 Pa. S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 On 4-9-13, Resident A called the local police alleging the home was abusing him. The home did not report the allegation to the local area agency on aging.

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.

We did not send out an Act 13 in the past because resident A immediately resound upon the arrival of police department, however in the future when a resident alleges abuse regardless if resident resound we will send out completed forms to all appropriate departments.

Staff will be educated on the importance of immediate reporting of any allegation of abuse to ensure regulatory compliance and ensure safety of residents. Education will occur on 7/26/13 by administrator Pansy Clarke.

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 7/17/13

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

The above plan of correction is approved as of 7/24/13 (Date)

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

Plan of correction implementation status as of 7/24/13 (Date)

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

Violation Report: 13571 - 06/19/2013 - Kurtz, Andrea
 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 6-17-13, the home was given a termination notice from the Aqua Pennsylvania, Inc for water service to the premises. The home did not submit an incident report 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.

This violation was received because of a former employee misappropriation of company funds. Staff assigned to ensure that the utilities were paid did not do so, and as a result our home received a shut off notice from Aqua Pennsylvania water company. Administrator Pansy Clarke immediately contacted Aqua and made a payment arrangement (see copy enclosed) on 5/29/13

Administrator Pansy Clarke has put in place an accounts payable binder that is being reviewed bi-weekly to ensure all bills are paid in a timely manner to prevent such recurrence of a shut off notice and ensure safety of our residents

Repeat Violation: Yes _____ Date(s) of Previous Violation(s): 04/04/2013

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 7/17/13

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

The above plan of correction is approved as of 7/18/13 (Date)

Plan of correction implementation status as of 7/24/13 (Date)

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

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

Violation Report: 13571 - 06/19/2013 - Kurtz, Andrea
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa. Code §2600.25(e) - The resident, or a designated person, has the right to rescind the contract for up to 72 hours after the initial dated signature of the contract and pay only for the services received.

2a. DESCRIPTION OF VIOLATION
Resident #2 resident-home contract does not include the right to rescind the contract for up to 72 hours after initial dated signature.

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.

An addendum has been created indicating to all residents the right to rescind their contract for up to 72 hours and given to each resident. Their signatures obtained and a copy given to them, and a copy added to their contract. (see copy enclosed) as of 7/15/13

Plan: We will now use Bureau Human Services Licensing Contract for future admissions since it contains all required information to be in regulatory compliance. [Redacted] will be responsible for ensuring contracts are signed and contain the appropriate information

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

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

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

Date 7-17-13

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

The above plan of correction is approved as of *7/17/13* (Date)

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

Plan of correction implementation status as of *7/17/13* (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 13571 - 08/19/2013 - Kurz, Andrea
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 65 Pa. Code §2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:
- (1) The reportable incident and condition reporting procedures.
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.
 - (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION
 The home's quality management plan does not address 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.

Our Quality Management plan did not include complaint procedures however complaint procedures has been since added on 6/21/2013. In the future administrator Pansy Clarke will meet monthly with the team members to review and evaluate each complaint from residents/families and for staff. As of 7/1/2013 Quality Management meetings will be held once a month to address inspection/Plan of Correction and any other residential concerns including but not limited to incident reports, fire safety and fall prevention.

Repeat Violation: Yes _____ Date(s) of Previous Violation(s): 04/04/2013

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 *7/17/13*

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

The above plan of correction is approved as of *7/24/13*
 (Date)

Plan of correction implementation status as of *7/24/13*
 (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 - 06/19/2013 - 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.

Resident # 2 did not have a signed statement acknowledging receipt of a copy of the resident rights, however as of 7/8/2013 each resident has received a copy of their resident rights and has signed that a copy was received.

In the future we will each resident sign a copy of resident rights upon the admission process when contracts are signed, and give each resident a copy. enclosed is a copy of the resident rights given/will be given to new residents related to their rights. The Charge Nurse will be responsible for ensuring this duty is carried out.

