

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

July 21, 2025

[REDACTED], ADMINISTRATOR
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 04/01/2025 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: 04/25/2025
 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: 04/09/2021 Issued By: CWOPA L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 36 Waking Staff: 27

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 04/01/2025

Inspection Dates and Department Representative

04/01/2025 - 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: 33
 Diagnosed with Mental Illness: 32 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

04/01/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/24/2025

07/14/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/24/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/19/2025

Inspections / Reviews *(continued)*

07/21/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/19/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. 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

On 4/1/2025, there was no Carbon Monoxide detector for the kitchen which uses gas appliances. Per the Care Facility Carbon Monoxide Alarms Standards Act of June 23, 2016, Carbon Monoxide alarms must be installed in proximity of but not less than 15 feet from any fossil-fuel burning device or appliance

Plan of Correction

Directed ([redacted] - 07/14/2025)

On 4/2/25, the Carbon Monoxide Detector was re installed by the kitchen where the original one was missing. The Housekeeping staff, [redacted] will check the carbon monoxide detector annually, change the battery, test it to make sure that it is working properly, document and initial the annual carbon monoxide log. The designated staff, [redacted] will be notified of the battery change

Proposed Overall Completion Date: 04/23/2025

In addition to the above mentioned steps:

Immediately: The administrator or designated person shall test the carbon monoxide detectors monthly to ensure they are working.

Directed Completion Date: 07/16/2025

Implemented ([redacted] - 07/21/2025)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A has been employed by the home since [redacted] However, as of 4/1/2025, the home has not completed an FBI criminal background check for staff person A, who has been a resident of Pennsylvania for less than 2 years.

Plan of Correction

Accept ([redacted] - 04/30/2025)

On 4/17/25, staff A had [redacted] FBI criminal background check completed and the home is waiting on the report. Upon hire, the designated staff, [redacted] will review the documents presented by the new employee prospect, complete the pre- employment documentation checklist and will check off the documents that are required and received. The administrator, [redacted] will review the checklist before the employee start working and the employee will not be able to begin working until all the correct new hire documents are received.

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented ([redacted] - 07/21/2025)

54a - Direct Care Staff

3. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, does not have a United States high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Direct care staff person B, does not have a United States high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeat violation: 1/15/25, 10/9/24, 6/18/24

Plan of Correction

Directed (█ - 07/14/2025)

The administrator of the home submitted a waiver request for staff A and staff B and is awaiting a response. Upon hire, the designated staff, █ will review the documents presented by the new employee prospect, complete the pre-employment documentation checklist and will check off the documents that are required and received. The administrator, █ will review the checklist before the employee start working and the employee will not be able to begin working until all the correct new hire documents are received.

Proposed Overall Completion Date: 04/23/2025

In addition to the above-mentioned steps:

Immediately: *Staff persons A and B shall not be permitted to provide direct care services in the home until they have met the educational qualifications.*

Directed Completion Date: *07/16/2025*

Implemented (█ - 07/21/2025)

65f - Training Topics

4. 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.

65f - Training Topics (continued)

Description of Violation

Direct care staff persons B and C did not receive training in medication self-administration training, safe management techniques, and, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2024.

Repeat violation: 6/18/24

Plan of Correction

Directed (█ - 07/14/2025)

The administrator, █ and the designated staff, █ will audit the staff training record monthly to see if the staff attended the training and complete the checklist. If a staff misses a training, the administrator, █ will meet with the staff person at the end of the month to do a make up training.

Proposed Overall Completion Date: 04/24/2025

In addition to the above-mentioned plan of correction:

Within 3 days of receipt of the plan of correction: Direct care staff persons B and C shall be trained in medication self-administration training, safe management techniques, and, care for residents with mental illness or an intellectual disability,

Directed Completion Date: 07/17/2025

Implemented (█ - 07/21/2025)

65g - Annual Training Content

5. 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.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff persons B and C did not receive training in resident rights, and new population groups that are being served at the home that were not previously served, if applicable during training year 2024.

Repeat violation: 6/18/24

Plan of Correction

Directed (█ - 07/14/2025)

The administrator, █ and the designated staff, █ will audit the staff training record monthly to see if the staff attended the training and complete the checklist. If a staff misses a training, the administrator, █ will meet with the staff person at the end of the month to do a make up training.

