



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: DEC 08 2014**

Ms. Pansy Clarke, 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  
License #: 135710

Dear Ms. Clarke:

As a result of the Department of Human Services' (Department) licensing inspection on June 14, 2014, July 22, 2014 and November 13, 2014, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Pursuant to 62 P.S. § 1026(b)(1) and 55 Pa.Code § 20.71(a)(3) (relating to conditions for denial, nonrenewal or revocation), the Department is not renewing your Regular license to operate the above facility. The decision to NON-RENEW your license is based on your failure to submit an acceptable plan to correct violations. In accordance with 55 Pa.Code § 20.52 (relating to plan of correction), a legal entity shall submit an acceptable written plan to correct each violation and establish an acceptable period of time to correct these violations.

On June 14, 2014, the Department determined Accolades Senior Care (Accolades) failed to maintain sanitary conditions in accordance with 55 Pa.Code § 2600.85(a) (relating to sanitary conditions) and issued the enclosed LIS. On July 22, 2014, the Department determined Accolades continually failed to maintain sanitary conditions and issued the enclosed LIS. Accolades did not submit a plan of correction in response to the July 22, 2014 LIS.

On November 13, 2014, following multiple attempts to obtain Accolades' plan of correction, the Department hand-delivered the July 22, 2014 LIS to Accolades with instructions to submit an acceptable written plan to correct violations within 24 hours. As of the date of this letter, Accolades has not submitted a plan to correct any violations issued as a result of the July 22, 2014 inspection. During the November 13, 2014 onsite inspection, the Department determined Accolades continually failed to maintain sanitary conditions as specified on the enclosed LIS.

Ms. Pansy Clarke

2

Additionally, as a result of repeated and current violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), the Department is not renewing your Regular license to operate the above facility. The decision to NON-RENEW your license is made pursuant to 62 P.S. § 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation).

In accordance with 55 Pa.Code § 2600.269(a)(3) (relating to ban on admissions), no new resident admissions are permitted after the date of this letter.

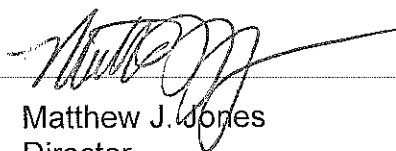
If you disagree with the decision to NON-RENEW your license, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager  
Human Services Licensing  
Department of Human Services  
Room 631 Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

The enclosed Licensing Inspection Summary specifies plans of correction and dates by which corrections must be made. If you choose to appeal, this plan of correction must be followed during your operation pending your appeal.

Sincerely,



Matthew J. Jones  
Director

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: Pansy 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		
<b>Staffing Hours</b>		
Resident Support:	Total Daily Staff: 46	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 06/04/2014; McHale, Christine; Braswell, Natasha		
Off-Site Inspection Dates and Inspectors, if Applicable 06/05/2014; McHale, Christine		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
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: 18 Have Mental Illness: 37 Have an Intellectual Disability: 1 Have a Mobility Need: 7 Have a Physical Disability: 2

Violation Report: 13571 - 06/04/2014 | McHale, Christine  
 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  
 Resident #1 has a physicians order to have their blood sugar tested three times daily at 8:00 am, 12:00 pm, and 8:00 pm. On the following dates and times, resident #1's blood sugar was not tested: 5/15/14 at 8:00 am and 12:00 pm, 5/17/14 at 12:00 pm, 5/18/14 at 8:00 pm, 5/20/14 at 12:00 pm, 5/22/14 at 12:00 pm, 5/24/14 at 12:00 pm, 5/25/14 at 12:00pm, 5/29/13 at 8:00 am and 12:00 pm, 5/31/14 at 12:00 pm, 6/1/14 at 12:00 pm and 6/3/14 at 12:00 pm and 8:00 pm. This error was not reported 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.