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 *7/17/13*

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

The above plan of correction is approved as of: *7/24/13* (Date)

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

Plan of correction implementation status as of *7/24/13* (Date)

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

Violation Report: 13571 - 06/19/2013 - Kuntz, Andrea
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 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 5-29-13 does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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.

Direct care staff person hired 5/29/13 did not provide copy of high school diploma before hire however in the future (as of 6/21/2013) every new hire must have provided all required documents according to the pre-employment documentation checklist which was created on 6/21/13 before employment will be considered by Administrator Pansy Clarke. (Enclosed is a copy of the pre-employment documentation checklist)

• Administrator Pansy Clarke will review all documents prior to hiring any new employee
 Direct care staff person is no longer an employee at ACCS

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/04/2012

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 Administrator Date 7/17/13

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

The above plan of correction is approved as of 7/24/13 (Date)

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

Plan of correction implementation status as of 7/24/13 (Date)

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

Violation Report: 13571 - 06/19/2013 - Kurtz, Andrea POH Name: ACCOLADES SENIOR CARE	
1. REGULATION 55 Pa.Code §2600 2600.65(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.	
2a. DESCRIPTION OF VIOLATION Ancillary staff person B, who began work on 5-29-13, did not receive a general orientation to their job functions.	
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>Ancillary staff person B was orientated to her job functions however no documentation was provided. In the future Administrator Pansy Clarke and per Charge Nurse Yvette Grehal will provide to each new hire an orientation schedule that was created and implemented for new hires on 7/2/2013 (copy enclosed). Staff person B will be reorientated and documentation will be maintained, by 8/15/13.</p> <ul style="list-style-type: none"> Pansy Clarke administrator will do review of all pre-employment documentation to ensure regulatory compliance. This review will be performed prior to employment, and education and further training will be provided to NSG Supervisors. 	
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 7/17/13	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>7/14/13</u> (Date)	Plan of correction implementation status as of <u>7/14/13</u> (Date)
The above plan of correction was approved by <u>[Signature]</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 - 06/19/2013 - Kurtz, Andrea
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 56 Pa.Code §2600
 2600.65(d) - Direct care staff persons hired after April 24, 2008 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A, hired on 5-29-13, is providing unsupervised ADL services. The staff person did not complete and pass the Department-approved direct care training course and passing of the competency test.

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.

Staff terminated: 6/28/13

Plan: In the future administrator Pansy Clarke will make sure that all new hired direct care staff will take and pass the direct care staff training course prior to their initial orientation day on the unit. Will educate the nursing supervisor with the requirements of newly hired staff prior to assigning them on the unit.

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 *7/17/13*

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

The above plan of correction is approved as of: *6/11/13* (Date)

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

Plan of correction implementation status as of *6/11/13* (Date)

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

Violation Report: 13571 - 08/19/2013 - Kutz, Andrea
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.65(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 C did not received 12 hours of annual training in training year 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.

Direct care staff person C did receive the 12 hour of annual training related to job responsibilities however the records was not appropriately filed and was not available to us until on 6/19/13. Training log was located on 7/8/2013

Plan: Administrator Pansy Clarke have reviewed and update our staff educational binder. In the future administrator will review and make sure all staff training records are appropriately file. Will educate supervisor how to appropriately filled out the staff training sheet appropriately to include title of person and length of time mandator training log.

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/04/2012

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 Administration* Date *7/17/13*

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

The above plan of correction is approved as of *7/24/13* (Date)

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

Plan of correction implementation status as of *7/24/13* (Date)

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

Violation Report: 13571 - 06/19/2013 - Kurtz, Andrea
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa. Code §2600
 2600.65(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 C hired 6-2-10, did not receive training in Fire Safety, Emergency preparedness, Resident Rights, The Older Adult Protective Services Act, and Falls and Accident Prevention during the 2012 training year.

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.

Educational file was inappropriately filed and could not be located during inspection 6/19/13

Administrator Pansy Clarke has located educational training sheet and filed them appropriately in the staff educational log for staff and all staff.

I have also develop personal educational log for each staff member so by chance of misfiled we will have here back up file.

[Redacted] has been taught to appropriately file searching logs for staff so they can be readily available when needed.

attached is copies of misfiled educational staff logs.

