



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 28 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 Public Welfare's licensing inspection on July 7, 2014, July 8, 2014 and August 14, 2014, 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.

Your regular license for the period August 15, 2014 to August 15, 2015 was issued on June 26, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary

PCH Name: ACCOLADES SENIOR CARE		License Number: 135710
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 Other 06/13/1985 PA L&I		
Staffing Hours		
Resident Support:	Total Daily Staff: 46	Waking Staff: 35
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/07/2014: McHale, Christine; Keppel, Autumn 07/08/2014: McHale, Christine; Keppel, Autumn		
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 who:	
Number of Residents Served: 39	Receive Supplemental Security Income: 1	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 18	
Area:	Have Mental Illness: 37	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 7	
Number of Current Hospice Residents: 0	Have a Physical Disability: 2	
Number of Hospice Residents in past year: 0		

Violation Report: 13571 - 07/07/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION  
 On 7/7/14 and 7/8/14 the home's current violation report was not posted in a conspicuous and public place in the home.

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

Re: Violation Report 13571

Description of Violation  
 On 7/7/2014 the home's current was not posted in a conspicuous and public place in the home

Plan of Correction: On 7/7/2014 our current licensing inspection summary was not posted in a conspicuous and public place in our home since this time our current licensing inspection summary has been place in a binder and placed in a shelf next to the CNA closet.

In the future the assistant administrator will be responsible for making sure the current inspection summary is posted according to the regulatory compliance guide, by checking the postings monthly. (S)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Pansy Clarke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Pansy Clarke Administrator</i>	Date <i>8/8/14</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <i>8/14/14</i> (Date)	Plan of correction implementation status as of <i>8/14/14</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 - 07/07/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2800  
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION  
 The contract for resident #1 was not signed by the administrator.

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.

Description of Violation: The contract for resident #1 was not signed by administrator

Plan of Correction:

All contracts has been reviewed by Administrator Pansy Clarke and Assistant Administrator [redacted] and updated accordingly. We strive for excellence here at Accolades and each day we are improving, therefore it is the plan of the administrator to review all contracts on a quarterly basis, checking for completeness and to prevent any future errors.

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 *8/8/14*

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The above plan of correction is approved as of *8/14/14*  
 (Date)

Plan of correction implementation status as of *8/14/14*  
 (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 - 07/07/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.28(e) - In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P.S. §§ 10226.101 - 10226.107). The home shall keep documentation of the refund in the resident's record.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1 and Resident #2's contract states "The home's refund policy, including refunds of admission fees and refunds resulting from resident's death is as follows: Non-refundable."

**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.

Description of Violation: Resident #1 and Resident #2's contract status "The home's refund policy including admission fees and refunds resulting from resident's death is as follows: non refundable."

Plan of Correction: After reviewing regulation 2600.28 Accolades Senior Care Administrator Pansy Clarke has revised the original policy to have it coincide with the policy regarding death of a resident, however the admission policy is the same regarding refunds but has been clarified to ensure that all new residents have a clear understanding of the policy, Resident #1 and #2's contracts were corrected on 8/8/14. Administrator Pansy Clarke has reviewed all resident's contracts all resident's regarding the refund policy has received an addendum resolving any concerns related to refunds

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 *8/8/14*

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

The above plan of correction is approved as of *8/14/14* (Date)

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

Plan of correction implementation status as of *8/14/14* (Date)

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

Violation Report: 13571 - 07/07/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION  
 Resident reported that direct care staff member B has treated them disrespectfully. Direct care staff member B asked a resident who was late to receive medications "Do you need an invitation?" Direct care staff member B also regularly calls a resident a liar no matter what the resident has to say. Also, when a resident questioned their medications, was given an answer and asked for further clarification, the staff member replied "Do you speak English?"

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.

Description of Violation:  
 Resident reported that direct care staff member B has treated them disrespectfully. Direct care staff member B asked a resident who was late to receive medications "Do you need an invitation?" Direct care staff member B also regularly calls a resident a liar no matter what the resident has to say. Also when a resident questioned their medications, was given an answer and asked for further clarification, the staff member replied "Do you speak English?"

Plan of Correction:  
 Here at Accolades Senior Care we respect each and every one of our residents and take very seriously any report of a resident not being treated with dignity and respect. This is clearly violation of a resident's rights and that kind of behavior is not accepted nor tolerated here at Accolades Senior Care. Since this report of staff member B treating a resident disrespectfully this referenced staff person has been released from our facility. Accolades have a clear policy that educates each staff person of resident's rights and when these rights are violated it is grounds for immediate dismissal. We strive for excellence and will continue to do so to ensure each of our residents is treated with dignity and respect.