*Resident #1 has a physician order to have blood sugar tested three times daily. On the above mentioned dates and times resident #1 was out of facility and therefore resident's #1 blood not taken. Primary care @ VA medical center was notified via fax and phone that resident's blood check was missed to person for being missed.*

*In the future we will report these type of occurrences to human services and licensing.*

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 *7-14-14*

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

The above plan of correction is approved as of <i>7/18/14</i> (Date)	Plan of correction implementation status as of <i>7/18/14</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13571 - 08/04/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

**1. REGULATION 55 Pa.Code §2600**

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

**2a. DESCRIPTION OF VIOLATION**

On 6/4/14, at approximately 10:30 am, the resident's medication administration records were unlocked and accessible in a closet behind where the medication cart is stored in the hallway next to the dining room. This closet is not able to be locked.

**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 6/4/14 the residents medication administration records were unlocked and accessible in a closet that was not able to be locked. On 6/6/14 the closet door lock was installed. Staff was educated on resident's confidentiality and the storage of medication carts when not in use.*

*We now have the MAR's to be locked in bottom drawer of medication cart when not in use which is constantly locked. Charge nurse check qtr each med pass sheet for proper storage of MAR daily.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Pansy Claike*

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

*Pansy Claike Administrator*

Date *7-14-14*

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*7/18/14*  
 (Date)

Plan of correction implementation status as of

*7/18/14*  
 (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 - 08/04/2014 - M. Hale, Christine  
 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 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 does have a high school diploma however he attended high school in Liberia and took the Direct Care Staff training online, however we did not apply for Regulation waiver in a timely manner.

In the future when hiring a new staff person we will apply for regulation waiver in a timely manner and ensure all aspects of Regulation 2600.19 is met, if it applies

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 *7-14-14*

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(Date)

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(Date)

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*[Signature]*  
(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13571 - 06/04/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Staff person A, whose first day of work was 11/18/13, did not receive orientation in any of the topics required by this regulation regarding fire safety and emergency preparedness.

**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 whose first day of work was 11/18/13 did receive orientation on 11/8, 11/9, 11/10 to Charge nurse. On 11/8/13 staff A received orientation according to regulation 55 Pa code 2600.65(a) and two days of job preview to Charge nurse. The first day of work for resident staff person A was 11/18/13 w/o supervision.*

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 *7-14-14*

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 (Date)

Plan of correction implementation status as of

*7/18/14*  
 (Date)

The above plan of correction was approved by

*PP*  
 (Initials)

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

Violation Report: 13571 - 06/04/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  
 (1) Resident rights;  
 (2) Emergency medical plan;  
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).  
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION  
 Direct care staff person A, hired in 11/18/13, did not receive orientation in resident rights, the home's emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and reporting of reportable incidents.

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 A was hired on 11/18/13. Received appropriate orientation according to 2600.65(a). There was one policy related to cell phone policy that was signed on 11/18/13.

The administrator will review all new staff orientation training on the 40th day of hire to ensure the staff have completed the required training topics under this regulation, starting within 30 days of receipt of this plan of correction.

EW

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 *7-14-14*

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

Violation Report: 13571 - 06/04/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

**1. REGULATION 55 Pa.Code §2600**

2600.66(d) - Direct care staff persons hired after April 24, 2006 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 11/18/13, provides unsupervised ADL services to residents in the home during the 11:00 pm to 7:00 am shift. The staff person has not received training that includes a demonstration of job duties, followed by supervised practice. The staff member has also not received training on normal aging, care and needs of residents with special emphasis on the residents being served in the home, and universal precautions.

**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 A was hired on 11/18/13 received all appropriate orientation according to regulation 2600.66(d). Direct Care Staff person A received job preview from charge nurse on 11/9/13 and 11/10/13. Staff person A original date of orientation was 11/8/13 @ 4:00 pm - 6:30 pm which included resident rights and universal precautions. The administrator will check that all direct care staff will be oriented to their job duties + all required topics of this regulation.*

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 *7-14-14*

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- 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 - 06/04/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

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

2a. DESCRIPTION OF VIOLATION  
 The home has a total of four residents who require the use of a glucometer to have their blood sugar tested. The home only has two glucometers that are in working order that belong to resident #1 and resident #2. Based on the readings on these glucometers, the home is using both of these glucometers on all four residents interchangeably. For example, on 6/1/14 the readings on resident #2's glucometer match the blood sugar levels recorded for three of residents who require to have their blood sugar levels tested. On 6/1/14, 6/2/14, and 6/3/14, the numbers stored on resident #2's glucometer match the blood sugar levels recorded for all four residents on that date. On 6/4/14 the numbers stored on resident #1's glucometer match the recorded blood sugar levels for the four residents tested for that date.

