



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to ACCOLADES SENIOR CARE LLC
LEGAL ENTITY

To operate ACCOLADES SENIOR CARE
NAME OF FACILITY OR AGENCY

Located at 246 MELROSE AVENUE, EAST LANSDOWNE, PA 19050
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 45
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 8, 2016 until February 8, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 135711

Robert E. Robinson
ISSUING OFFICER

Gay Baulk
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: AUG 08 2016

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 #: 135711

Dear Ms. Clarke:

As a result of the Department of Human Services' (Department) licensing inspections on February 22, 2016, May 4, 2016 and July 15, 2016 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #135710 dated May 19, 2016 to May 19, 2017 is **REVOKED**. A **FIRST PROVISIONAL** license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This **FIRST PROVISIONAL** license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated May 19, 2016 to May 19, 2017 is **NOT** reinstated upon expiration of this **FIRST PROVISIONAL** license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your **FIRST PROVISIONAL** license is enclosed.

All violations specified on the 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.

Ms. Pansy Clarke

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

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
Licensing Inspection Summary

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

PCH Name: ACCOLADES SENIOR CARE		License Number: 13571
Address: 246 MELROSE AVENUE, EAST LANSDOWNE, PA 19050		County: Delaware
Administrator: Pansy Clarke		Region: SOUTHEAST
Legal Entity Name: ACCOLADES SENIOR CARE LLC		
Legal Entity Address: 123 MEETING HOUSE LANE, CHERRY HILL, NJ 8002		
Certificate(s) of Occupancy Other 06/13/1985 PA Dept. of L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 43	Waking Staff: 32
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/22/2016: Keppel, Autumn; Kazimer, Lauren		
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: 40	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 21	
Area:	Have Mental Illness: 38	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 3	
Number of Current Hospice Residents: 0	Have a Physical Disability: 2	
Number of Hospice Residents in past year: 1		

Violation Report: 13571 - 02/22/2016 - Keppel, Autumn
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION
 The home has not kept any written receipts for Resident #1.

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.

3. Plan of Correction (POC)

On the above mentioned date Resident #1 did not have written receipts for monetary disbursement. Administrator Pansy Clarke had just become rep payee for this resident and [redacted] first payment had not yet been received.

In the future when payment is dispursed a written receipt will be issued which has been initiated on March 1, 2016

The administrator will conduct an audit of All residents financial transactions to ensure written receipts are maintained, starting within 30 days of receipt of this plan of correction.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Pansy Clarke Administrator* Date *4/15/16*

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

The above plan of correction is approved as of *4/12/16* (Date) Plan of correction implementation status as of *4/12/16* (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: 13871 - 02/22/2016 - Keppel, Autumn
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
 The latch to the door in room #9 was covered with duct tape preventing the door from latching shut.

3. PLAN OF CORRECTION (FOC) (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.

3. Plan of Correction
 Resident in room #9 placed duct tape on his door latch, the tape has been removed since the survey and a latch was installed on 2/23/16. Direct Care Staff has been re-educated on the regulations related to resident's privacy. Staff has also been directed to immediately remove any object(s) preventing doors from closing. Assistant Administrator [redacted] will ensure compliance through q 2hr rounds.

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 *4-15-16*

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The above plan of correction is approved as of *4/17/16*
 (Date)

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

Plan of correction implementation status as of *4/17/16*
 (Date)

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



Violation Report: 13571 - 02/22/2016 - Keppel, Autumn
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.54(a) - Direct care staff persons shall have the following qualifications:
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION
 - The nurse aide certification for Staff Member A expired 12/2015.
 - The home does not have documentation of the qualifications for Staff Member B.

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.

3. Plan of Correction:

On 2/22/2016 staff member A did not have current nurse aide certification on file; however the current nurse aide certification was obtained on 2/23/2016 and faxed to southeastern regional office Human Servicing and Licensing.

In the future assistant administrator will review all employee files quarterly to ensure compliance.

All staff files will be reviewed for compliance within 30 day of receipt of the approved plan of corrections.

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 *4-15-16*

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The above plan of correction is approved as of <i>6/17/16</i> (Date)	Plan of correction implementation status as of <i>6/17/16</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 - 02/22/2016 - Keppel, Autumn
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.64(c) : An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Staff Member C, the home's administrator, did not complete any of the required training hours during the 2015 training year.

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: 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 *4-15-16*

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The above plan of correction is approved as of *4/17/16*
 (Date)

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

Plan of correction implementation status as of *4/17/16*
 (Date)

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



Violation Report: 13571-02/22/2016- Keppel, Autumn

PCH Name: Accolades Senior Care

1. Regulation 55 Pa. Code 2600

2600.64(c)- an administrator shall at least 24 hours of annual training relation to the job duties.

2a. Description of Violation

Staff Member C, the home administrator, did not complete any of the required training hours during the 2015 training year.

2. Plan of Correction (POC)

On 2/22/2016 Staff member C annual training related to job duties for year 2015 was not on premises during survey, however the 2015 trainings were completed.

