



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

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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 Human Services 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 April 25, 2017 until April 25, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **135710**

Robert E. Robinson
ISSUING OFFICER

Jay Bank
DIRECTOR

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

APR 25 2017

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' annual licensing inspection on December 16, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

Ms. Pansy Clarke

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The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "Rowe". The signature is fluid and cursive, with a large initial "R" and "o" that are connected.

Jacqueline L. Rowe
Director

Enclosures

License

License Inspection Summary

Violation Report: 13571 - 12/16/2016 - Freeman, Sabrina
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.


2a. DESCRIPTION OF VIOLATION
 The rent rebate portion of the contract for resident #1 was not signed by the administrator or a designee.
 The rent rebate portion of the contract for resident #2 was not signed by the administrator or a designee, the resident, and the payer.
 The rent rebate portion of the contract for resident #3 was not signed by the administrator or a designee.

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

Resident #2 rent rebate portion was not signed by the resident, but was signed on 12/16/16, resident #1 and resident #3 rent rebate forms were signed by the resident. The contract was signed by the resident and the designated person for all three residents at admission times. Please find the attached signed contracts and rent rebates for all three residents.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		Pansy Clarke Administrator
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Pansy Clarke Administrator		02/08/17

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

The above plan of correction is approved as of	<u>2/24/17</u> (Date)	Plan of correction implementation status as of <u>2/24/17</u> (Date)
The above plan of correction was approved by	 (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13571 - 12/16/2016 - Freeman, Sabrina
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.6102) and 6 Pa.Code Chapter 16 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 Staff person A was hired [redacted] 2016. The home did not complete staff person A's criminal background check until the day of the inspection on 12/16/2016.

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

Staff person A was hired on [redacted] 16, however the background check was not properly filed due to recent renovations of the nursing office. However since the survey the background checked again and filed properly in staff person A employee file.

We are now double checking employee files during the pre-employment phase to ensure backgrounds are completed and filed in each individual file, to ensure we remain in 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 Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Pansy Clarke RN Administrator Date 02/08/17

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Plan of correction implementation status as of 2/24/17 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 13571 - 12/16/2016 - Freeman, Sabrina
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa. Code §2600
 2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION
 On 12/1/2016, the home had 38 residents living in the home, 6 of which had mobility needs. The home was required to provide at least 44 hours of direct care staffing. 41 hours of direct care staffing was provided.
 On 12/11/2016, the home had 38 residents living in the home, 6 of which had mobility needs. The home was required to provide at least 44 hours of direct care staffing. 38 hours of direct care staffing was provided.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Includes 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 12/1/16 and 12/11/16 we did not have enough direct care staffing hours available due to the recent turnover of staff, however since this time we have hosted a job fair and hired several new staff and developed a staffing pool to ensure regulatory compliance.

The administrator will check the staffing schedule at least weekly to ensure there is adequate staff to provide services to the current residents.
 The administrator will develop an on-call schedule which will allow the home to replace any staff calling off by contacting the on-call staff, starting immediately.
 SW 4.20.17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Pansy Clarke RN Administrator Date 02/08/17

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Violation Report: 13571 - 12/16/2016 - Freeman, Sabrina
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2800.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION
 On 12/11/2016, a total of 44 hours of direct care was required. However, only 38 direct care hours were provided and only 30 waking hours were provided, but at least 33 waking hours were required.

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 12/11/16 we provided 30 waking hours of Direct Care falling short by 3 waking hours. We understand the importance of patient care and the necessity to remain in compliance. Since our last survey on 12/16/16 we have hosted a series of job fairs and have hired several new staff, additionally we have also implemented a PRN(as needed) staffing pool to ensure compliance with staffing requirements.

The administrator will check the staffing schedule at least weekly to ensure there is adequate staff to provide services to the current residents.
 The administrator will develop an on-call schedule which will allow the home to replace any staff calling off by contacting the on-call staff, starting immediately.
 SW 4.20.17

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Printed Name and Title of Legal Entity Representative
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Violation Report: 13571 - 12/16/2016 - Freeman, Sabrina
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person B received only 8 hours of annual training for 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.

On 12/16/16 during the state survey staff person B annual training hours were not filed but were in the nursing off which had been recently renovated and was in the beginning stage of being put back in working order. Due to the recent renovations of the nursing office the request information was not made available on a timely basis, however the annual training were completed. Please find the attached copies of staff sign in sheets for annual trainings for the year 2016. Staff person B has more than the required amount of 12 training hours a year.