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 6/4/14 our home had a total of four residents who require the use of glucometers and only two glucometers that were working order. This problem was corrected on the same day.

In the future the charge nurse will be responsible for the upkeep of glucometers for all diabetic residents.

The administrator will provide training to all staff who administer medications, on the importance of not sharing glucometers due to the risk of transmitting blood borne diseases, within 30 days of receipt of this plan of correction.

The administrator or charge nurse will conduct monthly checks of all glucometers to ensure they are in good working order and are used properly, starting within 30 days of receipt of this plan of correction.

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 *7-14-14*

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

Plan of correction implementation status as of *7/18/14* (Date)

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

Violation Report: 13671 - 06/04/2014 - McHale, Christine  
 FCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION  
 On 6/4/14, a tub of Zinc Oxide belonging to resident #1, that had expired on 4/5/14, was on the medication cart with the remainder of the resident's medication.

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 6/4/14 a tub of zinc oxide belonging to resident #1 that had expired on 4/5/14 was on medication cart. This medication was removed from the cart immediately.

The Charge nurse will perform weekly cart checks and remove any expired medications from cart immediately.

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 *7-14-14*

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Plan of correction implementation status as of *7/18/14* (Date)

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

Violation Report: 13671 - 06/04/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION  
 - Resident #1 has an order for Tylenol 325 mg as needed. This medication was not available in the home.  
 - Resident #3 has an order for Ibuprofen 600 mg as needed. This medication was not available in the home.  
 - Resident #4 has an order for Promethazine with Detromethazine syrup as needed. This medication was not available in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Resident #1 has an order for Tylenol 325 mg as needed. This medication not available in home. Resident 1 get his medication from the VA pharmacy via the postal system and sometimes experience receiving medication in a untimely manner, although several telephone request were made.*

*In the future the charge nurse will place order for ~~new~~ medication upon receiving the new medication so ensure the medications are always accessible to resident as ordered.*

*Resident #3 has an order for i buprofen 600mg as needed. This medication was not available in the home. Resident #3 was experiencing some medical insurance issues which has been resolved as of 6/5/14. We are currently in the process of investigating different resources including pharmacy programs that will assist Resident's medication.*

*Resident #4 has an order for Promethazine w/ Detromethazine syrup which was not in home. Resident has since received a discontinue of for this medication from his PCP and it has been removed from MAR.*

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 *7/19/14*

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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 - 06/04/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
  - (2) Drug allergies.
  - (3) Name of medication.
  - (4) Strength.
  - (5) Dosage form.
  - (6) Dose.
  - (7) Route of administration.
  - (8) Frequency of administration.
  - (9) Administration times.
  - (10) Duration of therapy, if applicable.
  - (11) Special precautions, if applicable.
  - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
  - (13) Date and time of medication administration.
  - (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 has an order for sliding scale insulin based on their blood sugar levels. On 6/1/14, 6/2/14, 6/3/14, and 6/4/14 at 8:00 am, 12:00 pm, and 8:00 pm it was documented that the resident received Insulin, Aspart, Human 100 unit/mL Inj. It is not documented how many units the resident received on these dates. Resident #1 also has an order for Bacitracin Zinc that is available in the home. This medication is not listed on the resident's medication administration record.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Resident #1 had an order for sliding scale insulin based on blood sugar and proper documentation was not done. Since the findings on 6/4/14 the MAR has been revised to reflect how many units the resident received along w/ glucometer reading and date.*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Russ Clarke Administrator*      Date *7-14-14*

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

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

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

Violation Report: 13571 - 06/04/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
 - On 6/1/14, 6/2/14, 6/3/14, and 6/4/14, at 6:00 am, resident #3's Truvada 200 mg/300 mg and Vesicare 10 mg was administered. The resident's medication administration record was not initialed on these dates and times.

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 6/4/14 resident #3 medication was administered on the above mentioned dates, and the MAR was not initialed on the above dates.

On going education with staff to ensure that they are following the five rights of medication administration. The Charge nurse will check medication administration record to make sure that medication are being signed out when administered. Administrator will also discipline staff accordingly.