In the future administrator Pansy Clarke will ensure copies of continued education certificate are left on file on premises of home.

The administrator or designee will conduct an audit of ^{ALL} STAFF education records bi-annually to ensure that all staff have completed the required trainings annually, starting within 30 days of receipt of this plan of correction.

Violation Report: 13571 - 02/22/2016 - Keppel, Autumn
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 66 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

Staff Member B did not receive training on medication self-administration, and meeting th needs of resident's as described in the preadmission screening form, assessment tool, medical evaluation, and support plan during the 2016 training year.

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: 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 *4-15-16*

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The above plan of correction is approved as of *4/17/16*
 (Date)

Plan of correction implementation status as of *4/12/16*
 (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 13571-02/222016- Keppel, Autumn

PCH Name: Accolades Senior Care

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

Staff Member B did not receive training on medication, self administration, and meeting the needs of resident's as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the 2015 training year.

3. Plan of Correction

On 2/22/2016 Staff member B did not sign staff training sheets to reflect trainings received during the 2015 training year, however since state survey staff member has been retrained on all required trainings and has signed staff training sheets to reflect trainings.

Administrator Pansy Clarke has mandated that all staff trainings/development are mandatory as a requirement as continued employment with our company, *and will review the staff training bi-annually to ensure all required trainings are completed during the staff training year, starting within 90 days of receipt of this plan of correction.*

Violation Report: 13571 - 02/22/2016 - Keppel, Autumn
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (36 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff Member B did not receive training on resident rights, the Older Adult Protective Services Act, falls, and accident prevention during the 2015 training year.

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: 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>4-15-16</i>
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The above plan of correction is approved as of <i>6/17/16</i> (Date)	Plan of correction implementation status as of <i>6/17/16</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- 02/22/2016

PCH Name: Accolades Senior Care

1. Regulation 55 Pa. Code 2600

2600.65(g)- Direct care staff persons, ancillary persons substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire Safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 - (2) Emergency preparedness procedures and recognition and response to crisis and emergency situations
 - (3) Residents Rights
 - (4) The Older Adult Protective Services Act(35P.S.§§10225.101-10225.5102)
 - (5) Falls and accident prevention
 - (6) New Population groups that are being served at the home that were not previously served if applicable.
-

2a. Description of Violation

Staff Member B did not receive training on residents rights, the Older Adult Protective Services Act, falls and accident prevention during the 2015 training year.

2. Plan of Correction

On 2/22/2016 Staff member B did not receive training on medication self-administration and meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the 2015 training year. Since the state survey staff member B has received all appropriate trainings and sign staff training sheet to reflect training.

Administrator Pansy Clarke has mandated that all staff must attend all staff development and in-services as a requirement for continued employment with our company.

The Administrator will be responsible for ensuring continued compliance @

Violation Report: 13571 - 02/22/2016 - Keppel, Autumn
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
 - A bottle of Steramine 1-G tablets, with a manufacturer's label indicating "If swallowed: Call a Poison Control Center or doctor for treatment advice," was found in a cabinet above the sink in the kitchen and was unlocked and accessible to residents. Residents of the home, including Residents #1, and #2, have not been assessed capable of recognizing and using poisons safely.
 - A bottle of Band-Aid first aid antiseptic, with a manufacturer's label indicating "If swallowed, get medical help or contact a Poison Control Center right away," was found in the first aid kit located in the kitchen and was unlocked and accessible to residents. Residents of the home, including Residents #1, and #2, have not been assessed capable of recognizing and using poisons safely.

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.

In attached

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 *4-15-16*

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The above plan of correction is approved as of *4/17/16*
 (Date)
 The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of *4/17/16*
 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 13571

PCH Name: Accolades Senior Care

1. Regulation 55 Pa. Code § 2600

2600.82(c)- Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. Description of Violation

- A bottle of Steramine 1-G tablets with a manufacture's label indicating "if swallowed: Call a Poison control Center or doctor for treatment advice" was found in a cabinet above the sink in the kitchen and was unlocked and accessible to residents. Residents of the home, including Residents #1, and #2, have not been assessed capable of recognizing and using poisons safely.
- A bottle of Band-Aid first aid antiseptic, with a manufacturer's label indicating "If swallowed, get medical help or contact a Poison Control Center right away." was found in the first aid kit located in the kitchen and was unlocked and accessible to residents. Residents of the home, including Residents #1 and #2, have not been assessed capable of recognizing and using poisons safely.

3. Plan of Correction

On 2/22/2016 a bottle of Steramine G with manufactures label indicating if swallowed call a Poison Control Center or doctor for treatment advice was found in kitchen above sink. It was unlocked and resident #2 had not been assessed capable of recognizing and using poisons safely, however since survey inspection administrator Pansy Clarke held mandatory meeting with all staff members reviewing regulatory compliance and each staff member has been informed that the kitchen door must be closed and locked at times of un-occupancy. Keys has provided to nursing staff and the cook to ensure compliance. Additionally head cook [REDACTED] has been instructed to lock away all hazardous material.

