



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 12, 2015

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

RE: Accolades Senior Care
246 Melrose Avenue
East Lansdowne, Pennsylvania 19050
License # 135710

Dear Ms. Clarke:

As a result of the Department of Public Welfare's Adult Residential licensing inspection on December 23, 2014 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Roslyn Brewer DK". The signature is written in a cursive style.

Roslyn Brewer
Regional Licensing Administrator

Enclosure(s)

**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 08002		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 42	Waking Staff: 32
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 12/23/2014: 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 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	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 24 Have Mental Illness: 411 Have an Intellectual Disability: Have a Mobility Need: 1 Have a Physical Disability: 1	

Violation Report: 13571 - 12/23/2014 - 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 11/29/14, at 6:50 am, staff members of the home used resident #1's glucometer to test resident #2's blood sugar level.
 - On 11/30/14, at 7:31 am, staff members of the home used resident #1's glucometer to test resident #3'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.

See Attached

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/04/2014	07/22/2014	11/13/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Pansy Clarke RN Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Pansy Clarke* Date *2/13/15*

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

The above plan of correction is approved as of <u>3/24/15</u> (Date)	Plan of correction implementation status as of <u>3/24/15</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

February 13, 2014

Violation Report: 13571- 12/23/2014

PCH Name: Accolades Senior Care

1. Regulation 55 Pa Code 2600

2600.85(a) sanitary conditions shall be maintained

2. Description of Violation

- On 11/29/14 at 6:50 am, staff members of the home used resident #1 glucometer to test resident#2 blood sugar level

-On 11/30/14 at 7:31 am staff members of the home used resident# 1 glucometer to test resident #3 blood sugar levels

Plan of Correction

On 11/29/14 at 6:50 am and on 11/30/14 at 7:31 am staff members of our home used the wrong glucometer machine to test resident# 2 and resident #3 blood sugar.

Administrator Pansy Clarke conducted an investigation into the errors of improper use of the glucometer machines and found that the actual machines were not labeled with the resident's name only the outer cases, 4 of the 5 glucometer machines are identical

This proves that the machines were mixed up once the cases were removed.

- [REDACTED] labeled each machine on 12/19/14 with each resident's name; this should help us to erricate the issue at hand with the glucometer testing.
- Administrator Pansy Clarke and Charge Nurse [REDACTED] are doing weekly checks of glucometers and their readings to ensure the machines are correctly used to stay in compliance with state regulation. This was implemented on 12/19/2014.
- Administrator Pansy Clarke re-educated all nursing staff on the proper use of individual glucometer machines, additionally administrator Pansy Clarke had diabetic instructor Kathleen Divers RN to in-service staff.
- Continuous diabetic education of all staff that administer medications and weekly glucometer checks will be done by both administrator Pansy Clarke and Charge Nurse Yvette Trench to ensure regulatory compliance.

Pansy Clarke RN
Administrator
2/13/15

Violation Report: 13571 - 12/23/2014 - 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 #3 has a physician's order to have their blood sugar tested three times per day. The resident's blood sugar was not tested on 12/12/14 at 12:00 pm, 12/14/14 at 6:00 am, and 12/20/14 at 6:00 am and 12:00 pm, as ordered.
- Resident #4 has a physician's order to have their blood sugar tested three times per day. The resident's blood sugar was not tested on 12/4/14 at 11:00 am, 12/5/14 at 4:00 pm, and 12/6/14 at 7:00 am and 11:00 am, as ordered.
- Resident #5 has a physician's order to have their blood sugar tested two times per day. The resident's blood sugar level was not tested on 12/2/14 at 8:00 pm, 12/3/14 at 8:00 am, 12/4/14 at 8:00 pm, and 12/21/14 at 8:00 am, as ordered.
- Resident #6 has a physician's order to have their blood sugar tested three times per day. The resident's blood sugar level was not tested on 12/2/14 at 12:00 pm and 8:00 pm, 12/4/14 at 12:00 pm, 12/11/14 at 6:00 am, and 12/12/14 at 6:00 am, 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.

See Attached

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/07/2014	07/22/2014	11/13/2014
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Signature of Legal Entity Representative
(Required on EVERY Page) *Pansy Clarke* *na* *Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Pansy Clarke* Date *2-13-15*

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

The above plan of correction is approved as of *2/24/15*
(Date)

Plan of correction implementation status as of *2/24/15*
(Date)

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

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

February 13, 2014

Violation Report: 13571 – 12/23/2014
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 #3 has a physician order to have their blood sugar tested three times a day. The resident's blood sugar was not tested on 12/12/14 at 12:00 pm, 12/14/14 at 6:00 am, and 12/20/14 at 6:00 AM and 12:00 as ordered.
- -Resident#4 has a physician's order to have their blood sugar tested three times per day. The resident's blood sugar was not tested on 12/4/14 at 11:00 am 12/5/14 at 4:00 pm and 12/6/14/ at 8:00 am as ordered.
- -Resident#5 has physician's order to have their blood sugar tested two times per day. The resident blood sugar was not tested on 12/2/14 at 8:00 pm, 12/3/14 at 8:00am, 12/4/14 at 8:00pm and 12/21/14 at 8:00am
- -Resident #6 has a physician's order to have their blood sugar tested three times per day. The resident's blood sugar level was not tested on 12/2/14 at 12:00 pm and 8:00 pm, 12/4/14 at 12:00 pm, 12/11/14 6:00am and 12/12/14 at 6:00 am as ordered.

Plan of Correction

Resident #3 has a physician order to have his blood sugar check three times a day on 12/12/14 and 12/20/14 at 12:00 pm resident #3 was out of the home at day program. On 12/14/14 and 12/20/14 at 6:00 am resident blood sugar was not tested this was reported to his primary care physician on 12/23/14 upon discovery. Investigation into this matter brings about other residents who also show dillinquieces in accu check testing. Staff members were disciplined.

Resident #4 has a physician order to have his blood sugar checked three times a day on 12/4/14 at 11:00am resident #4 blood sugar was not tested because resident was out of home at dr. appointment at VAMC. On 12/5/14 at 4pm resident#4 was out of home at VAMC for dialysis graft manipulation, resident remained at VAMC for evaluation until 12/6/14. On 12/6/14 resident returned home on 12/6/14 in pm. Accucheck was done at 6pm.

Resident #5 has physician order to have blood sugar tested two times per day. The resident blood sugar was not tested on 12/2/14 at 8:00pm 12/3/14 and 8:00am 12/4/14 at 8:00pm and 12/21/14 at 8:00am All these dates were reported to primary care physician. Upon investigation by administrator Pansy Clarke staff member identified was terminated.