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/04/2012

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 Administrator* Date *7/17/13*

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

The above plan of correction is approved as of 7/24/13 (Date)

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

Plan of correction implementation status as of 7/24/13 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 13571 - 09/19/2013 - Kutz, Andrea
PGH Name: ACCOLADES SENIOR CARE

1. REGULATION 65 Pa.Code §2600
2600.65(l) - 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 the source and content length of each 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.

Effective immediately all records of staff training will be completed in its entirety by the charge nurse for each monthly scheduled staff training. In addition administrator Pansy Clarke will train nursing supervisor/charge nurse to read the proper completion of the form to ensure regulatory 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 7/17/13

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

The above plan of correction is approved as of: *7/24/13* (Date)
The above plan of correction was approved by: *[Signature]* (Initials)
Plan of correction implementation status as of: *7/24/13* (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 13571 - 06/19/2013 - Kutz, Andrea

PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The left brake on the wheel chair belonging to Resident #1 is broken off. The resident can not securely lock the chair when transferring in or out of it.

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.

Script obtained from PCP for wheel chair replacement on 6/28/13. Wheel chair was delivered to resident on 7/3/13

Administrator Pansy Clarke educate all staff to do weekly check on resident devices and appliances for safety. Staff to report malfunction or concerns. Resident must have resident's safety and good working condition also. Follow up check is done by Administrator weekly for that they are clean and good working condition also. All wheel chairs will be kept in good working condition.

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 7/12/13

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

The above plan of correction is approved as of

8/1/13
(Date)

Plan of correction implementation status as of

8/1/13
(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 - 06/19/2013 - Kurtz, Andrea
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 - 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
 - Two bottles of hydrogen peroxide, with a manufacture's label indicating "get medical help or contact poison control immediately," was unlocked and accessible to residents in room 12. Residents of the home, including Resident #3 and #4, have not been assessed capable of recognizing and using poisons safely.
 - One bottle of rubbing alcohol, with a manufacture's label indicating "In case of ingestion, seek professional assistance or contact poison control immediately," was unlocked and accessible to residents in room 12. Residents of the home, including Resident #3 and #4, have not been assessed capable of recognizing and using poisons safely.
 - Two bottles of nail polish remover, with a manufacture's label indicating "In case of accidental ingestion, consult with local Poison Control Center," was unlocked and accessible to residents in room 12. Residents of the home, including Resident #3 and #4, have not been assessed capable of recognizing and using poisons safely.

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 6/19/2013 all poisonous material was removed from residents room and Administrator Clarke met with resident and spoke to her explaining that all medications taken must be ordered by physician and they must contain labels with instructions and kept locked and administered by staff. Additionally Mrs. Clarke met with staff on 6/19/2013 and re-educated them on the immediate removal of OTC medications/poisonous material when found in rooms and procedure

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Pamela Clarke Administrator* Date *7/17/13*

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

The above plan of correction is approved as of *7/24/13*
 (Date)

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

Plan of correction implementation status as of *7/24/13*
 (Date)

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

Violation Report: 13571 - 06/19/2013 - Kirtz, Andrea
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 65 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 bathroom on the third floor across from room 26, does not have an operable window or ventilation fan.
 The bathroom in room 27 does not have an operable window or ventilation fan.

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 6/19/2013 the bathroom in room 27 ventilation fan has been replaced with a new one.

In the future - House keeper will be accountable for making rounds/room checks on physical site to ensure regulatory compliance.

Additionally administrator Pansy Clarke will make weekly physical site inspections to ensure resident safety and regulatory compliance.

Staff will also be trained by Administrator Clarke to perform inspections properly while performing safety rounds to aid in assurance of compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/04/2012

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 Administrator Date 7/17/13

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

The above plan of correction is approved as of *7/24/13* (Date)

Plan of correction implementation status as of *7/24/13* (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 - 06/19/2013 - Kuntz, Andrea
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa. Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 The phone in the medication area does not have emergency service numbers posted.