The cooking staff will be trained on the importance of storing security poisons within 30 days of receipt of the POC.

Violation Report: 13571 - 02/22/2016 - Keppel, Autumn
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The trash can located in the third floor common bathroom across from room#26 does not have a lid.

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: 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: *4-15-16*

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

The above plan of correction is approved as of *5/4/16*
 (Date)

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

Plan of correction implementation status as of *5/5/16*
 (Date)

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

Violation Report: 13571- 02/22/2016- Keppel, Autumn
PCH Name: Accolades Senior Care

1. Regulation 55 Pa.Code § 2600

2600.85 (d) – Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. Description of Violation

The trash can located in the third floor common bathroom across from room #26 does not have lid.

3. Plan of Correction

On 2/22/2016 the third floor bathroom for common use trash can did not have a lid. On 2/22/2016 the trash can was replaced with one with a lid

In the future head house keeper [REDACTED] will check each trash can daily to ensure each one has a lid. Assistant Administrator [REDACTED] will check daily as well to ensure compliance.

Violation Report: 13571 - 02/22/2016 - Keppel, Autumn

PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

- On 2/22/16, at 9:36AM, the water temperature at the sink in the bathroom of room #26 measured 135.8 degrees Fahrenheit.
- On 2/22/16 at 9:40AM, the water temperature at the sink in the third floor bathroom located across from room #26 measured 129.5 degrees Fahrenheit.
- On 2/22/16, at 9:50AM, the water temperature at the sink in the second floor common bathroom located across from room #16 measured 135.3 degrees Fahrenheit.
- On 2/22/16, at 9:55AM, the water temperature at the sink in the first floor common bathroom located outside of room #10 measured 137.5 degrees Fahrenheit.
- On 2/22/16, the water temperature at the sink in the first floor women's bathroom located across from room #4 measured 130.4 degrees Fahrenheit.

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: 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 *4-15-16*

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

The above plan of correction is approved as of

5/4/16
(Date)

Plan of correction implementation status as of

5/4/16
(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- 02/22/2016- Keppel, Autumn

PCH Name: Accolades Senior Care

1. Regulation 55 Pa:§ 2600

2600.89(b) Hot water temperature in areas accessible to the resident may not exceed 120°.

2a. Description of violation

- On 2/22/2016 an 9:36AM, the water temperature at the sink in the bathroom of room #26 measured 135.8 degrees Fahrenheit.
 - On 2/22/2016 at 9:40AM, the water temperature at the sink in the second floor common bathroom located across from #26 measured 129.5 degrees Fahrenheit
 - On 2/22/2016 at 9:50 AM, the water temperature at the sink in the second floor common bathroom located across from room #16 measured 135.3degrees Fahrenheit.
 - On 2/22/2016 at 9:55, the water temperature at the sink in the first floor common bathroom located outside of room #10 measured 137.5 degrees Fahrenheit.
 - On 2/22/2016, the water temperature at the sink in the first floor women's bathroom located across from room #4 measured 130.4 degrees Fahrenheit.
-

3. Plan of Correction

On the above mentioned date the water temperatures throughout the home were tested and found out-of compliance. Since the state survey the boiler has been adjusted and water temperatures are inn compliance with state regulation.

To ensure compliance administrator Pansy Clark has implemented daily water temperature checks to be conducted by head housekeeper [REDACTED] and Ms. Clark will be checking temperature logs daily as well.

Violation Report: 13671 - 02/22/2016 - Keppel, Autumn
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2400
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 - The pipe underneath the sink in the third floor common bathroom across from room #16 is leaking.
 - The hot water faucet in the second floor bathroom next to room #23 is broken.

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: 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>4-15-16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *5/4/16*
 (Date)

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

Plan of correction implementation status as of *5/4/16*
 (Date)

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

Violation Report: 13571- 02/22/2016- Keppel, Autumn

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 pipe underneath the sink in the third floor common bathroom across from room # 16 is leaking.
 - The hot water faucet in the second floor bathroom next to #23 is broken.
-

3. Plan of Correction

On 2/22/2016 during state survey the pipe underneath the sink in the third floor common bathroom across from room #16 was leaking. On the same day the hot water faucet in the second floor common bathroom next to room #23 was broken. On 2/22/2016 both the leaking pipe underneath the sink in the common bathroom on the second floor across from room #16 and the hot water faucet in the bathroom on the third floor next to room #23 were repaired. They both were repaired the same day.

In the future [REDACTED] head housekeeper will complete physical site rounds including checking fixtures for leaks and ensuring that they are working properly. Assistant administrator [REDACTED] will be responsible for ensuring this is completed daily.

Violation Report: 13571 - 02/22/2016 - Keppel, Autumn
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION
 The threshold strip of tile located in the second floor common bathroom across from room #16 is cracked in half and poses a risk of cutting bare feet.

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.

2. Plan of Correction

On 02/22/2016 during survey it was found that the threshold strip of tile located in the second floor common bathroom across from room #16 is cracked in half and poses a risk of cutting bare feet, this was repaired on 2/23/2016.