A mandatory staff meeting was held educating our staff on effective communication with all residents. We will continue to closely monitor staff communication with our residents here at Accolades Senior Care, on 8/11/14

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 *8/8/14*

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The above plan of correction is approved as of *8/14/14* (Date)

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

Plan of correction implementation status as of *8/14/14* (Date)

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

Violation Report: 13571 - 07/07/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION  
 The home did not obtain a criminal history background clearance for direct care staff member A, hired on 1/29/14.

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.*

Description of Violation:  
 The home did not obtain a criminal history background clearance for direct care staff member A hired on 1/29/14

Our home did request a background history clearance for direct care staff member A hired on 1/29/14 however failed to follow up with patch to receive a print out of the sheet due to under review status. All staff charts have been review by administrator Pansy Clarke for accuracy and updated as needed and in the future administrator Pansy Clarke along with her assistant [REDACTED] will make sure that all staff charts reviewed quarterly.

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 *8/8/14*

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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>8/14/14</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 - 07/07/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 56 Pa.Code §2600  
 2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION

- On 6/28/14, there were 39 residents in the home, including 7 residents with mobility needs, requiring a total minimum of 46 hours of direct care. On this date, only 35 hours and 45 minutes of direct care staffing were provided.  
 - On 6/29/14, there were 39 residents in the home, including 7 residents with mobility needs, requiring a total minimum of 46 hours of direct care. On this date, only 34 hours and 51 minutes of direct care staffing were provided.

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.

Description of Violation:

-On 6/28/14, there were 39 residents' in the home, including 7 residents with mobility needs, requiring a total minimum of 46 of direct care. On this date, only 35 hours and 45 minutes of direct care staffing were provided.  
 -on 6/29/14, there were 39 resident's in the home including 7 residents with mobility needs, requiring a total minimum of 46 of direct care. On this date, only 34 hours and 51 minutes of direct care staffing were provided.

Plan of Correction:

On the above mentioned dates Administrator Pansy Clarke and Assistant Administrator [redacted] worked to increase direct care staffing hours. Assistant Administrator [redacted] worked 16 hours on both days mentioned above from 7am~11pm. Administrator Pansy Clarke worked 16 hours the same mentioned days 11pm~7am.

The Administrator Pansy Clarke is a salaried staff and does not clock in or out, therefore there is no proof of the hours worked as per the time clock, however Assistant Administrator [redacted] did clock in and out for these days.

In the future the scheduled hours will be carefully reviewed by Administrator Pansy Clarke and Assistant Administrator [redacted] whom is already on call every other weekend. We have also increased our PRN staffing to assist us when needed. STAFFING hours will be renewed daily to ensure there is adequate staffing to meet the needs of the residents starting 9/1/14. (S)

Repeat Violation: Yes

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

8/8/14

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The above plan of correction is approved as of

*8/14/14*  
 (Date)

Plan of correction implementation status as of

*8/14/14*  
 (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 - 07/07/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

- On 6/28/14, a total of 46 hours of direct care was required. Of those hours, 34 hours 30 minutes were required during waking hours. However, only 26 hours 15 minutes of the required hours were provided during waking hours.  
 - On 6/29/14, a total of 46 hours of direct care was required. Of those hours, 34 hours 30 minutes were required during waking hours. However, only 27 hours 21 minutes of the required hours were provided during waking hours.

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.

Description of Violation:

-On 6/28/14, there were 39 residents' in the home, including 7 residents with mobility needs, requiring a total minimum of 46 of direct care. On this date, only 35 hours and 45 minutes of direct care staffing were provided.  
 -on 6/29/14, there were 39 residents in the home including 7 residents with mobility needs, requiring a total minimum of 46 of direct care. On this date, only 34 hours and 51 minutes of direct care staffing were provided.

Plan of Correction:

On the above mentioned dates Administrator Pansy Clarke and Assistant Administrator [redacted] worked to increase direct care staffing hours. Assistant Administrator [redacted] worked 16 hours on both days mentioned above from 7am~11pm. Administrator Pansy Clarke worked 16 hours the same mentioned days 11pm~7am.

The Administrator Pansy Clarke is a salaried staff and does not clock in or out, therefore there is no proof of the hours worked as per the time clock, however Assistant Administrator [redacted] did clock in and out for these days.