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 6/19/13 Telephone numbers were posted for local emergency management, nearest hospital, fire department, poison control and personal care home complaint hot line by each land line telephone.

Plan: In the future during daily rounds the Charge Nurse [redacted] will be responsible for ensuring that 911 phone numbers are posted on or near all land line phones. Additionally all staff will be informed that the numbers must be posted at all times near/on land line phone in next staff meeting scheduled for 7/20/2013

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Barbara Clarke Administrator* Date *7/17/13*

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

The above plan of correction is approved as of *7/18/13* (Date) Plan of correction implementation status as of *7/18/13* (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 - 08/19/2013
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION # Pa. Code 2600.02
2600.02 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
The screen in room #8 is bent at the bottom and does not cover the window.

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 6/19/13 the screen in room 8 that was bent and did not cover the window was replaced.

Plan: In the future housekeeping/maintenance will be responsible for physical site inspections and reporting findings to Administrator Pansy Clark or Spelling Supervision [redacted]. Additionally a Maintenance log was created on 7/4 and housekeeping/maintenance will be educated to use proper completion of the log as weekly checks regarding needed repairs. (copy of maintenance log enclosed)

Repeat Violation: Yes Date(s) of Repeat Violation(s): 12/04/2012 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 7/17/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved by [Signature] (Date) 7/18/13
Plan of correction implementation status as of 7/18/13 (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 - 06/19/2013 - Koltz, Andrea
 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 public bathroom on the second floor near room 14 does not have a door knob.
- The doorknob on the door from the dining room to the front porch is broken and being held together with duct tape.

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 6/19/2013 the public bathroom on second floor near room 14 door knob was replaced.

In the future Administrator Pansy Clarke will perform weekly physical site inspections to ensure resident safety and regulatory compliance. Housekeeping/Maintenance will be trained by administrator Clarke on how to properly perform physical site inspection and how to properly document any findings in the newly created Maintenance log. Any findings will be immediately reported to either administrator Pansy Clarke or Nursing Supervisor for immediate repair or replacement.

Repeat Violation: No Date(s) of Previous Violation(s): 04/04/2013

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 7/17/13

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

The above plan of correction is approved as of: *7/24/13* (Date)

Plan of correction implementation status as of *7/24/13* (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 - 06/19/2013 - KCFZ, Andrea PCH Name: ACCOLADES SENIOR CARE	
1. REGULATION 68 Pa.Code §2806 2806.104(i)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.	
2a. DESCRIPTION OF VIOLATION - The mattress belonging to Resident #6 is torn exposing the foam inside. - The mattress to the left of the door is covered in clear packaging plastic that is not fire retardant.	
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 6/26/2013 mattress belonging to resident #6 which was torn exposing foam inside was replaced. Plan: In the future direct care staff and house keeping/maintenance will be educated by Administrator Pansy Clarke on the things to look for related to physical site when doing safety rounds and performing regular care to residents. on 7/8/13 a maintenance log was created and staff was trained by Administrator Clarke to the proper completion and expected follow through which include reporting findings to Administrator or Nursing Supervision immediately.	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 04/04/2013
Signature of Legal Entity Representative (Required on EVERY Page) Pansy Clarke	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Administrator Pansy Clarke	
Date: 7/17/13 (8/6/13)	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of: 7/18/13 (Date)	Plan of correction implementation status as of: 7/24/13 (Date)
The above plan of correction was approved by: [Signature] (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13671 - 06/19/2013 - Kuriz, Andrea
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 65 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 room 8 does not have a source of light that can be turned on/off from bedside.
 The bed in room 6 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.

On 6/28/2013 the nurse light in room 8 was replaced with a new lamp.

Plan: In the future direct care staff and housekeeping/maintenance will be educated by administrator Clarke on the things to check for related to physical site and regulatory compliance when performing regular care, cleaning resident rooms and every four safety rounds. On 7/8/2013 a Maintenance log was created and staff was trained by Administrator Pansy Clarke to use proper computers and expected follow through. Additionally administrator Pansy Clarke will perform weekly physical site inspection to ensure regulatory comp.