The administrator or designee will check all staff training hours bi-annually to ensure 12 hours of training are completed annually, starting immediately.
 Staff training documentation will be available at all times for the Departments review in an organized manner. SW 4.20.17

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Pansy Clarke Administrator</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Pansy Clarke RN Administrator
Date	02/08/17

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Violation Report: 13571 - 12/16/2016 - Freeman, Sabrina
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2000

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

The annual training provided to direct care staff person B in training year 2015 did not include the training topics medication self-administration, meeting the needs of the residents as described in the preadmission screening form, and care for dementia and cognitive impairment.

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 12/16/16 during state survey the annual trainings for staff person B were not made available to the surveyors, due to remodeling of the nursing office our inability to locate the requested information timely, however the annual trainings for staff person were completed as required. Please review the attached training sheets for the year 2016 and find all required trainings were completed.

The administrator or designee will check all staff training hours bi-annually to ensure 12 hours of training are completed annually, starting immediately.
 Staff training documentation will be available at all times for the Departments review in an organized manner. SW 4.20.17

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 Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Pansy Clarke RN Administrator Date 02/08/17

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Violation Report: 13571 - 12/16/2016 - Freeman, Sabrina
 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 (35 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 person B did not receive the required 2016 training for fire safety, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act, falls and accident prevention, and new population groups that are being served at the home that were not previously 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 12/16/16 during state survey the annual trainings were not available to the surveyors due to the current remodeling of the nursing office and the inability to locate the requested information timely, however the staff person in question did complete all required hours of direct care staff training. The training sheets are attached to reflect the training hours of the staff person in question

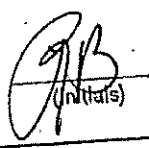
We are making improvements at Accolades to ensure we provide the best possible care for all of our residents, and although this is not an excuse for not providing information requested by surveyors at the time of survey we would like to provide the proper documentation at this time to show compliance.

The administrator or designee will check all staff training hours bi-annually to ensure 12 hours of training are completed annually, starting immediately.
 Staff training documentation will be available at all times for the Departments review in an organized manner. SW 4.20.17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/22/2016
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Violation Report: 13671 - 12/16/2016 - Freeman, Sabrina
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 56 Pa.Code §2600
2600.83(a) - The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.

2a. DESCRIPTION OF VIOLATION
On 12/16/16, at 9AM, when residents were present in the home, the dining room temperature was 57 degrees Fahrenheit and remained below 70 at 12:45 PM.
The residents were sitting in the dining area with their coats on.

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.

December 16, 2016 to date was the coldest day of the winter, a code blue was issued by the National Weather Association and the temperture out side was well below 0 degrees. Despite our best efforts of keeping the entire home warm the area in question is a high traffic area and the residents use two of the three doors to get out into the smoke break area, however to address the concerns of the colder air in this area we call our contractor to ensure the heat was functional and working properly. Our contrator confirmed that all the heaters were on and working properly.

Our home is kept safe and warm for all of our residents and although the dining room was cooler than the rest of the home the on the day in question all of the residents room were warm and temperature was 78 degrees in the rest of the home.

The administrator or designee will conduct periodic checks of the dining room to ensure the temperature of the room is above 70 degrees Fahrenheit, starting immediately. SW 4.20.17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 13571 - 12/16/2016 - Freeman, Sabrina
 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 12/16/2016, at 9:30AM, the water temperature exceeded 120 degrees Fahrenheit.
 The 2nd floor hallway bathroom water temperature measured 127 degrees Fahrenheit.
 The 3rd floor hallway bathrooms' water temperature measured 133.5 & 129 degrees Fahrenheit.
 Bedroom #28 on the 3rd floor water temperature measured 128.3 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.

December 16, 2016 was the coldest day of the winter, the temperatures outside were well below 0 degrees and we had to increase the temperature of the boiler to keep the water temperature warm and comfortable for the residents. We have been working diligently with our contractor to keep the water temperature at an acceptable temperature and to ensure that we are in compliance. We asked our contractor to come in on the day in question in the early morning hour based on a report from night staff that the water temperature was a little cold at the number of 98 degrees. The boiler temperatures were adjusted again on the same day and the water temperature tested between 112 and 118 degrees.

We are checking the water temperature once on each shift, if the water temperature falls below 99 degrees or above 120 degrees, protocol has been put in place to notify the administrator and contractor to have the boiler adjusted by contractor immediately.

The administrator or designee will check the hot water temperature at least weekly and record the temperature. All staff of the home will receive training on how to test the hot water prior to bathing any residents, within 15 days of receipt of this plan of corrections. SW 4.20.17

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)	<i>Pansy Clarke Administrator</i>	Date	02/08/17
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Pansy Clarke RN Administrator
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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13571 - 12/16/2016 - Freeman, Sabrina
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION
On 12/16/2016, a black cat, Blackie2 was present in the home. The home does not have a current certificate of rabies vaccination for Blackie2. Blackie2's last vaccination was 8/12/2015. Per vaccination records, Blackie2 was due for a vaccination by 8/12/2016.

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 12/16/16 blackie was present in the home, however the vaccination for blackie was completed. There were two tags provided for blackie to the surveyors at the time of the survey. The expired vaccination should have been removed from blackie file and replaced with the new one, however both were present at the time of inspection.

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

Signature of Legal Entity Representative (Required on EVERY Page) Pansy Clarke Administrator Date 02/08/17

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

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Violation Report: 13571 - 12/16/2016 - Freeman, Sabrina
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION
 At the time of inspection, the home did not have an emergency evacuation diagram posted on the 2nd floor.

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 12/16/16 during state survey the evaluation diagram was not posted in its proper area, the diagram was removed due to the painting of second floor, we have been making improvements to the home including painting, replacement of old beds and mattress and installation of new carpet. When pointed out by the surveyors that the diagram was not properly posted, we informed them that it was removed due to painting and we were allowing the walls to dry. The diagram was immediately posted during the survey on the same day.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Pansy Clarke Administrator</i>	Date	<i>02/08/17</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Pansy Clarke RN Administrator</i>		

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Violation Report: 13871 - 12/16/2016 - Fraeman, Sabrina
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
One of the fire extinguishers on the 3rd floor has not been inspected and the fire extinguisher indicator was set on "needs recharge."
The kitchen fire extinguisher had a tag but did not indicate that it had been inspected by a fire safety expert.

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 12/16/16 during state survey it was found that a fire extinguisher on the 3rd floor showed needs recharge and it was also discovered that the extinguisher in the kitchen which was previously inspected was not tagged to indicate the date of the inspection. On 3/31/2016 all of the fire extinguishers were inspected (please see the attached inspection report) as required.

To address this concern of the fire extinguishers we contacted Emergency Response and informed them of the state findings. On 1/11/17 and 1/12/17 the findings were one fire extinguisher in the boiler room required recharging and three extinguishers were not tagged. This was immediately corrected.

(please review attached work order)
A staff person will now be assigned the duties of checking all fire extinguishers monthly to include checking tags to ensure they are present and punched as required, additionally a staff person has now been assigned to accompany the inspectors for annually inspections of fire extinguishers

Repeat Violation: Yes
Date(s) of Previous Violation(s): 02/22/2016

Signature of Legal Entity Representative (Required on EVERY Page) Pansy Clarke Administrator
Date 02/08/17

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

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 - Not Implemented

Violation Report: 13571 - 12/16/2016 - Freeman, Sabrina
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2800
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The home's fire drill record was reviewed from the period of 11/19/2016 through 11/12/2016.
 The home conducted only one overnight fire drill during sleeping hours on November 12, 2016 at 10:18 PM.

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

On 12/16/16 during state survey it was noted that we were out of compliance with fire drill requirements during sleeping hours noting that only one sleep fire drill was completed. This inaccurate. Please find a copy of 2016 fire log and note that on 5/26/16 at 9:45 pm a fire drill was conducted as well as on 11/12/16 at 10:18pm. Please refer to attached correspondence.

The administrator will review the monthly fire drill records at least bi-annually to ensure sleeping time fire drills are conducted. In the event the drills are not conducted, the administrator will conduct an unannounced fire drill within 6 months of the most recent sleeping time fire drill, starting immediately. SW 4.20.17

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 Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Pansy Clarke RN Administrator Date 02/08/17

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The above plan of correction is approved as of 2/24/17 (Date)

Plan of correction implementation status as of 2/24/17 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 13671 - 12/16/2016 - Freeman, Sabrina
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600

2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION

On 12/16/16, at 1:30 PM, a Teva 74 pill for resident #3 was loose and not in the original pill box or labeled container.