In the future the scheduled hours will be carefully reviewed by Administrator Pansy Clarke and Assistant Administrator [redacted] whom is already on call every other weekend. We have also increased our PRN staffing to assist us when needed, STAFFING will be reviewed daily starting 8/1/14

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 8/8/14

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The above plan of correction is approved as of

*8/14/14*  
 (Date)

Plan of correction implementation status as of

*8/14/14*  
 (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 - 07/07/2014 - 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 B, whose first day of work was 10/22/13, did not receive orientation in fire safety/emergency preparedness until 10/24/14.

**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 complete

**Description of Violation:**

Staff person B, Whose first day of work was 10/22/13, and did not receive orientation in fire safety/emergency preparedness until 10/24/14.

**Plan of Correction (POC):** Staff person B whose first day of class room orientation was 10/22/13 and the second day of classroom orientation was 10/24/14 which did include fire safety and emergency preparedness. Clinical orientation started after this date which was supervised by Assistant Administrator and Licensed Practical Nurse [redacted] nch. In the future, all new staff will be trained on fire safety orientation topics prior to or on the first day of work starting  
 9/1/14

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 *8/8/14*

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

The above plan of correction is approved as of *[Signature]* (Date)

Plan of correction implementation status as of *[Signature]* (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 - 07/07/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 65 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 C, who began work on 1/1/14, 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.

*See Attached*

*Withdrawn 8/15/14*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Clarke Administrator*      Date *8/8/14*

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

The above plan of correction is approved as of *8/14/14* (Date)      Plan of correction implementation status as of *8/14/14* (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 - 07/07/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(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 B, hired on 10/19/13, providing unsupervised ADL services to residents in the home. The staff person did not receive the Department approved online direct care staff training until 12/19/13.

**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.

*See Attach*

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

Printed Name and Title of Legal Entity Representative: *Randy Clarke Administrator* Date: *8/8/14*  
 (Required on EVERY Page)

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

The above plan of correction is approved as of *8/14/14*  
 (Date)

Plan of correction implementation status as of *8/14/14*  
 (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 LLC  
246 Melrose Ave  
East Lansdowne, PA19050

RE: Violation Report 13571

**Description of Violation:**

Direct Care Staff Person B hired on 10/19/13, providing unsupervised ADL services to residents in the home. The staff person did not receive the Department approved online direct care staff training until 12/19/13.

**Plan of Correction:** Direct Care Person B that was hired on 10/19/13 and at that time did provide a direct care staff training certificate. Upon review of direct care staff person b file the direct care staff certificate was not present. To remain in compliance with the Regulatory Compliance Guide direct care staff b was asked by Administration to retake the exam. Here at Accolades we strive for excellence and provide our residents with the best care possible, this is why we have included in our pre hiring process for each person applying for employment be required to take the direct care staff training and exam here in our facility and present the certificate with the application prior to consideration for hire.

The administrator will review all new staff's completed Direct Care training certificates to ensure it is completed prior to providing unsupervised care of residents starting 9/1/14. (S)

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

PCH Name: ACCOLADES SENIOR CARE

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person D did not receive training on meeting the needs of the residents in the home based on the preadmission screening, the medical evaluation, the assessment, and the support plan in 2013.

**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.*

**Description of Violation:**

Direct Care staff person D did not receive training on meeting the needs of the residents in the home based on the preadmission screening, the medical evaluation, the assessment, and the support plan in 2013.

**Plan of Correction:** Accolades Senior Care annual training for direct care staff includes meeting the needs of the residents based upon the preadmission screening, the medical evaluation, the assessment and the support plan, additionally if there is any change(s) in residents condition which would result in changes being made to RASP staff is immediately notified educational sessions.

On 2/8/13 staff person D received educational training according to regulation 55 Pa. Code 2600.65 attached is documentation of information covered with staff.

In the future we will include subheading for our annual training(s) to reflect the appropriate information being taught to the staff.

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 *8/8/14*

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

The above plan of correction is approved as of

*8/14/14*  
(Date)

Plan of correction implementation status as of

*8/14/14*  
(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 - 07/07/2014 - McFala, Christine  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

- The door knob to the front entrance is broken. When the door is shut it cannot be opened from outside. Therefore, the door is left open during the day. This is hazardous to the residents.
- The ceiling of the bathrooms next to rooms # 6, 10, and 20 have water damage on the ceiling tiles. This is hazardous to the residents.

