



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

August 8, 2023

[REDACTED]
[REDACTED]
Accolades Senior Care, LLC
[REDACTED]
[REDACTED]

RE: Accolades Senior Care
246 Melrose Avenue
East Lansdowne, Pennsylvania 19050
License #: 13571

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on May 4, 2022 of the above facility, we have determined that your submitted plan of correction is not fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]
Acting Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: ACCOLADES SENIOR CARE License #: 13571 License Expiration: 04/25/2023
Address: 246 MELROSE AVENUE, EAST LANSDOWNE, PA 19050
County: DELAWARE Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: ACCOLADES SENIOR CARE LLC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 06/25/1999 Issued By: Comm. of PA - L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 42 Waking Staff: 32

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 05/04/2022

Inspection Dates and Department Representative

05/04/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 45 Residents Served: 38

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: 34
Diagnosed with Mental Illness: 34 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 4 Have Physical Disability: 4

Inspections / Reviews

05/04/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/04/2022

06/09/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/07/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/14/2022

12/07/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/14/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 12/12/2022

03/13/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2022

Reviewer: [REDACTED]

Follow-Up Type: Exception

57a - Designee Present/Age

1. Requirements

2600.

57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Description of Violation

On 4/23/22 and 4/24/22, from 11:00 pm to 7:00 am, at least 38 residents were present in the home. During this time, there was no staff person present in the home. The home could not provide documentation of direct care staff working during those hours.

POC Submission

Accept

The Administrator will document assigned staff names and time on the staff schedules whenever there is a change or a shift needs to be filled. Staff person, [REDACTED] was present in the home from 3 pm to 7 am

Licensee's Plan Completion Date: 06/01/2022

Evidence of Completion

Implemented [REDACTED] - 01/19/2023)

See attached.

57c - 2 Hours/Day

2. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On 4/23/22 and 4/24/22, there were 38 residents in the home, including 4 residents with mobility needs, requiring a total minimum of 42 hours of direct care service. On this date, only 41 hours of direct care staffing was provided. The home could not provide documentation of direct care staff working.

POC Submission

Do Not Accept

The administrator will fill in scheduled shift vacancies on the staff schedule when there is a need to fill a shift daily.

Licensee's Plan Completion Date: 06/01/2022

Update: 06/09/2022

More information is needed. Please provide information on how the home intends to prevent this violation from recurring. Please list names and titles of persons responsible, methods, and timeframes.

POC Submission

Accept

When a shift vacancy occurs and the regular staff is not available to work the vacant shift, the administrator and the assistant administrator will work the vacant shift. The names will be documented on the schedule and the time slots will be filled in for the shift or shifts that are available within the work week

Licensee's Plan Completion Date: 06/14/2022

Evidence of Completion

Implemented [REDACTED] - 01/19/2023)

Staff Schedule

58b - Awake Staff Mobility Needs

3. Requirements

2600.

58.b. If a home serves one or more but less than 16 residents with mobility needs, at least one direct care staff person shall be awake at all times residents are present in the home.

Description of Violation

On 04/23/22 and 04/24/22 there were no staff persons on duty from 11:00 pm to 7:00 am. On this day the home served 38 residents which 4 of them have mobility needs.

POC Submission

Do Not Accept

The Administrator will update the staff schedule whenever there is a shift vacancy on the staff schedule daily.

Licensee's Plan Completion Date: 06/01/2022

Update: 06/09/2022

More information is needed. Please provide information on how the home intends to prevent this violation from recurring. Please list names and titles of persons responsible, methods, and timeframes.

POC Submission

Accept

On 4/23/22 and 4/24/22, a staff person is documented on the schedule from 3 pm to 7 am. The administrator will ask a staff person to work in advance the week before and , the staff name will be documented on the vacant time slot on the schedule.

Licensee's Plan Completion Date: 06/14/2022

Evidence of Completion

Implemented ([REDACTED] - 01/19/2023)

Please see attached schedule

63a - First Aid/CPR Training

4. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 4/23/22 and 4/24/22, from 11:00 pm to 7:00 am, 38 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR. The home could not provide documentation of direct care staff working during those hours.

POC Submission

Do Not Accept

[REDACTED] and [REDACTED] worked the shifts in question and they are all CPR and First Aid certified.

Licensee's Plan Completion Date: 05/05/2022

Update: 06/09/2022

More information is needed. Please provide information on how the home intends to prevent this violation from recurring. Please list names and titles of persons responsible, methods, and timeframes.

POC Submission

Directed

On 5/4/22, we were never asked for any staff CPR and First Aid card. CPR and First Aid cards are one of the requirements that applicants must submit documentation for prior hire. Therefore all CPR and first Aid cards are

63a - First Aid/CPR Training (continued)

kept in staffs files.

Directed

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or designee who schedules staff will ensure at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation will be present in the home at all times. The administrator or designee will review the schedule and staff working hours weekly to ensure at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation is present in the home at all times. MJ 6/15/22

Directed Completion Date: 06/14/2022

Evidence of Completion

See attached.