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

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

The above plan of correction is approved as of 7/18/14 (Date)      Plan of correction implementation status as of 7/18/14 (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 - 06/04/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

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

2a. DESCRIPTION OF VIOLATION  
 Resident #1 has a physicians order to have their blood sugar tested three times daily at 8:00 am, 12:00 pm, and 8:00 pm. On the following dates and times, resident #1's blood sugar was not tested: 5/16/14 at 8:00 am and 12:00 pm, 6/17/14 at 12:00 pm, 5/18/14 at 8:00 pm, 5/20/14 at 12:00 pm, 5/22/14 at 12:00 pm, 5/24/14 at 12:00 pm, 5/25/14 at 12:00pm, 6/29/13 at 8:00 am and 12:00 pm, 5/31/14 at 12:00 pm, 6/1/14 at 12:00, and 6/3/14 at 12:00 pm and 8:00 pm.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Resident #1 has a physician order for b/s testing three times a day. On the above mentioned dates and times was out of facility and therefore resident # b/s was not taken.*

*Resident #1 primary care physician was notified via fax and telephone that residents had missed his blood checks on the above mentioned dates.*

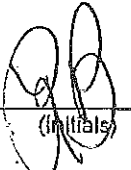
- *Residents has been counseled/educated on the importance of medication compliance related to diabetes.*
- *We have made several attempts to contact primary care at VA medical center to speak to physician to see if times can be changed since resident is non-compliant.*

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 *7/14/14*

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

The above plan of correction is approved as of <u>7/18/14</u> (Date)	Plan of correction implementation status as of <u>7/18/14</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 13571 - 06/04/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 has a physicians order to have their blood sugar tested three times daily at 8:00 am, 12:00 pm, and 8:00 pm. On the following dates and times, resident #1's blood sugar was not tested: 5/15/14 at 8:00 am and 12:00 pm, 5/17/14 at 12:00 pm, 5/18/14 at 8:00 pm, 5/20/14 at 12:00 pm, 5/22/14 at 12:00 pm, 5/24/14 at 12:00 pm, 5/25/14 at 12:00pm, 5/29/13 at 8:00 am and 12:00 pm, 5/31/14 at 12:00 pm, 6/1/14 at 12:00, and 6/3/14 at 12:00 pm and 8:00 pm. The error was not reported to the resident's designated person and 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.

*Resident #1 has a physicians order to have blood sugar tested three times daily. On the above mentioned dates and times resident #1 was out of facility and therefore resident #1 was not taken. Primary care at VA Medical Center was notified via telephone and via fax.*

*We will continue to reach out to primary care physician and seek assistance from them.*

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 *7/14/14*

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

The above plan of correction is approved as of *7/18/14* (Date)      Plan of correction implementation status as of *7/18/14* (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  
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: Pansy 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		
<b>Staffing Hours</b>		
Resident Support:	Total Daily Staff: 46	Waking Staff: 35
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Interim		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
07/22/2014: McHale, Christine		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 46 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	<b>Number of Residents who:</b> 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 - 07/22/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

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

**2a. DESCRIPTION OF VIOLATION**

- On 7/6/14, at 6:00 am, the home used resident #1's glucometer to measure resident #2's blood sugar level.
- On 7/13/14, at 6:00 am, the home used resident #3's glucometer to measure resident #2's blood sugar level.
- On 7/20/14, at 6:00 am, the home used resident #4's glucometer to measure resident #2's blood sugar level.

**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 administrator will schedule an updated medication administration training, by a Diabetic educator, for all staff that administer medications to be held by December 31, 2014. The training will focus on the proper use of glucometers, how to read a glucometer, proper documentation of resident blood sugar results on the Medication Administration Record, how to take a residents blood sugar according to the physicians order and the importance of not sharing glucometers between residents,

-The administrator will contact the physician and responsible person for all residents that were sharing glucometers and request Hepatitis B testing of the individuals involved. The results of the tests will be shared with the Department of Human Services and the Delaware County Department of Health.

-The administrator or designee will conduct weekly reviews of all glucometers and Medication Administration Records of residents that require diabetic blood sugar testing to determine if the glucometer was used properly, was the correct blood sugar level recorded and to ensure that all staff are following the procedures for glucometer use and blood sugar testing.