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/14/2012

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 Administrator Date 7/17/13

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

The above plan of correction is approved as of <u>7/24/13</u> (Date)	Plan of correction implementation status as of <u>7/24/13</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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 - 06/19/2013 - Kurtz, Andrea
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.101(r)(1) - There must be drapes, shades, curtains, blinds or shutters on the bedroom windows.

2a. DESCRIPTION OF VIOLATION
 The bedroom window in room 28 does not have shades, blinds or shutters.

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 6/24/2013 the bedroom window in room 28 blinds were installed.

Plan: In the future Direct Care Staff, House Keeping and Maintenance will be trained by Administrator Pansy Clarke on the proper way to look for related to physical site inspection. Administrator Pansy Clarke will perform weekly physical site inspections, additionally on 7/8/2013 a maintenance log was put in place and staff was trained by Pansy Clarke to properly complete the form and immediately report any findings to either her or nursing supervisor for immediate repair or replacement.

of Previous Violation(s): 04/04/2013

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 7/17/13

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

The above plan of correction is approved as of 7/24/13 (Date)
 The above plan of correction was approved by [Signature] (Initials)
 Plan of correction implementation status as of 7/24/13 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 13571 - 08/19/2013 - KUIZ, Andrea
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION
 The window coverings on the window in the bedroom and bathroom of room 16 is a sheer white curtain and does not provide for adequate privacy.

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 window covering in the bedroom and bathroom of room 16 has been replaced as of 6/20/13.

Plan: In the future Administrator Pansy Clarke, Training Supervisor [redacted] and House Keeping Staff will inspect each resident room and ensure that the window coverings provide privacy and cover the entire window.

Direct Care Staff will also check window covering during resident safety rounds to ensure they are in place and providing adequate privacy every day. Pansy Clarke will also perform weekly physical site inspection to ensure regulatory compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/04/2013

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 7/17/13

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

The above plan of correction is approved as of <u>7/24/13</u> (Date)	Plan of correction implementation status as of <u>7/24/13</u> (Date)
The above plan of correction was approved by <u>[Signature]</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 - 06/19/2013 - Kurtz, Andrea
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.102(d)(2) - Bathtubs and showers must have slip-resistant surfaces.

2a. DESCRIPTION OF VIOLATION
 The bathtub in room 16 and in the second floor bathroom next to room 20 does not have a slip-resistant surface.

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 7/3/2013 a slip resistant surface was installed in the bathtub in room #16 and in the second floor bathroom next to room #20.

Plan: Direct Care staff and housekeeping / maintenance personnel will perform daily physical site inspections and report any findings to administrator Pansy Clarke or Nursing Supervisor [redacted]. Additionally on 7/8/2013 Ms. Clarke implemented a maintenance log to be completed daily to physical site findings and immediate action to be taken to repair or replace any maintenance findings.

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 *7/17/13*

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

The above plan of correction is approved as of *7/14/13*
 (Date)

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

Plan of correction implementation status as of *7/16/13*
 (Date)

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

Violation Report: 13571 - 06/19/2013 - Kurtz, Andrea
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION
 On 6-19-13, at 11 am, the middle bathroom on the second floor did not have paper towels, a mechanical air blower or individual cloth hand towels that are labeled with the names of each resident who uses the bathroom..

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.
~~Mechanical air blower installed 6/12/13~~
 Paper towel holder installed 6/23/13 with paper towels.

Plan: Administrator Pansy Clarke and Nursing Supervisor [redacted] will train Direct Care Staff, House Keeping and Maintenance on the proper things to look for when doing physical site inspection rounds. On 7/16/13 administrator created a physical site check list for house keeping and trained them to its proper use. They are expected to complete physical inspections daily and check bathrooms every two hours to make sure they are properly done.

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 *7-7-13*

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

The above plan of correction is approved as of *7/24/13* (Date)
 The above plan of correction was approved by *AB* (Initials)
 Plan of correction implementation status as of *7/24/13* (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 13571 - 06/19/2013 - Kurlz, Andrea
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa. Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

A soup bowl and a plastic tub containing left over food was dated but not labeled.