Not Implemented (█ - 01/19/2023)

101j7 - Lighting/Operable Lamp**5. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 1 does not have access to a source of light that can be turned on/off at bedside.

POC Submission

The resident moved the available lighting from █ night table to the dresser. The staff will check residents room daily to make sure that lamp is in its designated place.

Accept

Licensee's Plan Completion Date: 06/01/2022

Evidence of Completion

See attached.

Not Implemented (█ - 01/19/2023)

103f - Refrigerator/Freezer Temps**6. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On Thursday, 5/4/22, at 10:30 am, the temperature in the basement freezer was 9 degrees Fahrenheit.

On Thursday, 5/4/22, at 10:38 am, the temperature in the basement stand alone freezer was 6 degrees Fahrenheit.

103f - Refrigerator/Freezer Temps (*continued*)**POC Submission****Accept**

The cooks will check the readings of the thermometers in the freezers daily and will document it.

Licensee's Plan Completion Date: 06/10/2022

Evidence of Completion**Not Implemented (████ - 01/19/2023)**

Daily Freezers Temperature

103i - Outdated Food

7. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There were two unlabeled, undated bags of bacon, one bag of pasta shells, and one bag of soup in the basement freezer.

POC Submission**Accept**

Food items that are put in the freezer will now be dated with a permanent marker instead of a dated food label. The cooks will make sure that all foods in the freezer are dated. The administrator will check weekly to make sure that all items in the freezers are dated.

Licensee's Plan Completion Date: 06/06/2022

Evidence of Completion**Not Implemented (████ - 01/19/2023)**

Labeled food in freezer

141a 1-10 Medical Evaluation Information

8. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident 2's medical evaluation did not include a general physical examination by a physician, physician's assistant or nurse practitioner, special health or dietary needs of the resident, the signature of the person that completed the form or the date when it was completed.

141a 1-10 Medical Evaluation Information (continued)

POC Submission

Accept

Resident switch primary provider from [REDACTED] to the [REDACTED] appointment is scheduled for [REDACTED] 2022@ [REDACTED]. The administrator will work with resident and physician to get DME renewal completed in a timely manner and to stay in compliance.

Licensee's Plan Completion Date: 06/03/2022

Update: 06/09/2022

Provide documentation

Evidence of Completion

Implemented [REDACTED] - 01/19/2023)

See attached. Resident completed DME

141b1 - Annual Medical Evaluation

9. Requirements

2600.

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

Description of Violation

The most recent medical evaluation for resident 3 was completed [REDACTED]/21.

POC Submission

Accept

The administrator will submit the form to the residents provider two months prior to the scheduled due date. The form was given to the resident and has been completed and returned to the administrator.

Licensee's Plan Completion Date: 05/06/2022

Evidence of Completion

Not Implemented [REDACTED] - 01/19/2023)

Completed DME

185a - Implement Storage Procedures

10. Requirements

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.

Description of Violation

On 05/02/22, the glucometer for resident 4 read 380; however the MAR was documented as 186. On 05/03/22, the glucometer for resident 4 read 288; however the MAR was documented as 266.

On 05/02/22, the glucometer for resident 5 read 410; however the MAR was documented as 116.

POC Submission

Accept

The staffs were educated to check the glucometer for results before documenting it on the log. The nurse will check the glucometer prior to documenting the results on the log. Weekly glucometer logs and glucometer will be checked by the nurse/administrator.

185a - Implement Storage Procedures (*continued*)

Licensee's Plan Completion Date: 06/10/2022

Evidence of Completion

Not Implemented (████ - 01/19/2023)

Weekly Glucometer Checks.

221c - Post Activity Calendar

11. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

POC Submission

Do Not Accept

The assistant administrator will create an activities calendar monthly and post it

Licensee's Plan Completion Date: 06/01/2022

Update: 06/09/2022

More information is needed. Please provide information on how the home intends to prevent this violation from recurring. Please list names and titles of persons responsible, methods, and timeframes.

POC Submission

Accept

The assistant administrator will create an activities calendar monthly and will post it on the bulletin board by the day room, by the residents phone and by the assistant administrator's office in the dining room monthly.

Licensee's Plan Completion Date: 06/14/2022

Evidence of Completion

Implemented (████ - 01/19/2023)

Activities Calendar

224a - Preadmission Screen Form

12. Requirements

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 3's preadmission screening form, dated █████/21, does not include a determination that the needs of the resident can be met by the services provided by the home.

Resident 6's preadmission screening form, dated █████/21, does not include a determination that the needs of the resident can be met by the services provided by the home.

POC Submission

Accept

The administrator and assistant administrator will check the preadmission screening forms that are completed by an outside social worker to ensure that they are thoroughly completed prior to admission.

Licensee's Plan Completion Date: 06/06/2022

Evidence of Completion

Implemented (████ - 01/19/2023)

Preadmission screen