

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

September 4, 2025

[REDACTED]
ACCOLADES SENIOR CARE LLC
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/22/2025 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:** 04/25/2026
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:** COPA L & I

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 35 **Waking Staff:** 26

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 07/22/2025

Inspection Dates and Department Representative

07/22/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 45 **Residents Served:** 31

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:** 30
Diagnosed with Mental Illness: 31 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 4 **Have Physical Disability:** 0

Inspections / Reviews

07/22/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/14/2025

08/21/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 09/03/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/26/2025

Inspections / Reviews *(continued)*

08/27/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/03/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/03/2025

09/04/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/03/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

54a - Direct Care Staff

1. 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 high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

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

Repeat violation: [REDACTED]

Plan of Correction

Accept [REDACTED] 08/27/2025)

Direct Care Staff A and Direct Care Staff B have each provided valid documentation of high school diplomas earned in their home country in Africa. Copies of these diplomas have been placed in their personnel files. The administrator, [REDACTED] used World Education Services (WES), a credential evaluation agency accredited by the National Association of Credential Evaluation Services (NACES), to confirm that these diplomas are equivalent to a United States high school diploma. According to U.S. Department of Education guidelines and NACES standards, many secondary school diplomas issued in other countries are considered comparable to U.S. high school completion when the coursework and duration of study meet established international education benchmarks.

In addition, the administrator, [REDACTED] will apply for a state waiver for both staff members through Pennsylvania regulatory procedures, ensuring continued compliance while maintaining quality of care. Effective 8/22/2025, the Administrator will verify that all new direct care staff have a U.S. diploma, GED, nurse aide registry status, or credential evaluation before working independently.

The Administrator will maintain a Compliance Log listing staff qualifications and verification dates.

? Only NACES (National Association of Credential Evaluation Services)-accredited credential evaluation agencies will be used.

Monitoring:

? The Administrator, [REDACTED] will complete quarterly audits of all personnel files beginning 9/1/2025.

? Findings will be documented on a Personnel File Audit Checklist and maintained for review.

? The Compliance Log will be updated at each new hire and during quarterly audits. ? Ongoing monitoring begins 8/22/2025.

Licensee's Proposed Overall Completion Date: 08/26/2025

Implemented [REDACTED] - 09/04/2025)

65f - Training Topics

2. Requirements

2600.

65f - Training Topics (continued)

- 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 medication self-administration training, or care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2024.

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

Direct care staff person C did not receive training in medication self-administration training, or 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: [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/21/2025)

On August 13, 2025, Direct Care Staff A, Direct Care Staff B, and Direct Care Staff C completed the required training covering:

? Medication self-administration.

? Care for residents with mental illness or an intellectual disability.

? Nadine Campbell conducted training. ? Documentation, including attendance sheets, has been placed in each staff member's personnel file at Accolades Senior

Care. The administrator, [REDACTED] will maintain a training log for each employee and review it quarterly to verify that all topics are completed within the training year.

Staff will receive reminder notices at least 30 days before required training deadlines. The administrator will sign off on all completed annual

training to ensure compliance before the end of the training year.

Licensee's Proposed Overall Completion Date: 08/14/2025

Implemented [REDACTED] - 09/04/2025)

87 - Lighting

3. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

On [REDACTED] the lighting in the common 3rd floor bathroom near room [REDACTED] was inoperable.

87 - Lighting (continued)

Plan of Correction

Accept ([redacted] 08/21/2025)

The inoperable lighting fixture in the 3rd-floor shared bathroom near room 25 was repaired and restored to full working order. The repair was completed on August 5, 2025. All other lighting fixtures in the facility were inspected on the same date to ensure proper function.

Prevention Measures:

Maintenance staff will conduct monthly inspections of all lighting fixtures in common areas, hallways, stairways, and evacuation routes to ensure compliance. Any deficiencies, the Administrator, [redacted] will report it to the contractor within 24 hours of discovery.

Date Corrected: August 5, 2025

Licensee's Proposed Overall Completion Date: 08/14/2025

Implemented ([redacted] - 09/04/2025)

92 - Windows

4. 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 [redacted] there was a broken window in the Television Lounge Room, next to the office.

Plan of Correction

Accept ([redacted] - 08/21/2025)

The broken window has been sent for repair and is expected to be delivered and installed within a few days.

? All window screens have been inspected by the housekeeping staff, [redacted], and any damaged screens will be repaired or replaced along with the window repair.

? All other windows and screens in the facility have been inspected to ensure they are in good repair and securely screened.

Preventive Measures:

? Weekly inspections of all windows and screens will be conducted by maintenance staff, [redacted] to ensure ongoing compliance and safety.

? Any issues identified during inspections will be repaired immediately or temporarily secured until permanent repair is completed.

? Staff are instructed to report any broken windows or screens to maintenance promptly

Licensee's Proposed Overall Completion Date: 08/14/2025

Implemented ([redacted] 09/04/2025)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

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

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted]

141b1 - Annual Medical Evaluation (continued)

. The resident's previous medical evaluation was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] 08/21/2025)

Resident [REDACTED] medical evaluation was completed on 6/6/2025, correcting the gap since the previous review on 5/3/2024. The Administrator, [REDACTED] will conduct monthly chart audits to ensure all residents receive annual medical evaluations. Nursing and direct care staff have been retrained on this requirement. The Administrator, [REDACTED] will monitor the residents charts for upcoming due dates monthly to ensure compliance and maintain documentation for review during the next state inspection.

Licensee's Proposed Overall Completion Date: 08/14/2025

Implemented [REDACTED] - 09/04/2025)

252 - Record Content

6. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.

252 - Record Content (*continued*)

26. A termination notice, if any.

Description of Violation

Resident [REDACTED]'s record does not include a photograph of the resident that is no more than 2 years old.

Resident [REDACTED] record does not include a photograph of the resident that is no more than 2 years old.

Plan of Correction

Accept [REDACTED] - 08/21/2025)

Updated photographs of resident [REDACTED] and [REDACTED] were taken and added to their records on 8/13/25. The Administrator, [REDACTED] conducted a full Audit of residents records to identify any missing or outdated photo graphs. All records with outdated photographs older than 2 years were updated immediately to ensure compliance. A tracking log will be placed at the front of each residents chart and it will be marked with the date when each residents photo has been updated. The administrator, [REDACTED] will perform quarterly audits of residents records to ensure residents photos are current. If there are any deficiencies identified, it will be corrected immediately and documented in the audit log

Licensee's Proposed Overall Completion Date: 08/14/2025

Implemented ([REDACTED] - 09/04/2025)