



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:** DEC 11 2014

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

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

Dear Ms. Clarke:

As a result of the Department of Public Welfare's licensing inspection on 04/21/14, 4/28/14 and 4/29/14 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Roslyn Brewer", written over a faint, larger signature.

Roslyn Brewer  
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 08002		
Certificate(s) of Occupancy		
<b>Staffing Hours</b>		
Resident Support:	Total Daily Staff: 47	Waking Staff: 35
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 04/21/2014: Adams, Patricia; McHale, Christine		
Off-Site Inspection Dates and Inspectors, if Applicable 04/28/2014: Adams, Patricia 04/29/2014: Adams, Patricia		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 45 Number of Residents Served: 40 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: 18 Have Mental Illness: 37 Have an Intellectual Disability: 1 Have a Mobility Need: 7 Have a Physical Disability: 2

Violation Report: 13571 - 04/21/2014 - Adams, Patricia  
 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 4/14/14, a fire started in a laundry basket in room #3 where a lighted match or cigarette was discarded; causing the contents to ignite. The alarm sounded and the sprinkler system in the room was activated. Residents were evacuated. At 11:38 am East Lansdowne, Darby, Lansdowne, Yeadon and Garrettford-Drexel Hill fire companies responded. The fire was contained within the room by the home's sprinkler system. There were no injuries. The home did not submit an incident report to the Department until 4/21/14.

**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. Regulation 55 Pa. Code 2600  
 2600.16© - 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)
2. Description of Violation  
 On 4/14/14, a fire started in a laundry basket in room #3 where a lighted match or cigarette was discarded; causing the contents to ignite. The alarm sounded and the sprinkler system in the room was activated. Residents were evacuated. At 11:38 am East Lansdowne, Darby, Lansdowne, Yeadon and Garrettford-Drexel Hill fire companies responded. The fire was contained within the room by the home's sprinkler system. There were no injuries. The home did not submit an incident report to the Department until 4/21/14.
3. Plan of Correction (POC) On 4/14/14 an incident report was submitted to the department and a phone call was made leaving a message related to the above mentioned incident, however in the future we will attach to the incident report the facsimile confirmation as proof that the incident was sent.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/19/2013
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Randy Clarke* *Administration*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Randy Clarke* Date *6/16/14*

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

The above plan of correction is approved as of <i>6/5/14</i> (Date)  The above plan of correction was approved by <i>[Signature]</i> (Initials)	Plan of correction implementation status as of <i>6/5/14</i> (Date)  <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
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Violation Report: 13571 - 04/21/2014 - Adams, Patricia  
 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 inoperable smoke detector policy states "staff shall make an inspection of the facility every 15 minutes to check for possible fire hazards and document the checks in writing." On 4/14/14, the home's smoke detectors were inoperable from about 12:30 pm until 4:00 pm on 4/15/14. The home initiated their policy on 4/14/14 at 8:45 pm. The home documented 15 minute resident checks; not an inspection of the facility for possible fire hazards.

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. Regulation 55 Pa. Code 2600  
 2600.130(h) - The home emergency procedures shall indicate the procedure that will be immediately implemented until the smoke detector or fire alarms are operable.
2. Description of Violation  
 The home's inoperable smoke detector policy states "staff shall make an inspection of the facility every 15 minutes to check for possible fire hazards and document the checks in writing." On 4/14/14 the home's smoke detectors were inoperable from the about 12:30 pm until 4:00 pm on 4/15/14. The home initiated their policy on 4/14/14 at 8:45 pm. The home documented 15 minute resident checks; not an inspection of the facility for possible fire hazards.
3. Plan of Correction(POC) - On the above mentioned date our inoperable smoke detector policy did not include site rounds for fire hazards, however since this incident our policy has been revisited and the appropriate changes has been made. Staff has been educated to the changes made to this policy

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Annalyn Clarke*      Date *5/15/14*

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

The above plan of correction is approved as of *5/15/14*  
 (Date)

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

Plan of correction implementation status as of *5/15/14*  
 (Date)

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

Violation Report: 13571 - 04/21/2014 - Adams, Patricia.

PCH Name: ACCOLADES SENIOR CARE

**1. REGULATION 55 Pa.Code §2600**

2600.144(b) - The home rules shall specify whether the home is designated as smoking or nonsmoking.