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 container with the food was labeled with the contents of the container also dated 6/19/13

Administrator met with the cooks and educate them in the proper storage, labeling of foods to include left overs.

Administrator Pansy Clark will check refrigerator/freezer for correct labeling and storage of food to stay in compliance regulations every week.

Will assign head cook [redacted] to be responsible for the correct labeling and storage of food.

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 7/17/13

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

The above plan of correction is approved as of

7/24/13
 (Date)

Plan of correction implementation status as of

7/24/13
 (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 - 06/19/2013 - Kirtz, Andrea
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
The two boxes of cereal and a large box of Aunt Jemimah pancake mix in the kitchen were opened and unsealed.

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 boxes was put in a plastic bag and sealed 6/19/13

The cooks was educated by Pansy Clarke administrator on appropriate storage of food to maintain the freshness. Pansy Clarke administrator will do weekly checks on food storage area to make sure food is properly stored for freshness and regulatory compliance. Head cook [redacted] will be responsible for daily check on food storage areas for the correct storing of food/food products to stay in regulatory compliance. Check off log implemented for staff to use, check and sign off on that they are maintaining the correct procedure for storage of food/food products.

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 7/17/13

DEPARTMENT USE ONLY (HOMES MAY NOT WRITE BELOW THIS LINE)

The above plan of correction is approved as of 7/14/13 (Date)

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

Plan of correction implementation status as of 7/14/13 (Date)

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

Violation Report: 13571 - 06/19/2013 - KURTZ, Andrea
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION
 The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm 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.

The home emergency procedure has put in place indicators for 15-minute rounds and check when a smoke detector or fire alarm is malfunctioned 6/23/13

Administrator Paray Clarke has developed and implemented a 15-minute check list for the staff. The staff has been educated of this 6/23/13

The emergency phone number for emergency response has been posted for the staff to utilize to call the emergency team if the system should become inoperable. 6/23/13

The charge nurse [redacted] will check the fire alarm indicators on her daily rounds for operable/inoperable condition on weekends the charge med tech is responsible.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Paray Clarke Administrator Date 7/17/13

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

The above plan of correction is approved as of 7/24/13 (Date)

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

Plan of correction implementation status as of 7/24/13 (Date)

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

Violation Report: 13571 - 06/19/2013 - KUH2; Andrea
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 65 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

According to the fire drill log during the fire drill of 6-18-13 Resident #5 did not evacuate to a public thoroughfare or a fire safe area.

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 Pansy Clarke sat down with resident #5 and informed her the importance of leaving her room when the fire alarm indicates evacuation. 6/18/13
 The afternoon on 6/18/13 the fire chief came and we (the administrator / fire chief) again met with resident #5 and he explain to resident why she has to leave the room to a safe place when the fire alarm sounds.

The administrator Pansy Clarke has inform all staff of resident #5 behavior. If her behavior remain unchanged they must use the keys to her room to open the door and get her to safety. The keys to resident's room is kept in the locked closet.

If the resident does not participate in a fire drill, the administrator will conduct a 2nd monthly fire drill to ensure that the resident participates.

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 7/17/13

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

The above plan of correction is approved as of

7/17/13
 (Date)

Plan of correction implementation status as of

(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 - 06/19/2013 - KURTZ, Andrea
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 - The medical evaluation for Resident #2 does not include special health or dietary needs of the resident.
 - The medical evaluation for Resident #4, dated 6-9-13 does not include medication regimen, contraindicated medications, and medication side effects.
 - The medical evaluation for Resident #7, dated 6-1-12, does not include medication regimen, contraindicated medications, and medication side effects.

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 for resident #2 has been updated to show dietary needs 6/28/13
 The medical eval for resident #4 has been updated to show medication regimen 6/28/13
 The medical eval for resident #7 has been updated to show medication regimen 6/28/13

[Redacted] has been educated with the medical eval and how to carefully check to see if these areas are filled out by the PCH and if not to inform me (Penny Clarke) Administrator. I will carefully check all medical eval on all new consults for these areas to make sure they are addressed by the PCH prior to the actual admission to stay in regulatory compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/04/2012

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 Administrator* Date *7/17/13*

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

The above plan of correction is approved as of 7/24/13 (Date)

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

Plan of correction implementation status as of 8/1/13 (Date)

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

Violation Report: 13571 - 06/19/2013 - KUTZ, Andrea
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 66 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #7's last medical evaluation was completed on 6-1-12.

