



August 22, 2019

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 3, 8, and 9, 2019 and March 27, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) 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.

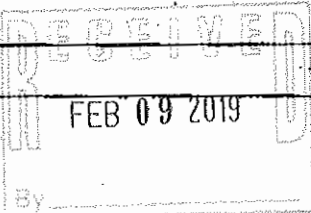
Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

**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: Philadelphia
Administrator: Pansy Clarke		Region: SOUTHEAST
Legal Entity Name: ACCOLADES SENIOR CARE LLC		
Legal Entity Address: 123 MEETING HOUSE LANE, CHERRY HILL, NJ 08002		
Certificate(s) of Occupancy Other 06/13/2015 CWOPA/L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 40	Waking Staff: 30
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/03/2019: Freeman, Sabrina		
Off-Site Inspection Dates and Inspectors, If Applicable 01/08/2019: Freeman, Sabrina 01/09/2019: Freeman, Sabrina		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 45 Number of Residents Served: 36 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: 0	Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 36 Have Mental Illness: 35 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 0	

Violation Report: 13671 - 01/03/2019 - Freeman, Sabrina
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 56 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 Personal care and assisted living homes must post the required Influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1786). The home did not have an influenza poster anywhere.

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.

Influenza poster was purchased and posted in the home on the first floor by the medication room on 1/28/19 so that home will be in compliance with influenza awareness act.

Administrator or designee will ensure Influenza poster is always posted in a conspicuous place in the home. Weekly physical site checks will be conducted to ensure compliance that poster is hung year around in a visible place in the home.

SP 08-05-19

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) *Pansy Clarke RN* Administrator Date *2/8/19*

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

The above plan of correction is approved as of <u>08-05-19</u> (Date)	Plan of correction implementation status as of <u>08-05-19</u> (Date)
The above plan of correction was approved by <u>SP</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 - 01/03/2019 - 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. §§ 10225.101-10225.6102).
- (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 A did not receive training in Older Adult Protective Services Act (OAPSA) during the 2018 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.

Staff was ill on the date of the older adult protective service act training. moving forward staff who miss training will be notified of make up dates and dates will be posted.

Staff person A will receive training in Older Adult Protective Service Act immediately, along with any other training specified in 2600.65g that was missed. Home will implement a checklist that will be kept in staff members file to ensure they are receiving all annual trainings. Administrator will audit all staff members records to ensure all current staff are up to date on annual trainings.

SP 08-05-19

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 *2/8/19*

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 (Date)

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 (Initials)

Plan of correction implementation status as of 08-05-19
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- Fully Implemented
- Partially Implemented - Adequate Progress
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- Not Implemented

Violation Report: 13571 - 01/03/2019 - Freeman, Sabrina
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

The 3rd floor bathroom was dimly lit. The main light was blown out and one of the light bulbs over the bathroom sink was missing.

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.

Administrator was aware that main light was blown out on 3rd floor and had called contractor who was scheduled to come out on 1/04/19 to replace light fixture and light bulb was replaced. Moving forward staff will make daily rounds to ensure all lights are properly lit and all light bulbs are in place.

Administrator or designee will ensure lighting in the home is adequate so all residents can see clearly. Weekly physical site checks will be conducted to ensure compliance that home is well lit and light bulbs and fixtures are in working order. During follow up visit on 03-27-19 home had adequate lighting.

SP 08-05-19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Pansy Clarkson

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Pansy Clarkson
Administrator

Date

2/8/19

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(Initials)

Violation Report: 13571 - 01/03/2019 - Fraeman, Sabrina
 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

In the 2nd floor bathroom by bedroom 12, the caulking and paint over the sink was cracked and peeling.
 In the 2nd floor bathroom by bedroom 17, the bathtub caulking was cracked, peeling and not clean.

In the 3rd floor bathroom by bedroom 20, the toilet was stopped up and overflowing with feces.
 In the 3rd floor bathroom exhaust fan was dusty.

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 bathroom by bedroom 12 is in the process of being remodeled.
 The bathroom by bedroom 17 the caulking was replaced around bathtub and bathroom and tub were cleaned on 1/4/19. moving forward bathrooms will be cleaned daily by housekeeping staff and inspected daily by administrator.