**2a. DESCRIPTION OF VIOLATION**

On 4/14/14, resident #1 dropped a lighted match or cigarette in a laundry basket in room # 3; causing a small fire. The home rules do not permit smoking in resident rooms.

**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. Regulation 55 Pa Code 2600  
2600.144(b) - The home rules shall specify whether the home is designated as smoking or nonsmoking
2. Description of Violation: On 4/14/14, resident #1 dropped a lighted match or cigarette in a laundry basket in room #3; causing a small fire. The home rules do not permit smoking in resident rooms
3. Plan of Correction (POC): The house rules has been since revised reflecting that Accolades Senior Care is a Non-Smoking Home and that smoking is not allowed inside the home with no expectations. Smoking is only allowed on the exterior of the home at the designated area only.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative:

(Required on EVERY Page)

*Pansy Clarke*

*Administration*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

*Pansy Clarke*

Date *5/16/14*

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

The above plan of correction is approved as of

*6/5/14*  
(Date)

Plan of correction implementation status as of

*6/5/14*  
(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 - 04/21/2014 - Adams, Patricia  
 PCH Name: ACCOLADES SENIOR CARE

- 1. REGULATION 55 Pa.Code §2600**  
 2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
  - (2) If the condition of the resident significantly changes prior to the annual assessment.
  - (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

A lighted match or cigarette dropped in a clothes basket in room # 3 by resident #1, on 4/14/14, caused a small fire. The most recent RASP, dated 3/13/14 was not updated to reflect the resident's needs based on the incident.

**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. Regulation 55 Pa. Code 2600  
 2600.225(c) - The resident shall have additional assessments as follows:
  - (a) Annually
  - (b) If the condition of the resident significantly change prior to the annual assessment.
  - (c) At the request of the Department upon cause to believe that an update is required.
  
2. A lighted match or cigarette dropped in a clothes basket in room #3 by resident on 4/14/14 caused a small fire. The most recent RASP dated 3/13/14 was not updated to reflect the resident's needs based on the incident.
  
3. Plan of Correction: In order to stay in compliance with state regulation and for the safety of the resident involved in the above mention incident and the other resident's in the home we will update the RASP I in the first 24 hours preceding the incident and share it with the staff so it can be immediately implemented in resident's care

Repeat Violation: Yes      Date(s) of Previous Violation(s): 06/19/2013

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Pansy Clarke*      Date *5/16/14*

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

The above plan of correction is approved as of *4/5/14*  
 (Date)

Plan of correction implementation status as of *4/5/14*  
 (Date)

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

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

## Accolades Senior Care

### Fire Safety Policy

#### Fire Extinguishers

Accolades Senior Care has several fire extinguishers located throughout the building on each floor and in each wing including the basement, first, second, and third floors. Staff should familiarize themselves with all of their locations for use in the event of emergencies. Staff should be able to use a fire extinguisher only to clear a blocked exit path, not to actually fight the fire. Dietary staff should also be able to use a fire extinguisher in the event of a small grease fire. Staff is not in training to become firefighters, only to be able to evacuate safely despite fire-blocked exits or for kitchen staff to manage minor grease fires. Fire Extinguishers will be checked monthly by the Administrator to ensure its effectiveness.

#### Smoke Detectors, Alarms, and Sprinklers

Accolades Senior Care is equipped with a fire suppression system to protect the safety and well being of residents in the event of a fire emergency. This system is equipped with smoke detectors and sprinklers that are a part of the alarm system. This system will assist with suppressing a fire, but will not completely put out a major fire. The purpose of the system is to give staff enough time to evacuate the building until the fire department arrives. The firefighters will try to save the structure if possible. Monthly fire drills will be performed to practice evacuations in the event of a real emergency.

#### Designated Meeting Place for Evacuated Residents

In the event of a fire, residents must be evacuated to a safe meeting area away from the building. Residents should go on the far side of the driveway and remain in that area so the Residents do not block the entrance for all the fire trucks and equipment.

#### Inoperable Alarm System

In the event that the alarm system is inoperable, staff shall make an inspection of the facility every 60 minutes to check for possible fire hazards. The designated staff person shall document the checks in writing until the alarm is repaired by the contracted service provider.