

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

October 3, 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 07/31/2023 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: 04/25/2024  
 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: 04/09/2001 Issued By: CWOPA L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 44 Waking Staff: 33

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 07/31/2023

**Inspection Dates and Department Representative**

07/31/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 45 Residents Served: 35  
 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: 35  
 Diagnosed with Mental Illness: 34 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 9 Have Physical Disability: 1

**Inspections / Reviews**

07/31/2023 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/18/2023

08/22/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 09/28/2023  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/27/2023

Inspections / Reviews *(continued)*

08/29/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/28/2023

10/03/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 7/31/23 the home's license inspection summary, dated 2/13/23, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█) - 08/22/2023)

On 7/31/23, the home inspection summary dated 2/13/23 was replaced. A note was placed on the bin that read "Please read and return any documents removed from this bin". The administrator will check the bin weekly to make sure that the latest inspection summary have not been removed.

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented (█) - 10/03/2023)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

If a home has a boiler, it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry (34 Pa. Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations, governed by Department of Labor and Industry). Upon expiration of the certificate, boilers must be inspected, and if they pass inspection, they will be issued a new certificate.

The home has a new boiler that does not have a boiler certificate. The home has a letter from PA Department of Labor and Industry stating the boiler may be installed but not operated.

Plan of Correction

Accept (█) - 08/28/2023)

On 8/14/23, █ from The PA Department of Labor and Industry made a visit and inspected the home boilers. The home is waiting for the new certificate which █ stated that will be good for 2 years. The home inspection book will be audited by the assistant administrator annually to make sure that documents are current. Boiler certificate will be checked for expiration date using audit sheet. Inspector will be contacted by the first month of the year that the certificate is expired if new inspection and certificate is needed

Licensee's Proposed Overall Completion Date: 09/27/2023

Implemented (█) - 10/03/2023)

57c - 2 Hours/Day

3. 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.

57c - 2 Hours/Day (continued)

Description of Violation

On 7/23/23, there were 35 residents in the home, including 9 residents with mobility needs, requiring a total minimum of 44 hours of direct care service. On this date, only 39 hours of direct care staffing was provided.

Plan of Correction

Accept [REDACTED] - 08/22/2023)

On 7/23/23, the regular staff who worked 7a to 7p was mistakenly omitted from the schedule. The staff worked because it was [REDACTED] regular day to work 7a to 7p. The administrator will ask the assistant administrator to check the schedule 2 weeks before it is posted

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented [REDACTED] - 10/03/2023)

57d - Waking Hours

4. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 7/23/23, a total of 39 hours of direct care was required. However, only 17 of the required hours, or 39 percent, were provided during waking hours.

Plan of Correction

Accept [REDACTED] - 08/28/2023)

On 7/23/23,DCS worked 7a to 6 pm, Med Tech/DCS worked 7p to 7 am, DCS worked 3 pm to 7 am. The staff person Med Tech/DCS, who was mistakenly left off of the schedule worked. The administrator and assistant administrator will check the completed schedule two weeks before it is posted to make all times are completely documented and all shifts are covered.

Licensee's Proposed Overall Completion Date: 08/27/2023

Implemented [REDACTED] - 10/03/2023)

65e - 12 Hours Annual Training

5. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person A did not receive any hours of annual training in training year 2022.

Plan of Correction

Accept [REDACTED] - 08/28/2023)

Staff person A received all training for 2022. However, the training documentation for 2022 was put in storage and could not be located when the inspector visited the home. The employee files will be audited monthly by the administrator. The administrator will put the previous year training records in a binder marked Employee Annual training with a tab for each year.

Licensee's Proposed Overall Completion Date: 09/14/2023

Implemented [REDACTED] - 10/03/2023)

65f - Training Topics

6. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

*Direct care staff person A did not receive training in the following topics during training year 2022:*

- (1) Medication self-administration training.*
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.*
- (3) Care for residents with dementia and cognitive impairments.*
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.*
- (5) Personal care service needs of the resident.*
- (6) Safe management techniques.*
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.*

Plan of Correction

Accept [redacted] - 08/29/2023)

*Each employee chart will be audited monthly by the administrator to check for required educational topic, completion date, make up date and signature of auditor*

Licensee's Proposed Overall Completion Date: 09/14/2023

Implemented [redacted] - 10/03/2023)

65g - Annual Training Content

7. Requirements

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. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.

65g - Annual Training Content (continued)

- 4. The Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
- 5. Falls and accident prevention.