In the future housekeeper [redacted] will inspect all fixtures of home when doing physical site rounds to ensure they are in good repair and working condition and Assistant Administrator [redacted] will ensure this is completed daily.

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 *4-15-16*

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

The above plan of correction is approved as of *6/17/16*
 (Date)

Plan of correction implementation status as of *6/17/16*
 (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 - 02/22/2016 - Keppel, Autumn
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.101(r)(1) - There must be drapes, shades, curtains, blinds or shutters on the bedroom windows.

2a. DESCRIPTION OF VIOLATION
 The bottom of the shade on the window furthest from the closet in room #4 is ripped approximately four inches.

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.

3. Plan of Correction
 On 02/22/2016 during state survey it was discovered that the shade in room #4 was ripped. This has since been removed and replaced on the same day. Despite our best efforts we somehow missed the ripped shade, however in the future to ensure continued compliance with state regulation staff person(s) [redacted] and Assistant Administrator [redacted] will complete daily physical site rounds.

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 *4-15-16*

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

The above plan of correction is approved as of *4/15/16*
 (Date)

Plan of correction implementation status as of *4/15/16*
 (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 - 02/22/2016 - Keppel, Autumn
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
One dented can of crushed tomatoes was found in the homes dry goods storage area located in the 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.

3. Plan of Correction
One dented can of crushed tomatoes was found in the homes dry goods located in the basement. The dented can of crushed tomatoes were removed on 02/22/2016.
In the future head chef [redacted] is the designated person to inspect can goods upon delivery.

The dietary staff will be trained on the importance of removing dented cans within 30 days of receipt of the approved Plan of Correction (POC)

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 *4-15-16*

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

The above plan of correction is approved as of *4/17/16*
(Date)

Plan of correction implementation status as of *6/17/16*
(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 - 02/22/2016 - Keppel, Autumn

PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 58 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures were not submitted to the municipal emergency management agency in 2015.

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.

3. Plan of Correction (POC)

The written emergency procedures were submitted to East Lansdowne Fire Department, however the documentation was misplaced, and since the state survey a new filing system has been established to make documents easily accessible.

The Administrator is responsible for continued compliance @

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 *4-15-16*

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

The above plan of correction is approved as of

4/17/16
 (Date)

Plan of correction implementation status as of

4/17/16
 (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 - 02/22/2016 - Keppel, Autumn
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.109(a) - The home rules shall specify whether the home permits pets on the premises.

2a. DESCRIPTION OF VIOLATION
 The home allows pets and currently has three cats. The home rules state "no pets."

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.

3. Plan of Correction (POC)

The house rules have been updated to state no additional pets allowed. The contacts has also been updated to state no additional pets allowed

Residents will be advised of the change to the house rules within 30 days of receipt of this plan of correction. A copy of the documentation will be maintained reflecting the change.

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 *4-15-16*

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

The above plan of correction is approved as of *4/12/16*
 (Date)

Plan of correction implementation status as of *4/17/16*
 (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: 13671 - 02/22/2016 - Keppel, Autumn
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION

- On 2/22/16, a portable space heater with Resident #3's named written on it was located on a table in the medication cart area on the first floor.
- On 2/22/16, a portable space heater was located on the windowsill next to the exit door in the dining room.

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.

Plan of Correction (POC)

On 02/22/2016 2 space heaters were found in home; however since state inspection those space heaters have been removed from home.

In the future housekeeping and nursing staff will ensure compliance with state regulation by performing physical site rounds daily and inspect for non compliance items such as space heaters and remove them immediately, moreover all residents has been informed that space heaters are not allowed in home

The administrator is responsible for continued compliance @

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>4-15-16</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>4/17/16</i> (Date)	Plan of correction implementation status as of <i>4/17/16</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 - 02/22/2016 - Keppel, Autumn
 PCH Name: ACCOLADES SENIOR CARE

1. **REGULATION 55 Pa.Code §2600**
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. **DESCRIPTION OF VIOLATION**
 The fire extinguisher located in the kitchen does not have an inspection tag.

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.

2. Plan of Correction (POC)

On 02/22/2016 during state survey the fire extinguisher located in the kitchen did not have an inspection tag. The fire extinguisher in question has date written on the fire extinguisher and did not require a tag, however when fire expert inspector was contacted and scheduled an inspection of all fire extinguisher it was suggested to replace the fire extinguisher in question with a new one. On 4/4/2016 the old fire extinguisher was replaced with a new one and upon request of administrator it was tagged by emergency response.

In the future the fire extinguisher will be inspected annually and tagged. Administrator and assistant administrator will be responsible for this task.

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>4-15-16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *5/4/16*
 (Date)

Plan of correction implementation status as of *5/4/16*
 (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 - 02/22/2016 - Keppel, Autumn
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §7000
 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
 According to the home's fire drill records, on the following dates Resident #4 refused to evacuate: 2/28/15, 3/16/15, 6/24/15, 7/28/15, 8/15/15, 10/30/15, 11/19/15, 12/7/15, and 1/18/16.

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.