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 #7 was seen on 6/28/13 and the medical evaluation was completed by the PCP.

Charts are now labeled with the due date for annual renewal of Physicals and RASP so we can stay in regulatory compliance

Administrators and Charge Nurse Supervisor will monitor these dates and get them done to avoid repeat in violation

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/04/2012

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 Administrator* Date *7/17/13*

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The above plan of correction is approved as of <i>[Signature]</i> (Date)	Plan of correction implementation status as of <i>[Signature]</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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 - 06/19/2013 - Kutz, Andrea
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 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 6-20-13, one half of a blue pill with white inside, was on the floor near the medication cart closest to the dining room.
 - On 6-20-13, Combivent 2 puffs 4 times daily for Resident #8 was opened but not dated. The manufactures instructions say to discard after 200 puffs.
 - On 6-19-13, Humalog 6-100 for Resident #9 was opened and dated 4-5-13. The manufactures instruction state "throw away opened vial after 28 days of use, even if there is insulin left in vial."
 - On 6-19-13, Novolog 100 unit ML for Resident #10 was opened and dated 5-16-13. The manufactures instructions state "storage in refrigerator 28 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.

- Resident #9 Humalog insulin was discarded and new vial put in place 6/19/13
 - Resident #10 Novolog insulin obtained and implemented with date 6/27/13
 Blue pill on floor med tech education on med administration
 Resident #8 Combivent instructed 6-25-13 and ongoing
 Plan: Administrator Tandy Clarke educate and will continue to educate LPA, med tech on med administration and fire rights. also to stay with all resident until all meds taken. Check ID see if they are checking their pills ongoing education to staff.
 [Redacted] is now responsible to check med carts insulins etc. to see that they are correctly labeled and opened meds to remove from the cart and insulin box
 Staff med tech, LPAs [Redacted] informed to read manufactures instruction for all practices and implement that expiration date on containers

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/04/2013 12/04/2012

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tandy Clarke Administrator* Date *7/17/13*

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The above plan of correction is approved as of *8/1/13* (Date)
 The above plan of correction was approved by *[Signature]* (Initials)
 Plan of correction implementation status as of *8/1/13* (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 13571--08/19/2013 - Kuitz, Andrea
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The label for Resident #11's Advair diskus does not include the resident's name, the date the prescription was issued, the prescribing 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.

On 6/13/13 [redacted] contacted and asked that all our resident meds be properly labeled with the: Resident name, the name of the medication, the date prescribe, the prescribe dosage and instructions for administration and name, title of the prescriber.

Plan: Administrator Pansy Clarke educate [redacted] also med tech on the correct labeling of all resident medications. If they note otherwise to inform myself or [redacted] and we will get in touch with the pharmacy (ongoing). Med Cart check is carried out daily by head med tech and weekly on Fridays by [redacted] (ongoing). Administrator Pansy Clarke will do a monthly check with the pharmacist on both med carts for Regulatory 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 7/17/13

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Plan of correction Implementation status as of 8/1/13 (Date)

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

Violation Report: 13571 - 06/19/2013 - Kutz, Andrea
 PGH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa. Code §2600
 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 According to the Medication Administration Record for Resident #11, on June 6 through June 13, 2013, at 8 pm, staff person A, who has not successfully completed the Department-approved medications administration course, administered medications to residents of 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.

Staff Person "A" has been terminated.

Plan: Administrator Pansy Clarke has developed and implemented a check list of requirements for all new hires. Only when this list is completed can the new hire start medication.

This should keep us in regulatory compliance

See attached check list

The administrator will review the staff schedule weekly to ensure that a trained medication aide is available on all shifts.