**Description of Violation**

Staff person A did not receive training in the following topics during training year 2022:

- (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—10225.5102).
- (5) Falls and accident prevention.

**Plan of Correction**

Accept (████) - 08/29/2023)

Staff person A received all training that was required for 2022. Training documentation was put away in storage and could not be located at the time of inspection. The administrator will put the previous year employee annual training in a binder marked annual employee training with a tab for each year The training content covered will be placed in front of the training sign in sheets in the binder.

Licensee's Proposed Overall Completion Date: 08/27/2023

Implemented (████) - 10/03/2023)

88a - Surfaces

**8. Requirements**

- 2600.
- 88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**Description of Violation**

The back stairway between the 3rd floor and 2nd floor has a ceiling tile beginning to fall.

The 2nd floor hall bathroom across from room 19 has 3 ceiling tiles that have water damage.

On the 2nd floor, outside rooms 12 and 14, there are 3 ceiling tiles that are in disrepair and buckling.

The floor in the hall between the kitchen and bathroom is in disrepair. It has a lip that is a tripping hazard.

**Plan of Correction**

Accept (████) - 08/29/2023)

The house keeping staff will complete weekly building audit beginning 8/28/23 using the attached checklist. The administrator will review the checklist by the end of each week and will contact the contractor if repair is needed. The contractor was contacted on 7/31/23 and is in the process of completing all repairs that the home was cited for.

Licensee's Proposed Overall Completion Date: 08/28/2023

Implemented (████) - 10/03/2023)

89b - Hot Water Temperature

**9. Requirements**

- 2600.

89b - Hot Water Temperature (continued)

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 7/31/23, the hot water temperature at the bathroom sink in the first floor common bathroom measured 127.5 degrees Fahrenheit.

Plan of Correction

Accept ( ) - 08/29/2023

On 8/3/23, the administrator and the house keeping staff began checking the water temperature for each floor daily. The house keeping staff will report any water temperature reading above 120 degrees. The administrator will review water temperature log weekly and will initial after each review.

Licensee's Proposed Overall Completion Date: 08/27/2023

Implemented ( ) - 10/03/2023

95 - Furniture and Equipment

10. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The sink in the 2nd floor hall bathroom across from room 19, is detaching from the wall.

Plan of Correction

Accept ( ) - 08/29/2023

The Housekeeping staff will complete weekly building audit beginning 8/28/23 using the attached checklist. The administrator will review the checklist weekly and will contact the contractor if repair is needed.

Licensee's Proposed Overall Completion Date: 08/28/2023

Implemented ( ) - 10/03/2023

101j7 - Lighting/Operable Lamp

11. 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.

Repeat Violation: 1/9/23

Plan of Correction

Accept ( ) 08/29/2023

Staff and residents were educated that lamps need to stay plugged in at all times. Signs were posted in all residents rooms to remind staff and residents that lamps should not be unplugged. The assistant administrator will do weekly room checks on the days that residents rooms are being cleaned on Monday, Wednesday and Friday to make sure that all lamps are plugged in and is working. The checklist include the date, time, initial and corrective action.

Licensee's Proposed Overall Completion Date: 08/27/2023

Implemented ( ) - 10/03/2023

## 102i - Soap Dispenser

## 12. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

## Description of Violation

*There was an unlabeled, used bar of soap in the tub in the 1st floor hall bathroom.*

## Plan of Correction

Accept [REDACTED] - 08/29/2023)

*All bathrooms have a soap dispenser. However, the bar soap that was left in the bathroom was a residents personal soap. Residents were notified to keep all personal belongings in their bath caddy. The housekeeping staff will remove all residents personal belongings from the bathroom daily when bathrooms are cleaned. A sign was posted 8/1/23 in all of the residents bathrooms that read "Please do not leave personal soap in bathroom"*

Licensee's Proposed Overall Completion Date: 08/27/2023

Implemented [REDACTED] - 10/03/2023)

## 103i - Outdated Food

## 13. Requirements

2600.

