



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 25 2018

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's Bureau of Human Services Licensing annual inspection on January 22, 2018 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.

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.

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 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosures
License Inspection Summary

Violation Report: 13671 - 01/22/2018 - Thomas, Tahesia
 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. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 Staff Member A's criminal background check was completed on 06/01/17 which is after their hire date of 05/17/17.

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.

2a. The criminal background check was completed by the staff on 11/15/2016 prior to her employment at Accolades. It was email to Asst. Administrator of the home who did not print and put it in the staff file but obtained another one at a later date.

3. The criminal background check will be done after the potential staff is offered the job and the job position is accepted. It will be done before the first date of employment.

Administrator will request the criminal background check at the time the potential staff is offered the position and the position is accepted. Administrator will not schedule the employee's first day of employment until the background check is returned and reviewed by the administrator. This will be added to the policies regarding hiring practices. (K.W.) 5/4/18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/16/2016
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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 05/03/2018
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/16/18</u> (Date)	Plan of correction implementation status as of <u>5/3/18</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
The above plan of correction was approved by <u>K.W.</u> (Initials)	

Violation Report: 13571 - 01/22/2018 - Thomas, Tahesia
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2800
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 The water temperature in the third floor women's bathroom measured at 137.4 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.

2a. Water Temperature in the Third floor womens bathroom.

3. As of 02/05/2018 hot water tempertures have been monitored on a dally basics.The water temperturewill be checked daily by [redacted] and [redacted].A written log will be maintained here at Accolades. Assistant Administrator [redacted] will check log every Friday before the end of the work day to ensure daily water temperture is being done and documented .

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/16/2016	
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Violation Report: 13571 - 01/22/2018 - Thomas, Tahesia
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on 08/09/17 does not include the amount of time to evacuate.

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.

2a. The missed fire drill was an oversight. The Administrator did not review the documentation.

3. The Assistant Administrator will be responsible for documentation of the log. Upon completion the Administrator will review all documentation for completion before filing.

Administrator will review all fire drill documentation within 72 hours of the drill. All errors will be corrected on the forms prior to filing. (K.W.) 5/1/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Pammy Clarke Administrator</i>	Date <i>4/24/18</i>
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Violation Report: 13571 - 01/22/2018 - Thomas, Tahesia
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600

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

In all of the 2017 fire drill records with the exception of January and March Resident #1 did not evacuate to a public thoroughfare or to a fire safe area.

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.

2a. All 2017 fire drill records showed all residents evacuating with the exception of January and March. Resident #1 did not evacuate due to the medical condition of Agoraphobia.

3. The Administrator with the assistance of the direct care staff will escort the resident out of the building during the fire drill.

Administrator will document attempts to accompany resident #1 outside during fire drills. The outcome of those attempts will be documented and maintained. K.W. 5/4/18

The home will ensure resident is able to evacuate to a public thoroughfare... The plan must be documented on residents resp. The evacuations must be done for the next 6 months. KW

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 *4/24/18*

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Violation Report: 13571 - 01/22/2018 - Thomas, Tahesia
 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's overnight drills were dated for 01/22/17 at 11:50 pm and 09/06/17 at 6:00 am which is greater than six months apart.

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.

2a. The home's overnight drills dated for 01/22/2017 and 09/06/2017 were greater than six months apart.

During the overnight drills the Administrator will be present for the drills. The Assistant Administrator and Activities Director will also be present for the drills. The overnight drills will take place every 5 months to ensure that the six-month interval is met and to allow for additional drills to take place if necessary. The next drill will be July 2018.

The administrator will be on site to conduct overnight fire drills. The overnight drills will be conducted every 5 months. If there is a problem with the drill this 5 month interval will give room for the drill to be conducted again within the required time frame. Administrator will review fire drills ~~quarterly~~ ^(K.W.) monthly to ensure that all fire drills are being conducted correctly and in a timely manner. (K.W.) 5/4/18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/16/2016		
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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)	Date
Pansy Clarke	05/03/2018

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Violation Report: 13571 - 01/22/2018 - Thomas, Tahesia
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2800
 2800.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

- Resident # 2 last medical evaluation was completed on 09/08/17, previous DME completed on 05/11/16.
- Resident # 3 last medical evaluation was completed on 09/08/17, previous DME completed on 06/20/16.
- Resident # 4 last medical evaluation was completed on 12/23/16, previous DME completed on 07/13/16. The 2017 DME has not been completed.

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.

2a .Resident Medical evaluation.

3. Administrator Pansy Clarke and Assistant [REDACTED] and Activities Director will review all residents chart for the actual due dates of the DME a monthly calender was created with the actual due date of the residents DME'S .
 DME'S will be sent to the residents physicians 15 days prior to the actual due date.

This calendor will be reviewed weekly to ensure that all DME's are completed within the required time frames. The administrator will complete this review KW 5/4/18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/23/2017	
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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 05/03/2018

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Violation Report: 13571 - 01/22/2018 - Thomas, Tahesia
 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 #2's glucometer was not calibrated for the correct date and time making it possible for it to be used in an unsafe manner.

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.

2a. Resident #2 glucometer was not calibrated for correct date and time.

3. Administrator Pansy Clarke trained all Medication Techs and Nurses on 1/31/2018 on how to properly calibrate all glucometers. 11pm - 7am will be responsible for calibrating each glucometer after 12am. 7am -3pm Medication Techs will check the glucometers prior to use. and if glucometer have been calibrated Medication Tech. will initial the log and use. If the glucometer was not calibrated then the Medication Tech will calibrate it before using. The Administrator Pansy Clarke will check the log on Fridays for compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/16/2016		
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Violation Report: 13571 - 02/22/2018 - Thomas, Tahesia
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 56, Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident # 3's initial assessment was completed on 11/06/14 which is greater than 15 days of the admission date of 08/11/14.

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.

2a. Resident #3's initial assessment was greater than 15 days of admission.

3. The Administrator, Assistant Administrator and Activities Director reviewed all resident charts for the due date of the assessment. A monthly calendar was created with the actual due dates of the assessments. All of the administrative staff mentioned above will review resident charts to make sure that assessments are completed within regulatory time frames.

Administrator, Assistant Administrator, and Activities Director will begin working on the assessment immediately upon admission of a new resident. Administrative staff will track on the monthly calendar when 15 days from admission is. The assessment will be completed within 15 days as administrative staff will monitor the progress of each assessment at 5 and 10 days after admission.

K.W. 5/4/18.

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	Date 05/03/2018
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