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.*

Description of Violation:

- The Door knob to the front entrance is broken. When the door is shut it cannot be opened from outside. Therefore, the door is left open during the day. This is hazardous to the residents.
- The ceiling of the bathrooms next to rooms #5, 10, and 20 have water damage on the ceiling tiles of the bathroom next to rooms # 6, 10, and 20 have water damage on the ceiling tiles. This is hazardous to residents

Plan of Correction: The door knob to the front entrance has been repaired. Accolades Senior Care has been currently under heavy upgrades and renovations and has recently had a new roof but on our facility. It's not a usual practice of our facility to have any furniture or equipment not in good repair and we are diligently working to ensure that all equipment is in proper working condition for the safety of our residents. Our contractor has been notified and will have the tiles to the bathroom ceiling replace by Monday 11, 2014

In the future our Lead Housekeeper/Maintenance staff [redacted] will make physical site rounds daily along with Assistant Administrator Yvette Trench to ensure all furniture and equipment is in proper 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 *8/8/14*

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

The above plan of correction is approved as of

*8/14/14*  
 (Date)

Plan of correction implementation status as of

*8/14/14*  
 (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 - 07/07/2014 - McHale, Christine  
 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 resident telephone next to the living room/lounge area does not have emergency service number posted nearby.  
 - The telephone in resident room #23 does not have emergency service number posted nearby.

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.

Description of Violation:

-The resident telephone next to the living room/lounge area does not have emergency service number posted nearby  
 -The telephone in resident room #23 does not have emergency service number posted nearby.

Plan of Correction:

The resident telephone next to the living room/lounge did not have emergency service number posted on date of inspection due to the recent painting of the area, and the private telephone line in resident room #23 did not have emergency service numbers posted. Since this time the emergency number sheet has been reposted and Lead Housekeeper [redacted] along with Assist administrator will make sure all telephones have emergency service numbers posted nearby at all times, by checking monthly.

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

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

Printed Name and Title of Legal Entity Representative      Date 8/8/14  
 (Required on EVERY Page) Pansy Clarke Administrator

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

The above plan of correction is approved as of 8/14/14  
 (Date)

Plan of correction implementation status as of 8/14/14  
 (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 - 07/07/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CAR

1. REGULATION 55 Pa.Code §2600  
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION  
 The window directly across from the door in resident room #28 did not have a screen. On 7/8/14, the window was opened approximately a half an Inch.

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.

Description of Violation:

The window directly across from the door in resident room #28 did not have a screen. On 7/8/2014 the window was opened approximately a half inch

Plan of Correction:

On 7/8/2014 the window in room #28 did not have a screen and the window was opened. The contractor has been contacted and this screen will be replaced on the work order scheduled for 8/11/2014.

In the future the Lead Housekeeper [redacted] will perform physical site rounds daily and report any repairs that need to be made to Assistant Administrator whom will be responsible for contacting and making appointments for all necessary repairs.

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) *Pansy Clarke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Pansy Clarke Administrator* Date *8/8/14*

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

The above plan of correction is approved as of *8/14/14* (Date)

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

Plan of correction implementation status as of *8/14/14* (Date)

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

Violation Report: 13571 - 07/07/2014 - McHale, Christine  
 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 grab bar for the toilet in the bathroom next to room #3 was loose on the right side. The grab bar, while in use, may become hazardous to the residents.

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.

Description of Violation:  
 The grab bar for the toilet in the bathroom next to room #3 was loose on the right side. The grab bar while in use may become hazardous to the residents.

Plan of Correction: The grab bar for the toilet in the bathroom next to room #3 has been repaired. Accolades Senior Care has been currently under heavy upgrades and renovations. It's not a usual practice of our facility to have any furniture or equipment not in good repair and we are diligently working to ensure that all equipment is in proper working condition for the safety of our residents.

In the future our Lead Housekeeper/Maintenance staff [redacted] will make physical site rounds daily along with Assistant Administrator [redacted] to ensure all furniture and equipment is in proper working condition

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kansy Clarke Administrator*      Date *8/8/14*

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

The above plan of correction is approved as of <u><i>8/14/14</i></u> (Date)	Plan of correction implementation status as of <u><i>8/14/14</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" 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 - 07/07/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 65 Pa.Code §2600  
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION  
 The first aid kit in the kitchen does not include eye covering or adhesive 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.

Description of Violation:  
 The First Aid kit in the kitchen does not include eye covering or adhesive tape

Plan of Correction:  
 Eye covering and adhesive tape has been added in the first aid kit in the kitchen and will be inspected quarterly by Charge Nurse [redacted] to ensure it is properly stocked.

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Randy Clarke Administrator*      Date *8/8/14*

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

The above plan of correction is approved as of *8/14/14*  
 (Date)

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

Plan of correction implementation status as of *8/14/14*  
 (Date)

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

Violation Report: 13571 - 07/07/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
 2600.102(j) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION  
 - There is no soap available at the sink in the bathroom next to resident room #8.  
 - There is no soap available at the sink in the bathroom next to resident room #10.  
 - There is no soap available at the sink in the bathroom next to resident room #20.