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

## Description of Violation

*In the refrigerator, there was a bag of sausage patties and a tray of watermelon slices that were not labeled and not dated.*

*Repeat Violation: 1/9/23*

## Plan of Correction

Accept [REDACTED] - 08/29/2023)

*On 8/1/23, the administrator and the cook educated the staff on food safety and storage and making sure that all items are dated and labeled before putting them in the refrigerator. The cooks will check the fridge daily to make sure items are dated and labeled. The cooks will date and initial the log.*

Licensee's Proposed Overall Completion Date: 08/27/2023

Implemented [REDACTED] - 10/03/2023)

## 125a - Combustible Storage

## 14. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

## Description of Violation

*According to an inspection report dated 3/27/23, the exhaust filters for the hood above the stove are a fire hazard and need to be replaced.*

## Plan of Correction

Accept [REDACTED] - 08/29/2023)

*The filters for the hood were ordered by Filter Shine and the home was waiting for the arrival. The filters were delivered and installed on 8/9/23 by Filter Shine. The assistant administrator will check the receipt when the hood cleaning is completed biannually to see if any recommendations are made. The hood cleaning recommendation*

**125a - Combustible Storage (continued)**

*log will be completed by the assistant administrator and contacts made if follow up is needed.*

**Licensee's Proposed Overall Completion Date: 08/28/2023**

**Implemented (█ - 10/03/2023)**

**131a - Fire Extinguisher****15. Requirements**

2600.

131.a. There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

**Description of Violation**

*The 2nd floor fire extinguisher near the hall bathrooms is overcharged.*

**Plan of Correction**

**Accept (█) 08/29/2023)**

*The fire extinguisher company was called and the extinguisher was changed out for a new one. During monthly fire extinguisher checks, the assistant administrator will look at the dials of the fire extinguisher to make sure that the fire extinguishers are not over charged. On 8/18/23, the administrator and the assistant administrator met with the staff from emergency response who informed us that the temperature sometimes might play a role in the fire extinguisher gage. The assistant administrator will call emergency response if any discrepancy is noted.*

**Licensee's Proposed Overall Completion Date: 08/27/2023**

**Implemented (MS - 10/03/2023)**

**132b - Safety Inspection/Fire Drill****16. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**Description of Violation**

*The last fire safety inspection and drill observed by a fire safety expert was conducted on 11/17/21.*

**Plan of Correction**

**Accept (█) - 08/29/2023)**

*The assistant administrator will audit the home inspection book by the first week of the new year (January). A letter of request for fire safety/fire drill in-service will be written and sent to the fire Marshall in January. The assistant administrator will follow up with the fire Marshall with a written or verbal correspondence one month before the in-service due date.*

**Licensee's Proposed Overall Completion Date: 08/31/2023**

**Implemented (█) - 10/03/2023)**

**132e - Fire Drill Sleeping Hours****17. Requirements**

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

**Description of Violation**

*The last fire drill conducted during sleeping hours was on 4/19/23 at 3:30 am*

**132e - Fire Drill Sleeping Hours (continued)**

. The previous sleeping hours fire drill was conducted on 8/17/22.

**Plan of Correction**

Accept (█) - 08/29/2023)

The assistant administrator and the administrator made a tentative schedule for sleeping hour fire drill beginning 8/30/23. The schedule will be kept in a binder in the administrators office.

Licensee's Proposed Overall Completion Date: 08/30/2023

Implemented (█) - 10/03/2023)

**141b1 - Annual Medical Evaluation****18. Requirements**

2600.

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

**Description of Violation**

Resident 2's most recent medical evaluation was completed on █/23. The resident's previous medical evaluation was completed on █/22.

Resident 3's most recent medical evaluation was completed on █/22. The resident's previous medical evaluation was completed on █/21.

**Plan of Correction**

Accept (█) - 08/29/2023)

The DME's were faxed to the residents physician 2 months in advance followed by telephone calls and DME's were not returned in a timely manner. The nurse will audit the residents charts monthly for upcoming due dates of required documents(DME, RASP). Audit sheets will be placed in the front of each residents charts. The nurse will assist residents with scheduling appointments two months prior to due date of the DME and will fax copy of the DME to the physician office.

Licensee's Proposed Overall Completion Date: 08/29/2023

Implemented (█) - 10/03/2023)

**190c - Record of Training****19. Requirements**

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

**Description of Violation**

The home's medication administration training record for staff person A does not include the date, the name of the trainer, and documentation of successful completion of the training.

**Plan of Correction**

Accept (█) - 08/29/2023)

The documents were sent in to the medication tech trainer on 8/16/23 for a signature and received back on 8/18/23. Med Tech files will be audited by the assistant administrator annually to check date, medication tech recertification and if document is completed and signed. Assistant Administrator will check the documents after each training to make sure that documents are completely filled out.

Licensee's Proposed Overall Completion Date: 09/01/2023

Implemented (█) - 10/03/2023)