



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

February 6, 2025

[REDACTED]
Administrator
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 December 27, 2024 and February 3, 2025 of the above facility, we have determined that your submitted plan of correction for the December 2, 2024 inspection is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]

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: 04/25/2025
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: 36 Waking Staff: 27

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 12/02/2024

Inspection Dates and Department Representative

12/02/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 45 Residents Served: 30

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: 27
Diagnosed with Mental Illness: 30 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 6 Have Physical Disability: 1

Inspections / Reviews

12/02/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/27/2024

Inspections / Reviews (*continued*)

12/27/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/27/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/01/2025

02/03/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/01/2025

Reviewer: [REDACTED]

Follow-Up Type: Bypass Document
Submission

02/06/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2025

Reviewer: [REDACTED]

Follow-Up Type: Exception

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1 and resident #2 shared a room. On [redacted] at approximately [redacted], resident #1 began assaulting resident #2, by punching and slamming resident #2's head against a wall in their room. Resident #2 made attempts to get out of the room but resident #1 kept hitting resident #2. Staff heard the commotion, ran upstairs and found resident #2 covered in blood. The staff called 911. Resident #2 was transported to a hospital for treatment of lacerations [redacted]

Resident #1 locked the room door and refused to come out. A police officer arrived to the home and used a key to enter the room. Resident #1 struck the police officer on the left shoulder with a closed fist. Resident #1 was placed into handcuffs and led out of the home. An ambulance transported resident #1 to the hospital [redacted]

Plan of Correction

Accept ([redacted] - 12/27/2024)

Resident 1 was relocated in the home [redacted] and Resident 2 returned from the hospital on [redacted] with New Medication changes. Resident 2 was placed on one to one where a staff comes in overnight from 11 pm to 7 am beginning on [redacted] for two weeks to monitor resident for any behavior issues. Resident 2 has a follow up appointment with [redacted] on [redacted]. After the two weeks, there will be ongoing monitoring and close supervision by all staff. If there are any observable changes, the resident's [redacted] will be notified immediately. (See attached monitoring sheet)

Licensee's Proposed Overall Completion Date: 12/27/2024

Bypass Document Submission

Not Implemented ([redacted] - 02/03/2025)

132b - Safety Inspection/Fire Drill

2. 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 observed by a fire safety expert was conducted on 9/20/2023.

Plan of Correction

Do Not Accept ([redacted] - 12/27/2024)

. A letter of request was dropped off at the Fire Department for the home's Annual fire drill by a fire expert on March 27, 2024. The Fire Marshall was out of the office having a medical procedure and the home was not successful at reaching anyone at the fire department. The home has since left voice messages and visited the fire house and has not been successful as yet. The home visited the county office to intervene and was informed that they will make contact with the fire Marshall and will get back to us. The Fire Marshall- [redacted] called and informed that [redacted] will call us back next week with a scheduled date for the supervised drill.

Licensee's Proposed Overall Completion Date: 12/27/2024

132b - Safety Inspection/Fire Drill (continued)

Update: 12/27/2024

Is there another plan to have the fire safety inspection and supervised fire drill completed if the Fire Marshal does not call back?

Plan of Correction

Accept () - 01/06/2025)

. A letter of request was dropped off at the Fire Department for the home's Annual fire drill by a fire expert on March 27, 2024. The Fire Marshall was out of the office having a medical procedure and the home was not successful at reaching anyone at the fire department. The home has since left voice messages and visited the fire house and has not been successful as yet. The home visited the county office to intervene and was informed that they will make contact with the fire Marshall and will get back to us. If the home does not hear back from the Fire Marshal, the home will make contact with the borough office to ask for assistance with locating Fire Marshal and establishing a schedule for fire drill in- service.

Licensee's Proposed Overall Completion Date: 01/01/2025

Bypass Document Submission

Not Implemented () - 02/03/2025)

183d - Prescription Current

3. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #3 was taken to the hospital on [redacted] and never returned to the home. On 12/2/24, the home still had a container of polyethylene glycol 3350 powder prescribed for and belonging to resident #3.

Plan of Correction

Do Not Accept () - 12/27/2024)

When a resident is discharged or leave the home, within a day, the Medication Tech, who is on the medication cart will remove the residents medication from the medication cart and return them to the pharmacy. The administrator, [redacted] or designated staff, [redacted] will audit the medication cart weekly to make sure all medications for discharged residents, expired medications are removed from the cart and returned to the pharmacy. In addition to making sure that medications are returned, the staff will also check the MAR to make sure that physicians orders are followed as prescribed.

Licensee's Proposed Overall Completion Date: 12/27/2024

Update: 12/27/2024

Please indicate the immediate action that was taken to correct the violation.