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.

Description of Violation:  
 -There is no soap available at the sink in the bathroom next to resident room #6  
 -There is no soap available at the sink in the bathroom next to resident room #10  
 -There is no soap available at the sink in the bathroom next to resident room #20

Plan of Correction:  
 On the above mentioned dates the listed bathrooms were missing soap. The soap dispensers were filled immediately upon notice that they were out. It is the usual practice of our Facility to ensure that sanitary conditions are kept at all times. In the future the Assistant Administrator [redacted] /or Administrator Pansy Clarke will check behind lead housekeeper [redacted] three times a day to ensure that the bathrooms are properly stocked.

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 *8/8/14*

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

The above plan of correction is approved as of <i>8/14/14</i> (Date)	Plan of correction implementation status as of <i>8/14/14</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 - 07/07/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION  
 On 7/8/14, twenty-six five gallon bottles of water with an expiration date of 11/2013, were located in the home's basement.

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.

RE: Violation Report  
 On 7/8/14, twenty six gallon bottles of water with an expiration date of 11/2013 were located in the home's basement.

Plan of Correction: On the above mentioned date twenty six bottles of water with an expiration date of 11/2013 were located in the basement of our home. Since this date the bottles of water has been removed and replaced with 30 5 gallon bottles of water by Crystal Spring Water Company. In the future the emergency supply stock will be checked quarterly by Assistant Administrator to ensure that nothing is expired. If anything is found to be expired or close to expiration it will be removed and replaced 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 *8/8/14*

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

The above plan of correction is approved as of *8/14/14* (Date)

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

Plan of correction implementation status as of *8/14/14* (Date)

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

Violation Report: 13571 - 07/07/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

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

**2a. DESCRIPTION OF VIOLATION**  
 The last fire safety inspection and drill observed by a fire safety expert was conducted on 3/7/14. The previous fire safety inspection and observed drill observed by a fire safety expert was conducted on 2/6/13.

**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.

**Description of Violation:**

The last fire safety inspection and drill observed by a fire safety expert was conducted on 3/7/14. The previous fire safety inspection and observed drill observed by a fire safety expert was conducted on 2/5/13.

**Plan of Correction:**

The last fire safety inspection and drill observed was March 7, 2013. This drill was observed by fire Marshal [redacted]. The evacuation time was three minutes which was considered excellent timing by the fire marshal, prior to this the last observed fire drill was conducted July 24, 2013 by volunteer fire fighter [redacted] and [redacted]. The next observed fire drill is scheduled for Oct24, 2014.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Pansy Clarke*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Pansy Clarke Administrator* Date *8/8/14*

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

The above plan of correction is approved as of *8/14/14*  
 (Date)

Plan of correction implementation status as of *8/14/14*  
 (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 - 07/07/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 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  
 The home does not have a designated evacuation time from a fire safety expert. The home's fire drill evacuation times are: 8/6/13 - 2 minutes 50 seconds; 10/31/13 - 3 minutes 5 seconds; 11/115/13 - 3 minutes; 12/29/13 - 2 minutes 48 seconds; 1/31/14 - 3 minutes 10 seconds; 2/5/14 - 2 minutes 55 seconds; 3/7/14 - 3 minutes; 4/3/13 - 3 minutes; 5/24/14 - 2 minutes 54 seconds; 6/30/14 - 3 minutes.

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.

Description of Violation:  
 The home does not have a designated evacuation time from a fire safety expert. The home's fire drill evacuation times are: 8/6/13 2 minutes 50 seconds; 10/31/13 3 minutes; 12/29/13 2 minutes 48 seconds; 1/31/14 3 minutes 10 second; 2/5/14 2 minutes 55 seconds; 3/7/14 3 minutes 4/3/13 3 minutes; 5/24/14 2 minutes 54 seconds 6/30/14 3 minutes.

Plan of Correction: On 2/5/14 East Lansdowne Fire Department Lieutenant [redacted] monitored our home timed fire drill and gave our home an acceptable evacuation time of 3 minutes and 15 seconds. Enclosed please find copy of his correspondence.

*If the home exceeds the acceptable evacuation time of 3 min 15 sec, the administrator will hold another drill during the month to ensure all residents can evacuate within the acceptable time starting 9/1/14*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/26/2014	06/19/2013
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Signature of Legal Entity Representative (Required on EVERY Page) *Ronisy Clarke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ronisy Clarke Administrator* Date *8/8/14*

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

The above plan of correction is approved as of *8/14/14* (Date)

Plan of correction implementation status as of *8/14/14* (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 - 07/07/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
 The home has not conducted a fire drill during sleeping hours from the period of August 2013 to June 2014.