-Documentation of the training and weekly review of glucometer use will be maintained by the provider.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

06/04/2014

Signature of Legal Entity Representative  
 (Required on EVERY Page)

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

Date

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

The above plan of correction is approved as of \_\_\_\_\_  
 (Date)

Plan of correction implementation status as of \_\_\_\_\_  
 (Date)

The above plan of correction was approved by \_\_\_\_\_  
 (Initials)

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

Violation Report: 13571 - 07/22/2014 - McHale, Christine

PCH Name: ACCOLADES SENIOR CARE

**1. REGULATION 55 Pa.Code §2600**

2600.187(d) - The home shall follow the directions of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

- Resident #4 has an order for their blood sugar level to be checked three times daily when in the home at 8:00 am, 2:00 pm, and 8:00 pm. The resident's blood sugar was not checked on 7/17/14 at 8:00 am and 7/22/14 at 8:00 am. The resident was in the home at these times.

- Resident #5 has an order for their blood sugar level to be checked daily at 8:00 am. The resident's blood sugar was not checked on 7/22/14.

- Resident #6 has an order for their blood sugar level to be checked daily before meals at 7:00 am, 11:00 am, and 4:00 pm. The resident's blood sugar was not checked on 7/10/14 at 7:00 am and 11:00 am, 7/11/14 at 7:00 and 11:00 am, 7/12/14 at 7:00 am and 11:00 am, 7/13/14 at 7:00 am and 4:00 pm, 7/14/14 at 11:00 am and 4:00 pm, 7/15/14 at 11:00 am, 7/16/14 at 11:00 am, 7/17/14 at 7:00 am, 11:00 am, and 4:00 pm, 7/18/14 at 7:00 am, 7/19/14 at 7:00 am, 11:00 am, and 4:00 pm, 7/20/14 at 4:00 pm, and 7/22/14 at 7:00 am and 11:00 am.

**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 administrator will schedule an updated medication administration training, by a Diabetic educator, for all staff that administer medications to be held by December 31, 2014. The training will focus on the proper use of glucometers, how to read a glucometer, proper documentation of resident blood sugar results on the Medication Administration Record, how to take a residents blood sugar according to the physicians order and the importance of not sharing glucometers between residents,

-The administrator or designee will conduct weekly reviews of all glucometers and Medication Administration Records of residents that require diabetic blood sugar testing to determine if the glucometer was used properly; was the correct blood sugar level recorded correctly on the Medication Administration Record; was the physicians order for blood sugar testing followed as ordered; was the procedures for glucometer use and blood sugar testing followed by the staff.

-Documentation of the training and weekly review of glucometer use will be maintained by the provider.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/04/2014	07/07/2014	
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Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**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: Pansy 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		
<b>Staffing Hours</b>		
Resident Support:	Total Daily Staff: 42	Waking Staff: 32
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Interim		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
11/13/2014: McHale, Christine		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 45 Number of Residents Served: 41 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 1	<b>Number of Residents who:</b> Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 24 Have Mental Illness: 41 Have an Intellectual Disability: 1 Have a Mobility Need: 1 Have a Physical Disability: 1	

Violation Report: 13571 - 11/13/2014 - McHale, Christine

PCH Name: ACCOLADES SENIOR CARE

**1. REGULATION 55 Pa.Code §2600**

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

**2a. DESCRIPTION OF VIOLATION**

- On 11/13/14, a staff communication log with confidential information about residents was unlocked and accessible on top of the medication cart that is located in front of the closet.

- On 11/13/14, the closet behind the medication cart containing medication administration records was unlocked leaving the resident records accessible.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

-The administrator or designee will conduct a training of all staff regarding confidentiality of resident records by December 31, 2014. Documentation of the training will be maintained.