2. Plan of Correction

Resident # 4 has a diagnosis of agoraphobia or fear of leaving home. Fear of being alone on outside of home. Fire Marshall [redacted] and Fire Chief [redacted] of East Lansdowne has been alerted to resident #4 refusal to leave home, and a list of residents that may require assistance with evacuation in case of fire emergency has been sent to fire department. Additionally our southeastern regional office has been made aware of resident#4 refusal to leave home during fire drills.

The administrator will be responsible for continued compliance as well as ensuring the resident gets services per the order. Staff will be trained on the resident's condition within 30 days of receipt of the POC. (Signature)

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/26/2015

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 4-15-16

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

The above plan of correction is approved as of 6/17/16 (Date)

Plan of correction implementation status as of 6/17/16 (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 - 02/22/2016 - Keppel, Autumn
 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 completed any sleeping drills over the last 12 months.

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.

3. Plan of Correction

On 02/22/2016 during state survey it was not conclusive that a sleeping fire drills was done due to unclear documentation, however since that time another sleeping fire drill has been conducted.

In the future administrator will check fire drill book monthly to ensure regulatory compliance related to sleeping drills and regular monthly fire drills.

The administrator is responsible for continued compliance

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 *4-15-16*

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

The above plan of correction is approved as of *4/17/16*
 (Date)

Plan of correction implementation status as of *4/17/16*
 (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: 13671 - 02/22/2016 - Keppel, Autumn
 PCH Name: ACCOLADES SENIOR CARE

- 1. REGULATION 55 Pa.Code §2600**
 2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:
- (1) Identify the correct resident.
 - (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
 - (3) Remove the medication from the original container.
 - (4) Crush or split the medication as ordered by the prescriber.
 - (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
 - (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
 - (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION
 Resident #5 is on sliding scale for insulin as follows: 150-199= two units, 200-249= four units, 250-299= six units, 280-299= eight units, 300-349= 10 units, 350-399= 12 units, 400-449= 14 units, 450-500= 16 units, 500+= call provider. On the following dates, it was not documented that the resident received the required dose of insulin:

- On 2/19/16, at 7:46AM, their blood sugar was 161 and they should have received two units of insulin.
- On 2/20/16, at 7AM, their blood sugar was 237 and they should have received four units of insulin.
- On 2/20/16, at 12PM, their blood sugar was 252 and they should have received six units of insulin.

- On 2/19/16, Resident #5's blood sugar was 161. The blood sugar level was not recorded on the resident's medication administration record (MAR).

- On 2/19/16, Resident #7's blood sugar was not documented on the resident's MAR.

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: 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>4-15-16</i>
---	---------------------

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

The above plan of correction is approved as of <u>5/4/16</u> (Date)	Plan of correction implementation status as of <u>5/4/16</u> (Date)
The above plan of correction was approved by <u><i>PC</i></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: 13571-02/22/2016 - Keppel, Autumn

PCH Name: Accolades Senior Care

1. Regulation 55 Pa. Code 2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident
 - (2) If indicated by the prescriber's orders measure vital signs and administer medications accordingly.
 - (3) Remove the medication from original container
 - (4) Crush or split medication as ordered by prescriber
 - (5) Place the medication in a medication cup or other appropriate container or in the resident's hand
 - (6) Place the medication in the residents hand, mouth or other route as ordered by prescriber, in accordance with the limitations specified in 2600.1829(b)(4)
 - (7) Complete documentation in accordance with 2600.187 (relating to medication records)
-

2a. Description of Violation

Resident #5 is on sliding scale for insulin as follows:

- 150-199= 2units
- 200-249= 4units
- 250-259=6units
- 260-299= 8units
- 300-349=10units
- 350-399=12units
- 400-449=14 units
- 450-500=16units
- 500+=call provider

It was not documented that the resident received the required dose of insulin

2. Plan of Correction(POC)

On 02/22/2016 it was revealed through state survey that Resident #5 insulin coverage was not documented on the MAR on 02/19/2016 and on the same day resident #5 blood sugar was 161 and it was not documented on the MAR as well.

The Certified Medication Technician(s) and Licensed Practical Nurse(s) responsible for failure to follow the six rights of medication administration has been re-educated and received written write-ups. Assistant administrator [redacted] has been designated to check MAR's and accu-check books on a daily basis to ensure continued compliance.

Violation Report: 13571 - 02/22/2016 - Keppel, Autumn
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 On 2/22/16, Ammonium lactate 12% lotion was unlocked and accessible to residents in Resident #6's room.

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.

2. Plan of Correction(POC)
 Certified Medication Technicians has been re-educated on the importance of returning all medicated items back to medication cart after use.

The administration is responsible for continued compliance (M)

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 *4-15-16*

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

The above plan of correction is approved as of *5/4/16*
 (Date)

The above plan of correction was approved by *(M)*
 (Initials)

Plan of correction implementation status as of *5/4/16*
 (Date)

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

Violation Report: 13571 - 02/22/2016 - Keppel, Autumn
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 On 2/22/16, a package of Nicotine Gum 2mg belonging to Resident #7 was located in the medication cart and was not labeled with the resident's name.