65g - Annual Training Content (continued)

Proposed Overall Completion Date: 04/24/2025

In addition to the above-mentioned plan of correction:

Within 3 days of receipt of the plan of correction: Staff persons BC shall receive training in residents' rights.

Directed Completion Date: 07/17/2025

Implemented (█) - 07/21/2025)

86b - Bathroom

6. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom in room 27, does not have an operable window or ventilation fan. The ventilation fan is inoperable and there is no window in the bathroom.

Plan of Correction

Accept (█) - 04/30/2025)

On 4/2/25, the ventilation fan in room 27 was replaced. The designated staff, █ will check all the ventilation fans in the building on each floor on designated cleaning days, Mondays, third floor, Wednesdays, Second Floor, Fridays, First Floor. The staff will check the fans on designated cleaning days to make sure that it is working, document if there are any problems and initial the log.

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented (█) - 07/21/2025)

89a - Water Pressure

7. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On 4/1/2025 at 11:04 am, the home did not have sufficient hot water to the common bathroom near room 14.

Plan of Correction

Accept (█) - 04/30/2025)

On 4/2/25, The administrator contacted the contractor and found out that the hot and cold water valves were mistakenly switched during the bathroom renovation. The hot and cold water was opposite when the faucet was turned on. The contractor switched the valves and the issue was resolved. The house keeping staff, █ will check the water pressure in the bathroom daily, document the date, time, is water pressure ok, and initial the log. The administrator, █ will be notified if the water pressure is low and the contractor will be notified.

Licensee's Proposed Overall Completion Date: 04/24/2025

Implemented (█) - 07/21/2025)

89b - Hot Water Temperature

8. Requirements

2600.

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

Description of Violation

On 4/1/2025 at 10:55 am, the hot water temperature in the bathroom near rooms 19 and 20 measured 125.9 degrees Fahrenheit.

Plan of Correction

Accept ([redacted] - 04/30/2025)

On 4/2/25, the contractor was contacted and the thermostat for the hot water tank responsible for the bathroom was adjusted. The Housekeeping staff, [redacted] will check the water temperature daily and record it on the water temperature log. The administrator, [redacted] will review the log weekly, sign the log, and will contact the contractor if the hot water temperature is above 120 degrees and other adjustment is needed.

Licensee's Proposed Overall Completion Date: 04/24/2025

Implemented ([redacted] - 07/21/2025)

92 - Windows

9. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 4/1/2025 at 10:58 am, a screen was not installed in the right window of room 16.

Plan of Correction

Accept ([redacted] - 04/30/2025)

On 4/18/25, a new screen was installed in the right window in Room 16. The housekeeping staff, [redacted] will check the windows monthly on cleaning days (Monday, Wednesday, Friday) to make sure that screens are present in all windows, the housekeeping physical site check list will be completed and given to the administrator, [redacted] for review and signature monthly. If a window is missing a screen, the administrator will contact the contractor.

Licensee's Proposed Overall Completion Date: 04/24/2025

Implemented ([redacted] - 07/21/2025)

183e - Storing Medications

10. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 4/1/2024 Latanoprost .005% eye drops prescribed to resident 1, was open and undated in the medication cart. According to the manufacturer's instructions this medication should be disposed of 6 weeks after opening.

On 4/1/2024 Latanoprost .005% eye drops prescribed to resident 2, was open and undated in the medication cart. According to the manufacturer's instructions this medication should be disposed of 6 weeks after opening.

On 4/1/2024 Dorzolamide-Timolol eye drops prescribed to resident 2, was open and undated in the medication cart.

183e - Storing Medications (continued)

According to the manufacturer's instructions this medication should be disposed of 4 weeks after opening.

Plan of Correction**Accept ([REDACTED] - 04/30/2025)**

On 4/2/25, the administrator met with the medication Tech involved to remind them that all medication containers that are opened should be dated and initialed at the time when it is opened. The administrator, [REDACTED] and the designated staff, [REDACTED] will do weekly cart checks to make sure that all open vials and containers are dated and initialed

Licensee's Proposed Overall Completion Date: 04/24/2025

Implemented ([REDACTED] - 07/21/2025)