-The administrator or designee will conduct daily rounds of the facility to ensure that all resident records are locked and confidentiality maintained, starting December 31, 2014.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

06/17/2014

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

Date

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**The above plan of correction is approved as of \_\_\_\_\_  
(Date)The above plan of correction was approved by \_\_\_\_\_  
(Initials)Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

Violation Report: 13571 - 11/13/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

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

2a. DESCRIPTION OF VIOLATION

- On 11/3/14 at 5:10 pm and 11/4/14 at 5:41 pm, the home used resident #1's glucometer to test resident #2's blood sugar level.
- On 11/12/14 at 7:53 pm, the home used resident #3's glucometer to test resident #4's blood sugar level.
- On 11/11/14 at 6:02 pm, the home used resident #3's glucometer to test resident #5's blood sugar level.
- On 11/5/14 at 5:19 pm, the home used resident #3's glucometer to test resident #2's blood sugar level.

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 administrator will schedule an updated medication administration training, by a Diabetic educator, for all staff that administer medications to be held by December 31, 2014. The training will focus on the proper use of glucometers, how to read a glucometer, proper documentation of resident blood sugar results on the Medication Administration Record, how to take a residents blood sugar according to the physicians order and the importance of not sharing glucometers between residents,

-The administrator will contact the physician and responsible person for all residents that were sharing glucometers and request Hepatitis B testing of the individuals involved. The results of the tests will be shared with the Department of Human Services and the Delaware County Department of Health.

-The administrator or designee will conduct weekly reviews of all glucometers and Medication Administration Records of residents that require diabetic blood sugar testing to determine if the glucometer was used properly, was the correct blood sugar level recorded and to ensure that all staff are following the procedures for glucometer use and blood sugar testing.

-Documentation of the training and weekly review of glucometer use will be maintained by the provider.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/22/2014	06/04/2014
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13571 - 11/13/2014 - McHale, Christine

PCH Name: ACCOLADES SENIOR CARE

**1. REGULATION 55 Pa.Code §2600**

2600.187(d) - The home shall follow the directions of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

- Resident #1 has a physician's order to have their blood sugar level tested twice a day. The resident's blood sugar was not tested on 11/11/14 at 8:00 pm, 11/9/14 at 8:00 pm, 11/7/14 at 8:00 am, 11/6/14 at 8:00 pm, 11/5/14 at 8:00 am and 8:00 pm, as ordered.

- Resident #2 has a physician's order to have their blood sugar level tested three times a day. The resident's blood sugar was not tested on 11/11/14 at 8:00 pm, 11/8/14 at 8:00 pm, 11/2/14 at 8:00 pm, 11/1/14 at 12:00 pm, as ordered.

- Resident #3 has a physician's order to have their blood sugar level tested three times a day. The resident's blood sugar level was not checked on 11/6/14 at 12:00 pm and 8:00 pm, 11/4/14 at 12:00 pm and 8:00 pm, and 11/1/14 at 12:00 pm, as ordered.

- Resident #4 has a physician's order to have their blood sugar level tested twice a day. The resident's blood sugar level was not tested on 11/11/14 at 8:00 pm, 11/9/14 at 8:00 pm, 11/8/14 at 8:00 am and 8:00 pm, 11/7/14 at 8:00 pm, 11/6/14 at 8:00 pm, 11/5/14 at 8:00 pm, 11/4/14 at 8:00 pm, 11/3/14 at 8:00 pm, and 11/1/14 at 8:00 am, as ordered.

- Resident #5 has a physician's order to have their blood sugar level tested three times a day. The resident's blood sugar level was not tested on 11/12/14 at 8:00 pm, 11/11/14 at 8:00 pm, 11/4/14 at 8:00 pm, and 11/3/14 at 8:00 pm, as ordered.

**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 administrator will schedule an updated medication administration training, by a Diabetic educator, for all staff that administer medications to be held by December 31, 2014. The training will focus on the proper use of glucometers, how to read a glucometer, proper documentation of resident blood sugar results on the Medication Administration Record, how to take a residents blood sugar according to the physicians order and the importance of not sharing glucometers between residents,

-The administrator or designee will conduct weekly reviews of all glucometers and Medication Administration Records of residents that require diabetic blood sugar testing to determine if the glucometer was used properly; was the correct blood sugar level recorded correctly on the Medication Administration Record; was the physicians order for blood sugar testing followed as ordered; was the procedures for glucometer use and blood sugar testing followed by the staff.

-Documentation of the training and weekly review of glucometer use will be maintained by the provider.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/04/2014	07/07/2014
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Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented