



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: SEP 26 2017

Ms. Pansy Clarke, Administrator
Accolades Senior Care, LLC
1023 Cherry Street 1st Floor
Philadelphia, Pennsylvania 19107

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 June 23, 2017 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 black ink, appearing to read 'Patricia Adams', written over a horizontal line.

Patricia Adams
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 13571 - 06/23/2017 - Gray, Dean
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 06/15/17 and 06/16/17 Resident #1's Pantoprazole Sodium 40 mg tablet, 2 times daily was not available for administration. The home did not submit an incident report for this medication error.

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.

The medication in question was requested for refill on June 9, 2017 from Philadelphia VAMC. The medication was received on June 16, 2017. At the time of the refill request resident had 10 remaining pills in the bottle. [redacted] primary care physician was notified by the VAMC pharmacy that no remaining pills were available and authorization was needed for refill. This was documented in the resident chart however this was not reported to the state. This was an oversight on behalf of our home. It is our diligent effort to remain in continuous regulatory compliance. An emergency meeting was called on 6/26/17 for medication staff. In this meeting it was discussed the appropriate protocol when a medication is unavailable for administration, reporting of medication errors, rights of medication administration, and reportable incidents.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Pansy Clarke RN Administrator	07/19/2017

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

The above plan of correction is approved as of <u>7/20/17</u> (Date)	Plan of correction implementation status as of <u>7/20/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13571 - 06/23/2017 - Gray, Dean
 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 in the employee bathroom 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.

On the above mentioned date the trash can in the staff bathroom did not have a lid. On 6/23/17 the trash can was replaced with a new one with a lid.

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

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Violation Report: 13571 - 06/23/2017 - Gray, Dean
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.


2a. DESCRIPTION OF VIOLATION

Resident #2 has been a resident at the home since 2014. [redacted] most recent medical evaluation was completed on 02/03/17. The home was not able to provide the resident's 2016 medical evaluation.

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 the above mentioned date the medical evaluation form for resident #2 was not provided to the inspector. The DME was misfiled in resident emergency folder. this was correct oin 6/23/17 and is now filed in resident's chart. We will be sure to include 2 years of dme on each residents file.

Appropriate staff will receive training on the required contents of resident records within 10 days receipt of the approved POC. 

Repeat Violation: No	Date(s) of Previous Violation(s):		
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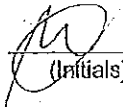
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 (Required on EVERY Page) *Pansy Clarke RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Pansy Clarke RN Administrator	Date 07/19/2017
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 (Date)

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 (Initials)

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Violation Report: 13571 - 06/23/2017 - Gray, Dean
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The label for resident #1's Sertraline HCL 100 mg tab states to take one and one half tabs by mouth once daily. The medication administration record states 200 mg orally each morning.

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 the above mentioned date resident #1 medication Sertraline HCL 100 mg ordered stated on the MAR two tabs however on the bottle it stated 1 1/2 tabs. This was resolved on 6/23/17. The nurse called resident #1 psych doctor for clarification of the order. It was made clear that resident is to take two tabs orally daily. the bottle was labled to refer to MAR for directions which was provided to the home by Martins Drugs our preferred pharmacy. On 6/26/17 the administrator called an emergency meeting with medication staff where she reviewed medication administration, rights of medication It was discussed that what is written on the medication bottle must be the same as on MAR and when any discrepancy to report it to the charge nurse immediately. All the medications has been checked against the MAR for accuracy and will be checked on a mothly basis.

Medications staff will receive training on the receipt of medications from the pharmacy within 10 days receipt of the approved POC.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) *Pansy Clarke RN*

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Violation Report: 13571 - 06/23/2017 - 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

- On 06/15/17 and 06/16/17, resident #1's Pantoprazole Sodium 40 mg was not available for administration.
- On 6/23/17, resident #1's Clozapine 100 mg was not available for administration.

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.

The medication in question Pantoprazole Sodium 40mg; a refill request was put in on June 9, 2017 via VAMC pharmacy and the medication was received on June 16, 2017. At the time of refill request the medication had no refills remaining this was documented in the resident chart and the primary care physician was notified. Resident was hospitalized at the time the medication received. To avoid a situation like this from occurring again we will request residents medication earlier in the month.

The medication in Question: Clozapine 100mg
 Resident #1 was hospitalized and missed [redacted] appointment for blood work which is needed prior to [redacted] receiving the medication. An incident report was sent into our southeast regional office regarding this matter.

The home will audit current medications 2 times monthly to ensure timely reorders. The audit will be maintained for Department review.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/15/2016	
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Signature of Legal Entity Representative
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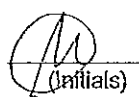
Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Pansy Clarke RN Administrator

Date 07/12/2017

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 (Date)

Plan of correction implementation status as of 7/26/17
 (Date)

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 (Initials)

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- Not Implemented

Violation Report: 13571 - 06/23/2017 - Gray, Dean
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 06/15/17 and 06/16/17, an error in resident #1's medication administration occurred involving the resident's Pantoprazole not being available. The error was not reported to the resident's designated person or provider.

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 6/15/17 and 6/16/17 resident #1 medication Patoprazole Sodium 40mg was not available for administration and on these two days the physician was not called however on 6/9/17 the physician was notified that resident needed a refill and only 10 pills remained in the bottle which was enough medication for 5 days.

To try and avoid re occurrence we will re-order medication earlier and ensure all medication errors are reported to our regional office.

The home will audit current medications 2 times monthly to ensure timely reorders. The audit will be maintained for Department review.

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Violation Report: 13571 - 06/23/2017 - Gray, Dean
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 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 assessment for resident #2 was completed on 01/23/17, the previous assessment was completed on 01/01/16.

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.

Resident # 2 support plan was completed in the allowable time frame. We will complete all assessments are completed earlier although in this case the date fell on the weekend and the assessment was completed on the next business day we will ensure all assessments are completed according to the allowable time moving forward.

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 (Initials)

Violation Report: 13571 - 06/23/2017 - Gray, Dean
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600
 2600.254(a) - Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

2a. DESCRIPTION OF VIOLATION
 On 06/23/17, the records office door was unlocked leaving the resident records accessible to unauthorized personnel.

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.

The office door was closed and not locked on the above mention date. tghis room was in constant use by authorized staff at the time in question. Moving forward the nurses office door will be locked whenever it is not constantly occupied by authorized staff persons

Administrative staff was trained on 6/23/17
(Signature)

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