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.

3. Plan of Correction
 The unlabeled nicotine Gum was removed and replaced with Nicotine Gum with label.
 Lead medication Technician has been designated to check medication cart weekly to ensure compliance.

The administrator is responsible for continued compliance (AW)

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 *4-15-16*

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

The above plan of correction is approved as of <u>5/4/16</u> (Date)	Plan of correction implementation status as of <u>5/4/16</u> (Date)
The above plan of correction was approved by <u><i>AW</i></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 - 02/22/2016 - Keppel, Autumn
 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 glucometer that was used to take Resident #5's blood sugar was not labeled legibly with the resident's name.
 The glucometer for Resident #7 was not calibrated to the current date and time.

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.

3. Plan of Correction

The glucometer for resident #5 has been labeled legibly to reflect resident name and resident #7 glucometer has been calibrated to reflect the correct the correct date and time
 Assistant administrator has been designated to check all calibrations of accu-check machines and labels once a month to ensure compliance.

Staff will be trained on the importance of labeling glucometers and calibration of accu-checks within 30 days of receipt of the approved POC

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 *4-15-16*

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

The above plan of correction is approved as of *5/4/16*
 (Date)

Plan of correction implementation status as of *5/4/16*
 (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 - 02/22/2016 - Keppel, Autumn
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #5 has an order for Ondansetron HCL 8mg as needed. This medication is not included on the resident's medication administration record.

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

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

3. Plan of Correction

The PRN medication Ondansetron HCL 8mg has been added to the MAR.

To ensure compliancee assistant administrator has been designated to check MAR's daily.

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)

Date

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

The above plan of correction is approved as of

2/17/16
 (Date)

Plan of correction implementation status as of

2/17/16
 (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 - 02/22/2016 - Keppel, Autumn
 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 #5 has an order for Accucheck at 7:00 AM. On 2/21/16, it was done at 9:52 AM.
- Resident #5 has an order for Accucheck at 4:00 PM. On 2/19/16, it was done at 6:16 PM.

Resident #5 is on sliding scale insulin. The physician is to be notified for blood sugar results over 500. On 2/19/16, the resident's blood sugar was 532 and there was no documentation that the physician was notified.

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: 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>4-15-16</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>6/17/16</i> (Date)	Plan of correction implementation status as of <i>6/17/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13571 – 02/22/2016 – Keppel, Autumn
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 #5 has an order for Accucheck at 7:00 AM. On 02/21/2016, it was done at 9:52 AM

-Resident #5 has an order for Accucheck at 4:00 PM. On 02/19/2016 it was done at 6:16 PM

-Resident #5 is on sliding scale insulin. The physician is to be notified for blood sugar results over 500. On 2/19/2016 the resident's blood sugar was 532 and there was no documentation that the physician was notified.

3. Plan of Correction

Resident #5 accucheck that was scheduled for 7:00 am on 02/21/2016 was not done until 9:52 AM due to resident initial refusal of accucheck at 7:00 am. Resident stated [redacted] was tired and would get [redacted] blood sugar done when [redacted] got up. Resident came to nurse at 9:52 to have accucheck done. Administrator Pansy Clarke has meet with resident to discuss the issue of having [redacted] accu check done at times that [redacted] doctor has ordered.

Resident #5 has an order for accu check at 4:00 pm. On 02/19/2016 resident blood sugar was not tested until 6:16 pm this was the time the resident returned home from dialysis.

Resident #5 is on sliding scale and on 02/19/2016 resident #5 blood sugar reading was 532. The on call nurse [redacted] was notified of resident blood sugar and she called resident #5 primary care physician was notified and a message was left. On Call nurse also called VAMC emergency department and spoke to attending physician who gave instructions to cover resident with 16 units of novolog insulin and monitor resident for signs and symptoms as well as re check blood sugar to ensure it is going down. This was conveyed to the administrator.

In the future all dialog will be documented even if it is after hours, nurses notes has been designed specifically for the nurses on call to ensure continued compliance.

This will be an ongoing discussion in our upcoming quality management meeting.

The administrator is responsible for continued compliance. (10)

Violation Report: 13671 - 02/22/2016 - Keppel, Autumn
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION
The home's medication administration training record for Staff Member D and Staff Member E does not include documentation of the medication administration reviews and observations.

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.

Since the state survey administrator [redacted] spoke to trainer [redacted] and requested the medication administration reviews for staff person D&E This was received on 3/4/2016.

In the future assistant administrator [redacted] will ensure compliance. She has been designated to review employee files and a quarterly basis.

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) <u>Pansy Clarke, Administrator</u>	Date <u>4-15-16</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/17/16</u> (Date)	Plan of correction implementation status as of <u>6/17/16</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: 13671 - 02/22/2016 - Keppel, Autumn
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 65 Pa.Code §2600.
 2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
 - (2) If the condition of the resident significantly changes prior to the annual assessment.
 - (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 The most recent annual assessment for Resident#1 was completed in 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.