Please indicate any additional steps/actions that will be put into place to educate staff.

Plan of Correction

Accept () - 01/06/2025)

The Medication was removed from the cart and was immediately returned to the pharmacy. When a resident is discharged or leave the home,, the Medication Tech, who is on the medication cart will remove the residents medication from the medication cart and return them to the pharmacy. The administrator, [redacted] or designated staff, [redacted] will audit the medication cart to make sure all medications for the discharged

183d - Prescription Current (continued)

resident is removed from the cart .

Licensee's Proposed Overall Completion Date: 01/01/2025

Bypass Document Submission

Not Implemented (█ - 02/03/2025)

186b - Medication Used by Resident**4. Requirements**

2600.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

Resident #2 was administered polyethylene glycol 3350 powder prescribed for and belonging to resident #3, every day at approximately 8:00 AM from 11/23/24 to 12/2/24.

Plan of Correction

Do Not Accept (█ - 12/27/2024)

On the above mentioned date, the medication in question was not renewed by resident 2 physician ,therefore the medication was not available. The medication was accidentally placed in the wrong resident's medication bin while the staff was cleaning the medication cart. The administrator, █ and assistant, █ will conduct daily cart checks to check all residents medications against the MAR to make sure that prescribed medications for each resident is documented on the MAR. (see attached sign off sheet)

Licensee's Proposed Overall Completion Date: 12/27/2024

Update: 12/27/2024

Please indicate the immediate action that was taken to correct the violation.

Please indicate any additional steps/actions that will be put into place to educate staff.

Plan of Correction

Accept (█ - 01/06/2025)

On the above mentioned date, The medication was accidentally placed in the wrong resident's medication bin while the staff was cleaning the medication cart. The Medication was immediately removed from the resident's medication bin in the cart and returned to the pharmacy. The administrator, █ and assistant, █ will conduct cart checks every month on the first of the month when the new MARS starts to check all residents medications against the MAR to make sure that prescribed medications for each resident is in the correct resident bin. Cart audit will then be conducted weekly on Wednesdays. On 12/28/24, the medication Techs were re educated on medication administration and the medication cart. (see attached sign off sheet)

Licensee's Proposed Overall Completion Date: 01/01/2025

Bypass Document Submission

Not Implemented (█ - 02/03/2025)

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

2600.

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

Description of Violation

Resident #2 is prescribed Famotidine 20 MG twice daily at 8:00 AM and 8:00 PM. However, this medication was not administered at 8:00 AM on 11/18/24 and at 8:00 PM on 11/3/24 and 11/12/24.

187d - Follow Prescriber's Orders (continued)

Resident #2 is prescribed Venlafaxine ER 150 MG daily at 8:00 PM. However, this medication was not administered on 11/12/24.

Resident #2 is prescribed Metformin 500 MG daily. However, this medication was not administered on 11/12/24 and 11/18/24.

Resident #2 is prescribed Doxepin 6 MG daily. However, this medication was not administered on 11/12/24.

Plan of Correction**Do Not Accept** () - 12/27/2024)

The Administrator, () will conduct daily review of the MARS and medications to make sure that documentation is completed on the the MARS and the physician orders are being followed by the Medication Techs. The Medications Techs will be re educated on documentation and following prescribers orders on 12/28/24.

Licensee's Proposed Overall Completion Date: 12/27/2024

Update: 12/27/2024

Please indicate the immediate action that was taken to correct the violation.

Plan of Correction**Accept** () - 01/06/2025)

The Administrator, () will check the medication cart daily to see if all medications for the residents are given at the prescribed times. The Medications Techs re educated on documentation and following prescribers orders on 12/28/24.

Licensee's Proposed Overall Completion Date: 01/01/2025

Bypass Document Submission**Not Implemented** () - 02/03/2025)

225c - Additional Assessment

6. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's most recent assessment was completed on () It indicated that the resident required no supervision in the home or when in the community and had no behavioral/cognitive needs, including no problem with orientation to time, place, and person. On () at approximately 3:30 AM, staff alerted the home's administrator that resident #1 appeared confused and attempted to wander from the home. The resident was sent to an emergency room for evaluation. The resident returned to the home on () The home did not complete a new assessment to address resident #1's change in condition.

225c - Additional Assessment *(continued)***Plan of Correction****Accepted (█ - 12/27/2024)**

The assistant administrator, █ will review each residents discharge summary after a resident has been hospitalized and return to the home. The staff will update resident's support plan to reflect the changes. (attach new DME and RASP).

Licensee's Proposed Overall Completion Date: 12/27/2024

Bypass Document Submission**Implemented (█ - 02/03/2025)**