



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 9, 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 # 135710

Dear Ms. Clarke:

As a result of the Department of Human Services' licensing inspection on July 15, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in cursive script that reads "Patricia Adams".

Patricia Adams  
Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH Name: ACCOLADES SENIOR CARE		License Number: 13571
Address: 246 MELROSE AVENUE, EAST LANSDOWNE, PA 19050		County: Delaware
Administrator: Pansy Clarke		Region: SOUTHEAST
Legal Entity Name: ACCOLADES SENIOR CARE LLC		
Legal Entity Address: 123 MEETING HOUSE LANE, CHERRY HILL, NJ 8002		
Certificate(s) of Occupancy		
<b>Staffing Hours</b>		
Resident Support:	Total Daily Staff: 38	Waking Staff: 29
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Interim		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
07/15/2016: Adams, Patricia		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:	Random Indicators:	
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 45 Number of Residents Served: 38 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 1	<b>Number of Residents who:</b> Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 37 Have Mental Illness: 25 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 13571 - 07/16/2016 - Adams, Patricia  
 FCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600

2800.182(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 § 2800.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

- Resident #2 is prescribed blood glucose testing at 7:00 am, before breakfast and at 4:00 pm before dinner. There were no glucometer reading 7/1/16 thru 7/6/16 and 7:00 am on 7/7/16.

- Resident #3 is prescribed Humalog 100 units insulin 10 ml sliding scale PRN <150 = 0U, 151 - 199=1U, 200 - 249=2U, 250-299=3U, 300-349=4U, 350-399=5U>400 contact MD. The glucometer reading on 7/14/16 was 163. There was no documentation Humalog 1U was administered.

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.

As per our documentation we found two dates without documented glucometer readings. Enclosed please find a copy of resident # 2 glucometer sheet.

Nursing Staff has received re-education on glucometer reading/testing and documentation. Administrator will perform checks on MAR's and glucometer sheets 3X week

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Pansy Clarke*

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

Pansy Clarke Administrator

Date 8/25/16

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

The above plan of correction is approved as of 8/30/16  
 (Date)

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

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

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

Violation Report: 13571 - 07/16/2016 - Adams, Patricia  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION  
 Resident # 1's Lantus Insulin was labeled "vial opened 6/11/16". The pharmacy label instructions stated "discard unused portion after 28 days." The vial was half filled and still in use on 7/15/16.

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.

Administration will assume the responsibility of checking and removing expired medication effective 7/15/16 and was implemented on 8/1/16

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 Administration*      Date *8/25/16*

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

The above plan of correction is approved as of 8/22/16  
 (Date)

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

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

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

Violation Report: 13571 - 07/15/2016 - Adams, Patricia

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 is prescribed Lantus 100 units/ml. The medication administration record lists Lantus 10 units/ml.
- The medication administration record for resident #1 does not include the diagnosis for Lantus 10 units/ml.

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.

Administration is now completing Re caps on a monthly basis to ensure diagnosis are accompanied on each listed medication  
 The administrator is responsible for continued compliance

Repeat Violation: No	Date(s) of Previous Violation(s):	05/02/2016	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Pansy Clarke / Pansy Clarke

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Pansy Clarke administrator Date 8/25/16

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

The above plan of correction is approved as of 8/30/16  
 (Date)

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

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

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

Violation Report: 13571 - 07/15/2016 - Adams, Patricia  
 PCH Name: ACCOLADES SENIOR CARE

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

2a. DESCRIPTION OF VIOLATION

- Resident # 1 is prescribed Lantus 100 units/ml, inject 22 units at 8:00 PM daily. Staff person A did not initial the resident's medication administration record on 7/8/16, 7/9/16, 7/10/16 and 7/14/16.

- Resident #1's medication administration record was not initialed for the 8:00 am administration of Cholecalciferol 1000 units on 7/10/16, Docusate NA 100 mg and Bupropion HCL 100 mg on 7/6/16 and 7/7/16 and Sennosides 8.6 mg on 7/8/16.

- Resident # 2 is prescribed Levenir 100 units/ml, inject 10 units at 8:00 PM daily. Staff person <sup>A</sup> did not initial the resident's medication administration record on 7/1/16, 7/3/16, 7/7/16, 7/8/16, 7/9/16, 7/10/16 and 7/14/16.

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.

Nursing staff person A has received Re-education on medication administration and documentation and has received diabetic training by a Certified diabetic teacher.

All nursing staff has also been re-educated on medication administration and documentation.

Administration has assumed responsibility of checking medication administration records and glucometer sheets 3x a week to ensure regulatory 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) Pansy Clarke Date 8/25/16

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

The above plan of correction is approved as of 8/20/16 (Date)

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

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

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

Violation Report: 13571 - 07/15/2016 - Adams, Patricia  
 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 Lantus 100 units/ml, inject 22 units at 8:00 PM daily. The resident is administered Lantus 10 ml, inject 22 units at 8:00 PM daily.
- Resident #2 is prescribed blood glucose testing at 7:00 am, before breakfast and at 4:00 pm before dinner. On 7/15/16, there were no glucometer reading 7/1/16 thru 7/6/16 and 7:00 am on 7/7/16.
- Resident #3 is prescribed Humalog 100 units insulin 10 ml sliding scale PRN <150 = 0U, 151 - 199 = 1U, 200 - 249 = 2U, 250-299 = 3U, 300-349 = 4U, 350-399 = 5U > 400 contact MD. The glucometer reading on 7/14/16 was 163. There was no documentation Humalog 1U was administered.

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.*

Nursing staff has recieved re-education on glucometer reading and medication documentation.

Administrator will perform checks on MAR's and glucometer sheets 3x a week

- As per our documentation we found two dates w/o documented glucometer readings. Enclosed please find a copy of resident #2 glucometer sheet.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/02/2016	
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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) *Pansy Clarke* Date *8/25/16*

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

The above plan of correction is approved as of *8/30/16* (Date)

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

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

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

Violation Report: 13571 - 07/15/2016 - Adams, Patricia  
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600  
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

Resident # 1's medication administration record lists Nicotine 7 mg, Simethicone 80 mg, Metoprolol Tartrate 20 mg, Sennosides 8.6 mg, Cholecalciferol 1000 units and Lantus Insulin 10 ml. The entries were hand written and not legible.

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.

As of 7/15/16 Carbon is no longer used to make additions to medications record, we are now writing directly on the hard copy only. 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)		<i>Pansy Clarke</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Pansy Clarke		8/25/16	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>8/30/16</u> (Date)		Plan of correction implementation status as of _____ (Date)	
The above plan of correction was approved by <u><i>PC</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	