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 12/16/16 during state survey a loose pill was found in the box that stores resident #3 medication. Cart checks are performed weekly to ensure that any loose pills and expired medication is immediately removed from the cart. When this loose pill was found in the medication box of resident #3 it was soon after the completion of the morning medication pass, by a newly hired nurse in the orientation phase. A cart check was performed three days prior to the survey and there no loose pills found in the cart at that time.)

We will continue with our weekly cart checks to ensure that there are no pills left in the cart after the pass of medication. This will 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)	<i>Pansy Clarke Administrator</i>	Date	<i>02/08/17</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Pansy Clarke Administrator</i>
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The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13571 - 12/16/2016 - Freeman, Sabrina
 PCH Name: ACCOLADES SENIOR CARE

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

2a. DESCRIPTION OF VIOLATION
 Resident #3's, 12/16/2016 PM strip packed medication was not in the medication cart. Resident #3 was missing the following PM medication: Fluphenazine HCL 1mg, Lorazepam 1mg, Melatonin 3mg.

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 12/16/16 resident #3 medication was not in the cart but it was set to be delivered on that day. Martin Drugs is our pharmacy provider and deliver our medications regularly. Our medication usually arrive at 5pm and we have not experienced issues where the resident medications are not delivered on time. We do agree that the medications were not in the cart but this was due to reorder and was scheduled for delivery on the same day of state survey.

The administrator or designee will audit the med cart at least monthly to ensure medications do not expire and order medications needed before the medication is not available for administration, starting immediately. SW 4.20.17

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Pansy Clarke Administrator</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Pansy Clarke RN Administrator	02/08/17

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Violation Report: 13571 - 12/16/2016 - Freeman, Sabrina
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 65 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

The home failed to initial resident #1's medication administration record. On 12/16/16, at 8AM, resident #1 was administered Warfarin 10mg, Gabapentin 400mg, Hydrocortin Cream 120gm, Aspirin 81mg, Cardedoa 25mg, Colace 100mg, Metformin HCL 850mg and Lisinopril 40mg.

The home failed to initial resident #2's medication administration record. On 12/16/16, at 8AM, resident #2 was administered leosorbide Mononitra 800mg, Nifedipine 600mg, Vitamin C 500mg, Calcitrol 0.255mcg, Calcium Acetate 667mg, Clopidogrel Bisulfat 75mg, Doc-Q-Lace 100mg and Gabapentin 300mg.

The home failed to initial resident #3's medication administration record. On 12/16/16, at 8AM, resident #3 was administered Citalopram 40mg & Lorazepam 1mg.

The home failed to initial resident #4's medication administration record. On 12/16/16, at 8AM, resident #4 was administered BenzTropine 2mg, Divalprdx 500mg and Haloperdol 5mg.

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.

Medications for resident #1, Resident #2 and Resident#3 were not signed out form the 8am medications pass. On the day of state survey, we had a new nurse out of school first time on the medication cart independently and still in the orientation phase of hire. She became very nervous during the time of the survey and made the mistake of not signing out the medication.

Since the time of the survey she has completed orientation and has trained very well, is efficient and follow all the rights of medication administration, and policy and procedures of the home.

The administrator or designee will review the MAR on a weekly basis to ensure timely documentation of all medications administered is recorded on the MAR, starting immediately. Staff will be retrained on the proper method of documenting following the administration of medications, within 15 days of receipt of this plan of correction. SW 4.20.17

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Pansy Clarke RN	Administrations
		Date 02/08/17

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Violation Report: 13571 - 12/16/2016 - Freeman, Sabrina
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
At the time of inspection, there was no preadmission screening form for resident #2.

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.

At the time of survey the preadmission form was not made available to suveryors before the the end of the survey but was faxed to the southeastern regional office within 24 hgours.

We have been making improvements and updating our filing and storage system, this had impaired our ability to make some requested forms available at the time of inspection. This has been since corrected and the new filing and storage system is in place and working smoothly.

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)

Pansy Clarke Administrator

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

Pansy Clarke

Administrator

Date

02/08/17

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Violation Report: 13571 - 12/16/2016 - Freeman, Sabrina
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident #4's support plan was complete on 3/11/2016; however, resident #4 did not sign the support plan.

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.

At the time of state survey resident #4 support plan was not signed by the resident,

Since the time of the survey resident # 4 has signed the support plan and all support plans has been reviewed to ensure they are up to date and signed. this will be continued on a quarterly basis.

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Pansy Clarke RN Administrator Date 02/08/17

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