The third floor bathroom by room 20 all bathrooms are checked and clean twice a day. Staff was not aware that there was a plumbing issue. Administrator ment with residents and asked them to inform staff of any issue.

Bathroom exhaust fan was clean on 1/4/19 and housekeeping will clean exhaust fans on weekly basis. Administrator will check during daily rounds.

Administrator or designee will ensure floors, walls, ceilings, windows, doors, and other surfaces are clean and in good repair. Weekly physical site checks will be conducted to examine home and ensure compliance. Caulking and molding was fixed at inspection on 03-27-19.

SP 08-05-19

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Pansy Clark* Date *2/8/19*
Administrator

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Violation Report: 13571 - 01/03/2019 - Freeman, Sabrina
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 66 Pa.Code §2800
 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 failed to provide the written emergency procedures. There was no verification or documentation of when the emergency procedures was last submitted to the municipal emergency management agency.

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.

Emergency procedure manual was submitted to the county on 1/15/19. receipt was received. The manual will be updated reviewed and submitted to county on a yearly basis.

Administrator or designee will ensure written emergency procedures are reviewed, updated, and submitted annually to the local emergency management agency. Verification will be kept annually and made available for Department review. During inspection on 03-27-19 it was verified emergency procedures were sent.

SP 08-05-19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Administrator Pansy Clark</i>	Date <i>2/8/19</i>
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Violation Report: 13571 - 01/03/2019 - Freeman, Sabrina
PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures are not posted in a conspicuous and public place in the home.

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 home's emergency manual was kept in closet at nurses station. The emergency manual is now placed at the front of home.

Administrator or designee will ensure emergency procedures are always posted in a conspicuous place in the home. Weekly physical site checks will be conducted to ensure compliance that procedures are hung year around in a visible place in the home.

SP 08-05-19

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) *Administrator Pansy Clarke* Date *2/8/19*

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Violation Report: 13571 - 01/03/2019 - Freeman, Sabrina
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 55 Pa.Code §2800

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1 was prescribed a mechanical soft diet by a physician. The home does not make this diet available to resident #1. There is no verification the home is adhering to a mechanical soft diet.

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 #1 recived a swalling study test and it was prescribed a mechanical soft diet . The cook and staff was notified of change the informationn was posted on the door of the refridgerator, the resident has been getting soft cooked food on a daily basis.

The administrator will monitor the menu, food supply, food preparation and food serving, at least on a weekly basis to ensure residents' special dietary needs are being met.

Immediately the administrator will develop and implement a policy and procedure that confidentially communicates any special dietary needs to all staff persons including all staff that prepares meals.

SP 08-05-19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Administrator Pansy Clasher RA* Date *2-8-19*

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Violation Report: 13571 - 01/03/2019 - 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

On 01-03-19 the home did not have resident #2's, 400mg Etodolac for chronic pain which is to be taken by mouth twice a day as needed.

On 01-03-19 the home did not have resident #3's Metamucil powder.

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

As per the VAMC pharmacist was discontinued Etodolac 400mg by pharmacy on 3/2/18 the home was not notified of change so that it could be discontinued on MAR. Moving forward the administrator will contact VAMC primary once a month for medication updates.

Resident #3

Metamucil powder was reordered but was delayed with delivery because of change over to new pharmacy. weekly cart checks will be done by staff to ensure all medication are on cart.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person qualified to administer medications shall complete an initial and monthly audit of the medication cart, medication administration records and prescription orders to ensure all prescription medications are available for administration.

SP 08-05-19

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

Pansy Clarke RA

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

*Pansy Clarke RA
 Administrator*

Date *2/8/19*

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Violation Report; 13571 - 01/03/2019 - Freeman, Sabrina
 PCH Name: ACCOLADES SENIOR CARE

1. REGULATION 56 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

The Medication Administration Record (MAR) for resident #2 does not include the prescribed Simethicone.

Resident #2's MAR and medication label for the Magnesium Oxide did not match. The MAR reads, "take 1 tablet by mouth daily. The label reads, "take 1 tablet by mouth twice a day."

The medication administration record for resident #3 does not include the prescribed Solifenacin Succinate; Breo Ellipta; or vitamin and mineral pills.

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

The Simethicone was accidentally omitted by pharmacy the MAR was reprinted to include the Simethicone. The administrator will do weekly cart checks to ensure all medications and MARS are correct.