3. Plan of Correction

Resident #3 RASP was completed on the appropriate anniversary date however it was not available for state surveyors due to mis-filing. This has since been corrected and the RASP has been completely re done and is now in compliance.

Administrator [redacted] has implemented a new filing system to ensure continued compliance. Monthly chart reviews has also been designated to Administrator Assistant [redacted].

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 *4-15-16*

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

The above plan of correction is approved as of *6/17/16*
 (Date)

Plan of correction implementation status as of *6/17/16*
 (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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: ACCOLADES SENIOR CARE		License Number: 13571
Address: 246 MELROSE AVENUE, EAST LANSDOWNE, PA 19050		County: Delaware
Administrator: Pansy Clarke		Region: SOUTHEAST
Legal Entity Name: ACCOLADES SENIOR CARE LLC		
Legal Entity Address: 123 MEETING HOUSE LANE, CHERRY HILL, NJ 8002		
Certificate(s) of Occupancy n/m n/m		
Staffing Hours Resident Support: 0 Total Daily Staff: 42 Waking Staff: 32		
Type of Inspection: Interim - POC BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 05/02/2016: Gray, Dean 05/04/2016: Gray, Dean		
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: 40 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 35 Have Mental Illness: 40 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 5	

Violation Report: 13571 - 05/02/2016 - Gray, Dean
 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
 On 05/02/16 the cabinets in the kitchen were dirty and stained with grease build-up.

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 5/2/16 the cabinets in the kitchen were dirty and stained with grease, however since state inspection the cabinets in the kitchen has been cleaned. They were cleaned the same day.

In the future: Administrator [redacted] has delegated the task on ensuring the kitchen is cleaned daily including the cabinets, all doors and appliances to head cook [redacted] and has also delegated to assistant administrator [redacted] the task of checking to ensure regulatory compliance.

In addition, a cleaning schedule will be developed and maintained within 15 days of receipt of approved POC. [Signature]

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>07/08/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/14/16</u> (Date) The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>7/14/16</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 13571 - 05/02/2016 - Gray, Dean
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa. Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

On 05/02/2016, an unlabeled pitcher of liquid was observed in the refrigerator.

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 5/2/2016 during state survey of the physical site an unlabeled pitcher of liquid was observed in the refrigerator.

On the same day the pitcher of liquid was removed and labeled to identify the contents in the container

Administrator informed all staff during staff meeting held on 5/13/2016 that all left overs and any containers in the refrigerator and open containers in the cabinets must be labeled with the contents that are in it and dated. Compliance of this is checked daily by head cook!

Dietary staff will be trained on the importance of food labeling within 15 days of receipt of the approval

POC (u)

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 07/08/16

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

The above plan of correction is approved as of 7/14/16 (Date)

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

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

Plan of correction implementation status as of 7/14/16 (Date)

Violation Report: 13571 - 05/02/2016 - Gray, Dean
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.161(a) - Meals shall be offered that meet the recommended dietary allowances established by the United States Department of Agriculture.

2a. DESCRIPTION OF VIOLATION
 The posted menu for 05/07/16 lists "Peanut butter and jelly sandwich" for lunch and on 05/17/16 the posted menu reads; "Cheese Burger W/ Fries" for dinner. These meals do not meet the recommended dietary allowances established by the USDA.

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 5/7/2016 Peanut butter and jelly sandwich for lunch and on 5/17/2016 the posted menu reads: cheese burger with french fries for dinner. These meals do not meet the recommended dietary allowances established by the USDA.

Administrator [redacted] has reviewed and revised the menus with head cook [redacted] to more acceptable meals that meet the requirements established by the USDA.

To ensure regulatory compliance all menus and meal changes must be reviewed and approved by administrator prior to postings.

The administrator is responsible for ensuring the nutritional complement of each menu as recommended by the USDA dietary guidelines. *(u)*

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 *07/08/16*

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

The above plan of correction is approved as of <u>7/14/16</u> (Date)	Plan of correction implementation status as of <u>7/14/16</u> (Date)
The above plan of correction was approved by <u><i>(Signature)</i></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 - 05/02/2016 - Gray, Dean
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.161(b) - At least three nutritionally well-balanced meals shall be offered daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose.

2a. DESCRIPTION OF VIOLATION
 The posted menus listed alternatives of hot dogs, PB and J Sandwich and Chicken Patties on a roll only. The home did not offer an alternative breakfast item or drink.

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 5/2/2016 the menu posted did not reflect alternative breakfast items or drink this was corrected on 5/2/2016

In the future: Administrator will review all menus before posted to ensure regulatory compliance.

The administrator is responsible for ensuring the nutritional complement of each menu as recommended by the USDA dietary guidelines. *(M)*

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>07/08/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *7/14/16*
 (Date)

Plan of correction implementation status as of *7/14/16*
 (Date)

The above plan of correction was approved by *(M)*
 (Initials)

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

Violation Report: 13571 - 05/02/2016 - Gray, Dean
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 Posted menu for 05/07/16 breakfast reads "Waffles sausage juice" and 05/17/16 lunch reads "Accolades Soup hot dogs and veg beans". Posted menus are not specific as to what is being served,

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 5/7/16 posted menus were not specific as to what was being served the menus were revised by administrator and head cook on 5/7/2016. The menus meet recommended daily allowances by USDA, offer alternatives for breakfast, lunch and dinner and specific to what's being served.