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.

Description of Violation: The home has not conducted a fire drill during sleeping hours from the period of August 2013 to June 2014.

Plan of Correction: Our home has monthly fire drills and has had two during the time frame in question that in our home is considered sleeping hours. Our resident begins to retire to bed after dinner which is served in at 5pm. We held a fire drill at 7:50pm on 2/4/2014 and on 6/30/14 at 7:03pm. With respect to the regulation Accolades Senior Care has revisited the rules and will ensure that we hold a fire drill between the hours of 11pm-7am to ensure that we remain compliant with the Regulatory Compliance Guide.

A sleeping time drill was held on 7/2/14 at 5:45am and evacuated within 3 minutes. (2)

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Pansy Clarke Administrator*      Date *8/14/14*

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

The above plan of correction is approved as of <u>8/14/14</u> (Date)	Plan of correction implementation status as of <u>8/14/14</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 - 07/07/2014 - McFale, Christine  
PCH Name: ACCOLADES SENIOR CARE

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

- 2a. DESCRIPTION OF VIOLATION
- The medical evaluation for resident #1 dated 12/19/13, does not include an immunization history and a mobility needs assessment
  - The medical evaluation for resident #2 dated 1/10/14, does not include a mobility needs assessment
  - The medical evaluation for resident #3 dated 2/15/14, does not include an immunization history and a mobility needs assessment

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. Immediately, include dates by which the steps will be completed.)

Description of Violation:

- The medical evaluation for resident #1 dated 12/19/13 does not include an immunization history and mobility needs assessment
- The medical evaluation for resident #2 dated 1/10/14 does not include a mobility needs assessment
- The medical evaluation for resident #3 dated 2/15/14 does not include an immunization history and mobility needs assessment.

Plan of Correction: All resident medical evaluation has been reviewed for completeness and accuracy. The above referenced resident's Medical Evaluation Forms has been updated and completed by the Primary Care physician on July 23, 2014

Charge Nurse [redacted] has been appointed as the responsible staff to make sure that all Medical Evaluation Forms are completed and up to date.

Report Violation For	Date(s) of Previous Violation(s):	06/19/2013
Signature of Legal Entity Representative (Required on every page)	<i>Pansy Clarke</i>	
Printed Name of Legal Entity Representative (Required on every page)	Pansy Clarke Administrator	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE</b>		
The above Plan of correction is approved as of	<i>8/14/14</i> (Date)	Plan of correction implementation
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 - 07/07/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa. Code §2800  
 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 7/8/14, resident #2's Advair Diskus 250/50, Proventil HFA 120 MCG, and Oxymetazoline HCL 0.005% 15 mL spray that had been discontinued, were being stored on the medication cart with the resident's current medications.

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.

Description of Violation: On 7/8/2014 resident #2 Advair Diskus 250/50, Proventil HFA 120 MCG's and Oxymetazoline HCL 0.005% 15 mL spray that had been discontinued were being stored on the medication cart with the resident's current medications.

Plan of Correction: Accolades Senior Care has a medication policy in place in accordance with regulation 55 Pa. code 2600.183(f) and strictly enforces this policy for the safety of our residents. Our internal investigation revealed that this resident had been discharged from the hospital the evening before inspection and the Medication Tech. on duty failed to follow proper protocol regarding re-admission of a resident and medications therefore unbeknown to administration all medication from hospital discharge was placed in the cart. This employee has been relieved of duties at our facility and we are making staffing changes including adding Licensed Practical Nurses to each shift to eliminate any future medications errors, moreover all current medication techs. Have received education from Nursing Supervisor [redacted] and evaluation of medication protocol with physical demonstration to ensure all steps to medication administration as well discharge and admission steps are followed properly.

The med cart will be audited monthly in review with the MAR's to ensure all required medications are current and discontinued or expired medications are properly discarded starting 9/1/14.

Violation No

Date(s) of Previous Violation(s):

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

Pamela O'Cache

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

Pamela O'Cache Administrator

Date

8/8/14

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

The above plan of correction is approved as of

[Signature]  
 (Date)

Plan of correction implementation status as of

[Signature]  
 (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 - 07/07/2014 - McJale, 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  
 The home's medication policy states that controlled substances will be counted at each change of shift and documented on a narcotic administration sheet. On 7/8/14, the home was keeping two separate narcotic administration sheets for resident #4's alprazolam 0.25 mg. Both sheets were last updated on 7/7/14. The first sheet stated that there were at total of 24 tablets present. The second sheet stated that there were a total of 21 tablets present. There were actually only 20 tablets 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.