Resident #2

The Magnesium Oxide was mislabeled by pharmacy. The pharmacy came on 1/05/19 and reviewed all medication and MAR with administrator. Corrections were made and MARS were reprinted. weekly cart audit will be made by administrator to ensure all medications and MARS are correct

Resident # #3

Resident #3 MARS did not include Solifenacin Succinate, Breo, Ellipta or Vitamin and mineral pills were all discontinued and were not removed from medication cart during pharmacy change over. Weekly cart audits will be done by administrator to ensure medication and MARS are up to date.

Immediately: A staff person qualified to administer medications will conduct an initial and monthly review of all current resident MARs and prescriber's orders to insure all prescribed medications are documented on the resident's MAR's in accordance with regulation 2600.187(a). SP 08-05-19

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>Administrator Pansy Clarke</i>	Date <i>2/8/19</i>
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Violation Report: 13571 - 01/03/2019 - Freeman, Sabrina
 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's medication is in a pre-dated pill packet. The 5mg Melatonin Sublingual for resident #1 was still on the pill packet on 01-03-19. The medication had not been administered. Resident #1 was administered 1mg of Melatonin Sublingual which is also on the MAR even though it was discontinued.
 Resident #2 was prescribed 2 tablets of Vitamin D3 once daily. The MAR documents the home only signed off that resident #2 received one tablet of Vitamin D3 once daily.
 Resident #2's Bupropn 300mg which is to be taken daily was not on site.
 Resident #2 was prescribed 80mg Simvastatin which is to be taken daily at bedtime. The home only had 20mg Simvastatin which was also documented on the MAR.
 Resident #3's medication is in a pre-dated pill packet. The 8AM medication for 1/3/19 was still on the cart at the time of inspection, the vitamin and mineral; Prednisone and Perphenazine.
 Resident #3's:
 - Theres-M supplemental tab which is to be taken daily was not on the med-cart or in-house.
 - Vesicare tab which is to be taken at 8PM was not on the med-cart or in-house.

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 #1 Melatonin is a pill that is given for insomnia at the hour of 8pm it is not given sublingual as mentioned on the citation. It also would be on the predated pill packet to be given at 8pm. Please note mar FOR THE MONTH OF Jan. that Melatonin 1mg was never signed out by the nurse. Administrator will continue cart and MAR audit weekly.
 Resident #2 was prescribed 2 tablets of Vitamin D3 once daily. The MAR documents the home only signed off that resident #2 received one tablet of Vitamin D3 once daily. administrator and appointed staff will continue to conduct weekly cart audit.
 Resident #2 Bupropn 300mg which is to be taken was not on site during inspection.
 Resident #2 was prescribed 80mg Simvastatin which is to be taken daily at bedtime. The home also documented on the MAR.
 Resident #2 was being given 4-20mg of Simvastatin which is equal to 80mg until the 80mg comes in from the VAMC pharmacy. The medication tech was educated that both medication can not be signed out simultaneously. Change of order will be documented on the MAR when the new medication comes in to avoid duplication and medication error.
 Resident #3
 Medications is in a pre dated pill packet. the 8am medication for 1/03/2019 was still in cart at the time of inspection on the Vitamin and mineral, Prednisone, and perphenazine. Per staff it was a duplicate medication that should have been removed. The administrator will audit the medication cart weekly and remove excess medication the pharmacy was called to to audit the MAR and the medication cart because of the change of pharmacy was on 1/04/19.
 Resident #3
 Theres-M supplement tab which is to be taken daily was not on the med-cart or in house. Vesicare tab which is to be @ 8pm was not on the med cart or in house, when medications are reorder for same day or following day it is usually delivered by 5pm that day, making 8pm medication available to be given that day and 8am medications available to be given the following day.
 The administrator will continue with weekly audit of the medication cart and the MAR to make sure all medication are available to resident.

Immediately: A staff person qualified to administer medications will review all current resident MARs to ensure all required information specified in regulation 2600.187(a) is present on each MAR, including the proper documentation of medication administration, medication refusals, medications not available for administration and a purpose or diagnosis for each medication. SP 08-05-19

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Administrator Pansy Clarke na* Date *2/8/19*

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