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 *7/17/13*

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Plan of correction implementation status as of *8/1/13* (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 13671 - 06/19/2013 - Kurtz, Andrea
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 65 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 Resident #4 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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 was educated and given a copy of the resident's right to refuse medication. He believes that there may be a medication error.
 7/8/13

Plan: [Redacted] has given all resident a copy of resident's right with right to refused medication if he/she believes that there may be a medication error. A copy was put on their chart. Administrator Pansy Clarke has included a copy of this right in all admission package (on going)

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 Accolades Administrator* Date *7/17/13*

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

Violation Report: 13571 - 08/19/2013 - K112, 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 #4 admitted 5-9-13 does not include a determination that the home can meet the service needs of the resident.

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 6/28/13 DN [redacted] gave permission for resident to reside in a personal care home during this house visit.

Administrator Paray Clarke has informed [redacted] that this determination has to be done and documented on all admission prior to the actual admission day. Best to be done during prescreening or initial consult for admission if place. Follow up on all admission paperwork will be review by administrator.

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

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

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) Paray Clarke Administrator 7-17-13

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The above plan of correction is approved as of 8/11/13 (Date)

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

Plan of correction implementation status as of 8/11/13 (Date)

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

Violation Report: 13571 - 06/19/2013 - KURTZ, Andrea
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 56 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
 On 6-7-13 Resident #1 was prescribed Respidon because of increased agitation. His RASP dated 4-4-13 was not updated to reflect his psychological 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.
 RASP was updated to show respidon usage for increase agitation on 7/3/13

Administrator Pansy Clarke has educated [redacted] that when changes occurred in resident's condition that their RASP has to be updated to show changes in condition and implement plan for treatments as changes occurred in resident's condition. Administrator will check resident's file as a follow up to any change documentation by [redacted] monthly.

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 *7-17-13*

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 Plan of correction implementation status as of *8/1/13* (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 13571 - 06/19/2013 - Kurtz, Andrea
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
 Resident #4 participated in the development of their support plan on 6-13-13. The Resident did not sign the support plan. The home did not make a notation regarding the resident's not signing.

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 Signed Support Plan 6/23/13

Administrator Pansy Clarke has educated [redacted] that all resident or family member must sign support plan and if they refused to sign then it must be documented in resident chart and on support plan with the date.

All resident RASP's will be reviewed quarterly, starting 9/1/13, to ensure all resident needs are identified and all participant signatures are documented.

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 7/7/13

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The above plan of correction is approved as of <u>8/1/13</u> (Date)	Plan of correction implementation status as of <u>8/1/13</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 13671 - 06/19/2013 - Kurtz, Andrea
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION
Resident #1 did not have a pre-admission screening completed on the Department's pre-admission screening form.

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.

Pre-admission screening was corrected 6/03/13 and dated.

Plan: Administrator Pansy Clarke has educated nursing Supervisor [redacted] on the appropriate forms to use from the side forms to stay in regulatory compliance. This form has been added to the admission packet.

The nursing supervisor will review all resident records quarterly, beginning 9/1/13.

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 7-17-13

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8/1/13
(Date)

Plan of correction implementation status as of

8/1/13
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 13571 - 06/19/2013 - Kurtz, Andrea
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

- Resident #1's records does not include a picture of the resident.
- Resident #2's record does not include ID marks or emergency contacts.
- Resident #3's record does not include a picture, ID marks, hair color, emergency contact information, and medical insurance information.
- Resident #7's record does not include eye color, ID marks, and religious affiliation.

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 the above residents charts has been updated with recent picture, ID, new demographic sheet with all important information including phone numbers insurance cards

Administrator Pansy Clark has educate [redacted] that the picture & residents, emergency contact names with reachable phone numbers, insurance information and religious affiliation is all information that should be on the demographic sheet. That sheet should be filled out completely on all residents.

All residents charts are currently been updated with all the above information should be completed by 8/30/13

Administrator Pansy Clark will review all charts after 8/30/13 to see that they are completely updated

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 Administrator

Date 7-13

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Plan of correction implementation status as of 8/1/13 (Date)

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

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