Description of violation: The home's medication policy states that controlled substances will be counted at each shift change and documented on a narcotic sheet administration sheet. On 7/8/2014, the home was keeping two separate narcotic administration sheets for resident #4 alprazolam 0.25mg. Both sheets were last dated on 7/7/14. The first sheet stated that there were a total of 24 tablets present. The second sheet stated that there were a total of 21 tablets present. There were actually only 20 tablets available in the home.

Plan of Correction: After the inspection closing, administrator Pansy Clarke immediately launched an internal investigation into the missing narcotics and the presence of two separate narcotic sheets. The results of the investigation revealed that resident #4 had in fact received her medication as ordered however two staff persons were found not following the medication policy protocol and therefore has been relieved of their duties here at Accolades Senior Care.


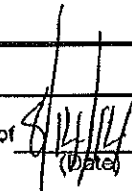
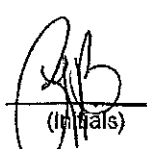
Here at Accolades we strive for excellence and our residents and their safety are first. Since our last inspection, we have made changes to staffing including adding LPN's to each shift and adding additional Medication Techs and new care nurses with years of experience as well as evaluations of remaining staff members. Remaining staff has received re-education from assistant administrator [redacted] regarding all policies, with demonstration of medication passes for med techs to ensure that both the rights of medication pass and Accolades procedures are being followed properly. Charge Nurse [redacted] will be responsible for checking MAR's and narcotic sheets on a weekly basis to ensure that all signatures and medications are present according to physician directions and our medication policy.

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

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Pansy Clarke Administrator      Date 8/18/14

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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 checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13571 - 07/07/2014 - 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**

The medication administration record for resident #1 does not include a diagnosis or purpose for Aspirin 81 mg chew, Citalopram 40 mg, Docusate NA 100 mg, Sennosides 8.6 mg, and Trazodone 50 mg.

**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.

**Description of Violation:** The medication administration for resident #1 does not include a diagnosis or purpose for Aspirin 81mg chew, Citalopram 40mg, Docusate NA 100mg, Sennosides 8.6 mg and Trazodone 50mg.

**Plan of Correction:** All medication administration records has been reviewed and updated to reflect diagnosis for each medication. Charge Nurse [redacted] will review each medication cardex monthly to ensure that each resident's medication administration record includes diagnosis for each medication prescribed.

Administrator Pansy Clarke has met with Pharmacist of Martin Drug which is the pharmacy company that delivers medication to our facility and provide medication administration record for all residents. In this meeting it was discussed in great detail about the accuracy of the MARs and to make sure that medications listed has a diagnosis. Charge nurse will renew MAR's on the 1<sup>st</sup> of every month to ensure diagnosis are noted, starting 9/1/14.

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 *8/8/14*

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The above plan of correction is approved as of *8/14/14* (Date)

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

Plan of correction implementation status as of *8/14/14* (Date)

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

Violation Report: 13571 - 07/07/2014 - McFale, 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

The medications are packaged by the pharmacy so that all of the residents' medications are in individual packets that are labeled with the date and time of when they are to be administered. On 7/8/14 a packet of medication for resident #3 containing Lithium Carb ER 300 mg dated 6/25/14 for 8:00 am was found in the medication cart with the remainder of resident #3's medications.

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.*

Description of Violation:

The medications are packaged by the pharmacy so that all of the resident's medications are in individual packets that are labeled with the date and time of when they are to be administered. On 7/8/2017 a packet of medication for resident #3 containing Lithium Carb ER 300mg dated 6/25/14 for 8:00 was found in the medication cart with the remainder of residents #3 medications

Plan of Correction:

Upon investigation of the medication in question it was discovered the the medication in question it was discovered that the medication was torn from the strip the wrong way by the med tech.

Staff, med techs, LPN's was re-educated by Pansy Clarke administrator and one med tech was terminated from the home

In the future Administration will do closer monitoring of medication technicians to ensure regulatory compliance, by reviewing the MAR'S and medications for all residents are reviewed monthly starting 9/1/14

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 *8/8/14*

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The above plan of correction is approved as of *[Signature]*  
 (Date)

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

Plan of correction implementation status as of *8/14/14*  
 (Date)

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

Violation Report: 13671 - 07/07/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

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

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

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 7/14/14 Accolades Senior Care administrator Pandy Clarke revised the home's current description of service to include admission criteria please find a copy of Accolades admission criteria attached.*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Pandy Clarke Administrator*      Date *8/8/14*

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The above plan of correction is approved as of <u>8/14/14</u> (Date)	Plan of correction implementation status as of <u>8/14/14</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 - 07/07/2014 - McFale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
 2600.223(b) - The home shall develop written procedures for the delivery and management of services from admission to discharge.

