

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

March 13, 2023

[REDACTED]
ACCOLADES SENIOR CARE LLC
[REDACTED]
[REDACTED]

RE: ACCOLADES SENIOR CARE
246 MELROSE AVENUE
EAST LANSDOWNE, PA, 19050
LICENSE/COC#: 13571

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/09/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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: 123 MEETING HOUSE LANE, CHERRY HILL, NJ, 8002
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 38 Waking Staff: 29

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 01/09/2023

Inspection Dates and Department Representative

01/09/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 45 Residents Served: 36

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34
 Diagnosed with Mental Illness: 36 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 2 Have Physical Disability: 5

Inspections / Reviews

01/09/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/03/2023

02/06/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/07/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/10/2023

Inspections / Reviews *(continued)*

02/14/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 03/07/2023

03/13/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

101j7 - Lighting/Operable Lamp

1. 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

Room #16 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction**Accept (MS - 02/14/2023)**

Resident's [REDACTED] visited and removed night stand to accommodate resident's television. On 1/9/23 residents night stand was replaced with a bedside table and lamp was placed on it. On weekly room cleaning days, Mondays, Wednesdays, and Fridays, the administrator will make rounds and check residents rooms to ensure that lamps are next to bedside and is in working condition to stay in compliance

Licensee's Proposed Overall Completion Date: 02/15/2023

Implemented (MS - 03/08/2023)

103f - Refrigerator/Freezer Temps

2. 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 1/9/23 the temperature in the #3 freezer was 20 degrees Fahrenheit, the temperature in the #6 freezer was 8 degrees Fahrenheit.

Plan of Correction**Accept (MS - 02/14/2023)**

on 1/10/23, administrator met with the cooks. Thermometers were placed at different locations in the freezers and they are now registering at 0 degrees. Cooks will continue to monitor freezer temperatures daily and document it on the daily log. The administrator and assistant administrator will do weekly monitoring of the freezer temperatures and log to stay in compliance.

Licensee's Proposed Overall Completion Date: 02/10/2023

Implemented (MS - 03/08/2023)

103i - Outdated Food

3. Requirements

2600.

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

Description of Violation

On 1/9/23, a jar of grape jelly, a bottle of jerk seasoning and a water bottle partially filled with milk, were found open in the kitchen refrigerator without labels or dates. Additionally several canned goods including Fancy Tomato Ketchup, Applesauce and Vegetarian Beans were not dated.

Plan of Correction**Accept (MS - 02/14/2023)**

The cooks will check the items in the refrigerator daily to make sure that all items are dated. When items are

103i - Outdated Food (continued)

removed from the cases, the cooks will make sure that they are labeled and dated. Head cook will do weekly checks to make sure that all items in the kitchen and storage are labeled and dated and will initial the weekly log. The administrator will check the log weekly to make sure that daily checks are being made.

Licensee's Proposed Overall Completion Date: 02/13/2023

Implemented (MS - 03/08/2023)

141b1 - Annual Medical Evaluation**4. Requirements**

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 [REDACTED] via Telemed. The resident's previous medical evaluation was completed on [REDACTED] also via Telemed. Resident was not seen in-person by a physician, physician's assistant or certified registered nurse practitioner.

Plan of Correction

Accept (MS - 02/14/2023)

Resident has scheduled an appointment for a face to face medical evaluation on [REDACTED]. Assistant administrator will audit residents charts monthly for upcoming due dates of required paperwork (DME, RASP) Audit sheets will be placed in the front of each residents charts. residents will be assisted with scheduling appointments two months prior to due date.

Licensee's Proposed Overall Completion Date: 02/13/2023

Implemented (MS - 03/08/2023)

187d - Follow Prescriber's Orders**5. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

The following resident are prescribed Accu-Checks for glucose monitoring. The home failed to provide this service as prescribed.

- Resident #1 is prescribed Accu-Checks twice a day at 8:00 AM and 5:00 PM. On 01/01/23, Resident #1's PM Accu-Check was not completed.
- Resident #2 is prescribed Accu-Checks three times a day at 8:00 AM, 12:00 PM and 8:00 PM. Only two Accu-Checks were completed on 01/01/23, 01/03/23, 01/06/23 and 01/08/23.
- Resident #3 is prescribed Accu-Checks twice a day at 7:00 AM and 8:00 PM. On 12/01/22, Resident #3's AM Accu-Check was not completed.

Plan of Correction

Accept (MS - 02/14/2023)

On 1/10/23, a mandatory meeting was called by the administrator with med techs and LPN and they were informed that physicians orders should be followed. If a resident refuses to have their accu check done, the date, time refused must be documented on the accu check sheet. The nurse will do weekly audits on Wednesdays to make sure that blood sugar checks are documented as ordered by the physician. Audits will be ongoing.

Licensee's Proposed Overall Completion Date: 02/15/2023

187d - Follow Prescriber's Orders *(continued)*

Implemented (MS - 03/13/2023)