In the future: Administrator will review all menus before they are posted to ensure regulatory compliance.

The administrator is responsible for ensuring the nutritional complement of each menu as recommended by the USDA dietary guidelines. *(Signature)*

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>07/08/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/14/16</u> (Date) The above plan of correction was approved by <i>(Signature)</i> (Initials)	Plan of correction implementation status as of <u>7/14/16</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 13571 - 05/02/2016 - Gray, Dean
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

2a. DESCRIPTION OF VIOLATION
 On 05/04/2016, "French fries hamburger on bun" were listed on the menu for Lunch. A tuna fish sandwich and fruit cocktail were served instead. No notice was provided to the residents in advance of the meal.

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 5/4/2016 No notice was provided to resident's in advance of meal changes. On 5/8/2016 administrator met with head cook, reviewed policies / regulations regarding advanced notices of meal changes. All meal changes must be approved by administrator in advance. Resident will be informed of any meal changes one day in advanced before any changes are made.

The administrator is responsible for continued compliance. (u)

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>07/08/16</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>7/14/16</i> (Date)	Plan of correction implementation status as of <i>7/14/16</i> (Date)
The above plan of correction was approved by <i>(u)</i> (Initials)	<input checked="" 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 - 05/02/2016 - Gray, Dean
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.186(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 glucometer for Resident #1 was not calibrated to the correct time.

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 5/2/16 the glucometer for resident #1 was not calibrated to the correct time.

This was corrected the same day by assistant administrator, Glucometers are now checked weekly by assistant administrator to ensure regulatory compliance.

The administrator is responsible for continued compliance. @

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/22/2016
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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>07/08/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/14/16</u> (Date)	Plan of correction implementation status as of <u>7/14/16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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 - 05/02/2016 - Gray, Dean
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

- Resident #1 has a prescription for Vitamin D3 1000 unit tab take one tablet by mouth every day. The label on the actual Vitamin D 1000 IU states 2 tablets by mouth once daily.

- Resident #1's medication administration record (MAR) states inject 24 units subcutaneously of Lantus Insulin at bedtime - if glucose > 150, give 26 units DM. The prescription states inject 32 units under the skin at bedtime, increase as directed for glucose control; Nicotine patch 21 mg Dis - daily and the resident is prescribed Nicotine 7 mg/24 hour daily.

- For Resident #2, MAR states glucose testing at 7:00 AM, 11:00 AM and 4:00 PM. The resident is prescribed glucose testing at 6:00 AM, 12:00 PM and 4:00 PM on non-dialysis days and at 7:00 AM and 4:00 PM on dialysis days.

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 5/2/2016 resident #1 had discrepancies in medications times and administration. This has been corrected. Also on the same day Resident #2 had discrepancies in the times that glucometer checks should be administered on dialysis and non dialysis days. This has been clarified and corrected.

Administrator _____ and Assistant Administrator _____ will check glucometers weekly to ensure the compliance.

All staff will be retrained on Diabetic medication administration within the next 30 days. 7/15/16, by a Diabetic Educator

Repeat Violation:	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 *07/08/16*

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

The above plan of correction is approved as of *7/15/16*
 (Date)

Plan of correction implementation status as of *7/15/16*
 (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 - 05/02/2016 - Gray, Dean
 PCH Name: ACCOLADES SENIOR CARE

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

2a. DESCRIPTION OF VIOLATION
 Resident #1 is prescribed blood sugar testing twice daily at 6:00 am and 8:00 pm. On 5/4/16 the readings taken from the resident's glucometer were as follows:
 04/27 at 6:28 PM,
 04/28 at 6:52 PM,
 04/30 at 6:52 PM,
 05/01 at 6:23 PM,
 05/02 at 5:47 PM,
 05/03 at 5:43 PM,
 05/04 at 7:15 AM.
 The testing was conducted more than one hour before or after the prescribed time.

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 5/2/2016 resident #1 prescribed blood sugar testing twice daily at 4:00 am and 8:00 pm. On 5/4/2016 the readings taken from the resident's glucometer were conducted more than one hour before or after the prescribed time.~~

This has been corrected. Administrator F. [redacted] has re-educated nursing staff to the steps of medication administration and blood sugar testing. Verbal warnings were also given to all responsible staff related to non compliance. Administrator [redacted] has also delegated daily checks to [redacted] to ensure compliance.

*All staff will be trained on Diabetic Medication administration within 30 days of receipt of this plan of correction, by a Diabetic Educator.
 [Signature] 7/20/16*

Repeat Violation: _____ 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 *07/08/16*

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

The above plan of correction is approved as of <i>7/15/16</i> (Date)	Plan of correction implementation status as of <i>7/15/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented