

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

March 8, 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 02/13/2023 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: Incident Exit Conference Date: 02/13/2023

Inspection Dates and Department Representative

02/13/2023 - 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: 36 Are 60 Years of Age or Older: 35
 Diagnosed with Mental Illness: 34 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

02/13/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/27/2023

02/28/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/08/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/05/2023

Inspections / Reviews *(continued)*

03/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/08/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/09/2023

03/08/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/08/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

187a - Medication Record

1. Requirements

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.

Description of Violation

Resident 1 is prescribed Famotidine 20 mg, Clozapine 25 mg, Clozapine 100 mg, Bisacodyl 5 mg, Albuterol HFA, Emtricitabine 200 mg, Isentress 400 mg, Doxycycline 100 mg and Myelin 25 mg. However, resident 1's February 2023 medication administration record does not indicate the diagnosis or purpose for the medication.

Plan of Correction

Accept (MJ - 02/28/2023)

The administrator spoke with the pharmacy staff to let them know that the purpose and or diagnosis must be on the medication administration record. The administrator and assistant administrator will check the MARS at the beginning of the month before the change over of the MARS take place for the upcoming month to make sure that all medications on the MAR have a diagnosis listed under each listed medication.

Licensee's Proposed Overall Completion Date: 02/27/2023

Implemented (MJ - 03/08/2023)

227h - Support Plan Refuse Sign

2. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident 1 participated in the development of his/her support plan on [REDACTED]. The resident refused to sign the support plan. The home did not make a notation regarding the resident's refusal to sign.

Plan of Correction

Accept (MJ - 03/06/2023)

When a resident refuse to sign a document, we will check the appropriate box that states refuse to sign and document it in the space provided immediately. The administrator and assistant administrator will check the

227h - Support Plan Refuse Sign (continued)

charts to make sure that the appropriate documents are signed and appropriate boxes are checked if the resident refuses to sign the document. We began auditing residents charts on 2/14/23.

Licensee's Proposed Overall Completion Date: 03/02/2023

Implemented (MJ - 03/08/2023)