2a. DESCRIPTION OF VIOLATION  
 The home does not have written procedures for the delivery and management of services.

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.

Description of Violation:  
 The home does not have written procedures for the delivery and management of services.

Plan of Correction:  
 Accolades Senior Care has now implemented a delivery and management of services, was written and implemented on 8/8/14.  
 Please see attachment for review

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) *Pamela Clarke Administrator*      Date *8/8/14*

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The above plan of correction is approved as of *8/14/14*  
 (Date)

Plan of correction implementation status as of *8/14/14*  
 (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 - 07/07/2014 - McFale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
 2600.225(a) - A resident shall have a written Initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION  
 The Initial assessment for resident #2 admitted 1/17/14, was completed on 2/6/14.

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.

Description of Violation:  
 The initial assessment for resident #2 admitted 1/17/14, was completed on 2/6/2014.

Plan of Correction: Licensed Practical Nurse [redacted] the responsible party for resident assessments and support plan has been re-educated to the proper protocol for support plans, ensuring that the dates of each portion of the plan is completed in the appropriate time frame mandated by Human Servicing and Licensing

All new resident assessments will be completed by the 15<sup>th</sup> day of admission by the LPN starting 9/1/14.

The administrator will review all new resident admission packets to ensure the RASP is completed timely, starting 9/1/14

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

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

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

Date *8/8/14*

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The above plan of correction is approved as of *8/14/14*  
 (Date)

Plan of correction implementation status as of *8/14/14*  
 (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 - 07/07/2014 - McHale, Christine  
 PCH Name: ACCOLADES SENIOR CARE

**1. REGULATION 55 Pa.Code §2600**

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

**2a. DESCRIPTION OF VIOLATION**

The resident's current assessment dated 9/19/13 states that the resident needs total physical assistance with managing finances, and meeting social and recreational needs. The resident's support plan does not address how the home will assist the resident in meeting these needs.

**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.

**Description of Violation:**

The resident's current assessment dated 9/19/13 states that the resident need total physical assistance with managing finances, and meeting social and recreational needs. The resident's support plan does not address how the home will assist the resident in meeting social and recreational needs. The resident's support plan does not address how the home will assist the resident in meeting these needs.

Plan of Correction: Resident's RASP were reviewed and updated and nursing staff has been re-educated on the completion of resident initial's assessments to ensure that they are completed in their entirety by administrator Pansy Clarke. Quarterly checks of resident's charts will be performed by administrator Pansy Clarke to ensure that resident's charts are updated accordingly and any changes in resident status will be made immediately to be reflected on the RASP.

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: *8/8/14*

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The above plan of correction is approved as of *8/14/14* (Date)

Plan of correction implementation status as of *8/14/14* (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 - 07/07/2014 - McPate, Christine  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
 2600.251(a) - A separate record shall be kept for each resident.

2a. DESCRIPTION OF VIOLATION  
 Resident #5's medical evaluation and "Options Determination Report" was being stored in resident #3's 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.

Description of Violation:  
 Resident #5's medical evaluation and "Options Determination was being stored in resident #3's record.

Plan of Correction:  
 All resident's files were checked for missed filed paper work and none were found. We will have 24 hour chart checks performed by Charge Nurses [redacted] and [redacted] to ensure charts are updated and filed correctly.

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 *8/8/14*

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

The above plan of correction is approved as of <u>8/14/14</u> (Date)	Plan of correction implementation status as of <u>8/14/14</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 - 07/07/2014 - McHale, Christine  
 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 #3's records does not include a current photograph. The photograph in the resident's record is not dated and it cannot be determined if it was taken in the last two years.

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.

Description of Violation:  
 Resident#3 records do not include a current photograph. The photograph in the resident's record is not dated and it cannot be determined if it was taken in the last two years.

Plan of Correction:  
 All resident's have updated photos in their file and the Charge nurse along with Assistant Administrator has included a large photo with the date included on the bottom has been added to each file.

In the future the Charge Nurse Penny Lofantant and Assistant Administrator [redacted] will be responsible for making sure that all photos in resident's charts has date to reflect currency by renewing all resident files on an annual basis starting 9/1/14

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Pansie Clarke Administrator      Date 8/18/14

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The above plan of correction is approved as of 8/14/14  
 (Date)

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

Plan of correction implementation status as of 8/14/14  
 (Date)

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