



Sent via e-mail [accoladesseniorcare@gmail.com](mailto:accoladesseniorcare@gmail.com)  
June 23, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 16, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Sandra Wooters*

Sandra Wooters, MHS, ACG  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

## Violation Report

### Facility Information

Name: ACCOLADES SENIOR CARE

License Number: 13571

Address: 246 MELROSE AVENUE,, EAST LANSDOWNE, PA 19050

County: DELAWARE

Region: SOUTHEAST

### Administrator

Name: Pansy Clarke

Phone: 6106232233

Email: PANSYCLARKE@VERIZON.NET

### Legal Entity

Name: ACCOLADES SENIOR CARE LLC

Address: 123 MEETING HOUSE LANE, CHERRY HILL, NJ, 8002

### Certificate(s) of Occupancy

Type: Other

Date: 04/09/2007

Issued By: CWOPA Dept L & I

### Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 44

Waking Staff: 33

### Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

### Inspection Dates and Department Representative

01/16/2020 - On-Site: Tahesia Thomas

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: 45

Residents Served: 40

#### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

#### Hospice

Current Residents: 0

#### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 39

Diagnosed with Mental Illness: 38

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 4

Have Physical Disability: 1

## 65d - Initial Direct Care Training

## Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
  - i. Safe management techniques.
  - ii. ADLs and IADLs
  - iii. Personal hygiene.
  - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
  - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - vi. Implementation of the initial assessment, annual assessment and support plan.
  - vii. Nutrition, food handling and sanitation.
  - viii. Recreation, socialization, community resources, social services and activities in the community.
  - ix. Gerontology.
  - x. Staff person supervision, if applicable.
  - xi. Care and needs of residents with special emphasis on the residents being served in the home.
  - xii. Safety management and hazard prevention.
  - xiii. Universal precautions.
  - xiv. The requirements of this chapter.
  - xv. Infection control.
  - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

## Description of Violation

Direct care staff person A, hired on 1/4/19, began providing unsupervised ADL services on 1/7/19. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

## 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.)

- Direct care staff person A hired on 01/14/19, began providing unsupervised ADL services on 01/07/19. However, the staff person did not complete and staff person did not complete and pass the Department - approved direct care training course and pass the competency test.

Staff person A will complete the direct care staff training immediately all newly hired nursing staff will take the online direct care staff training. Administration will audit all nursing staff member records to ensure that training is completed.

65d - Initial Direct Care Training (continued)

Legal Entity Representative

Pansy Clarke  
Signature

Pansy Clarke 4-7-20  
Printed Name and Title Administrator Date

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The above plan of correction is approved as of 6.23.2020  
(Date)

Plan of correction implementation status as of 6.23.2020  
(Date)

The above plan of correction was approved by slw  
(Initials)

- Implemented
- Not Implemented

132f - Alternate Exit Routes

Regulations

2600.  
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The home used the same exit routes for each fire drill from January 2019 - December 2019.

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 used the same exit routes for each fire drill from January 2019- December 2019.  
the staff person who was in charge of doing the documentation for fire drills was unaware of the alternate routes for fire exits.  
Staff person has since been made aware of alternate routes for exits. Information for documentation was shared during Management meetings.  
The administrator will check the fire log quarterly to ensure that documentation was correctly done.

Legal Entity Representative

*Pansy Clarke*  
Signature

*Pansy Clarke* *4/7/20*  
Printed Name and Title Date  
*Administrator*

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(Date) (Date)  
The above plan of correction was approved by slw  Implemented  
(Initials)  Not Implemented

141b1 - Annual Medical Evaluation

Regulations

2600.  
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 08/30/2019. The resident's previous medical evaluation was completed on 08/06/18.

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 most recent medical evaluation was completed on 8/30/19. The resident's previous medical evaluation was completed on 8/06/18.

The administrator meant with the physician to discuss that DME's are due back in a timely manner.

The administrator will check the spreadsheet and residents charts to make sure DME's are returned and filed when due.

Legal Entity Representative

*Pansy Clarke*  
Signature

*Pansy Clarke Administrator 4/7/20*  
Printed Name and Title Date

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## Administrator

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Email: ACCOLADESENIORCARE@gmail.com

## Legal Entity

Name: ACCOLADES SENIOR CARE LLC

Address: 123 MEETING HOUSE LANE, CHERRY HILL, NJ, 8002

## Certificate(s) of Occupancy

## Staffing Hours

Resident Support Staff:

Total Daily Staff: 44

Waking Staff: 33

## Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

## Inspection Dates and Department Representative

03/24/2020 - Off-Site: Alexander Goldstein

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 45

Residents Served: 40

### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: 0

### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 39

Diagnosed with Mental Illness: 38

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 4

Have Physical Disability: 0

224a - Preadmission Screen Form

Regulations

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.

Description of Violation

Resident #1 was admitted to the home on 4/15/2019; however, the resident's pre-admission screening form was completed on 3/7/2019.

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 WAS ADMITTED TO THE HOME ON 4/15/19 PREADMISSION SCREENING WAS COMPLETED 3/07/2019  
 ADMINISTRATOR AND STAFF WENT TO THE HOSPITAL TO ASSESS RESIDENT ON 3/07/2019. HOWEVER RESIDENT WAS NOT DISCHARGED UNTIL 4/15/2019 AND WAS ADMITTED ON THAT DATE.  
 WHEN A RESIDENT HAS BEEN ASSESSED PRIOR TO ADMISSION , WITH A FOUR WEEK PERIOD RESIDENT WILL BE REASSESSED BY FACILITY OR PERSONAL CARE HOME STAFF BEFORE ADMISSIONS.

Legal Entity Representative

*Pansy Clarke*  
 Signature

*Pansy Clarke*  
 Printed Name and Title Administrator

*4-7-20*  
 Date

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