



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: January 13, 2014**

Ms. Pansey Clarke, President  
Accolades Senior Care  
123 Meeting House Lane  
Cherry Hill, New Jersey 08002

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

Dear Ms. Clarke:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 16, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

A handwritten signature in black ink that reads "Roslyn Brewer/SK". The signature is fluid and cursive, with the initials "SK" at the end.

Roslyn Brewer  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

|   |  |                       |
|---|--|-----------------------|
| PCH Name: ACCOLADES SENIOR CARE   |  | License Number: 13571 |
| Address: 246 MELROSE AVENUE, EAST LANSDOWNE, PA 19050   |  | County: Delaware      |
| Administrator: Pansey Clarke  |  | Region: SOUTHEAST     |
| Legal Entity Name: ACCOLADES SENIOR CARE LLC  |  |                       |
| Legal Entity Address: 123 MEETING HOUSE LANE, CHERRY HILL, NJ 8002  |  |                       |
| Certificate(s) of Occupancy   |  |                       |
| Staffing Hours  |  |                       |
| Resident Support: 0   | Total Daily Staff: 42  | Waking Staff: 32      |
| Type of Inspection: Partial   | BHA Docket Number:   | Notice: Unannounced   |
| Reason(s) for Inspection(s)   |  |                       |
| Complaint   |  |                       |
| On-Site Inspections Dates and Department Representatives On-Site  |  |                       |
| 09/16/2013: Kazimer, Lauren; McHale, Christine  |  |                       |
| 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<br>Number of Residents Served: 39<br>Secured Dementia Care Unit in Home: No<br>Area:<br>Secured Dementia Unit Capacity, if Applicable:<br>Number of Residents Served in Secured Dementia Care Unit, if applicable:<br>Number of Current Hospice Residents: 0<br>Number of Hospice Residents in past year: 0 | Number of Residents who:<br>Receive Supplemental Security Income: 39<br>Are 60 Years of Age or Older: 4<br>Have Mental Illness: 21<br>Have an Intellectual Disability: 1<br>Have a Mobility Need: 3<br>Have a Physical Disability: 0 |                       |

Violation Report: 13571 - 09/16/2013 - Kazimer, Lauren  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 65 Pa.Code §2600  
 2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION  
 - On 9/16/2013, a live adult bed bug was seen crawling on a mattress in resident room #7 and there were pin-size blood stains on the sheets.  
 - In room #23, a live adult bed bug was seen crawling on the mattress located to the right of the doorway.  
 - In room #25 a live adult bed bug was seen crawling on the box spring of the bed farthest from the 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.

Accolades Senior Care has a contract with [redacted] exterminators and our home is currently being treated for all insects and rodents. We also are treating our home M-W-F with Harris Bed Bug Killer by Staff (Housekeeping) Maintenance.

Plan of Correction: The pin size blood stain sheets have been discarded, all residents room has been inspected for any evidence of bed bugs or bites. Exterminator used and treated specific rooms listed above. All new residents clothing will be run through hot dryer before use.

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

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

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 10/9/13 (Date)      Plan of correction implementation status as of 10/9/13 (Date)

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

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

Violation Report: 13571 - 09/16/2013 - Kazimer, Lauren  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(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 following mattresses were not fire retardant due to still being wrapping in its original shipping plastic:  
 -The mattress and box spring in resident room #4.  
 -The mattress and box spring in room #23, closest to the 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.

The mattress and box spring in Room #4 and room # 23 was in the original shipping plastic, however the plastic has since been removed. In the future all original shipping plastic will be removed from both mattress and box spring before being placed on residents bed.

All beds will be checked for shipping plastic. All plastic shipping covers will be removed. The home's Administrator will check all new mattresses and box springs when they are placed in resident rooms to ensure shipping plastic has been removed. Crew 10/9/13

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/19/2013

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

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>10/9/13</u><br>(Date) | Plan of correction implementation status as of <u>10/9/13</u><br>(Date)   |
| The above plan of correction was approved by <u>Crew</u><br>(Initials)  | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |