Pennsylvania
Department of Human Services

Sent via email to: [redacted]
CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 14, 2026

[redacted]
Accolades Senior Care, LLC
246 Melrose Avenue
East Lansdowne, Pennsylvania 19050

RE: Accolades Senior Care
License #: 135710

Dear [redacted]

As a result of violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), and your failure to submit a timely renewal application for your certificate of compliance, the Department hereby REFUSES to RENEW your certificate of compliance 135710 to operate the above facility. The Department's decision to REFUSE to RENEW your license is based on the violations attached to this notice and your failure to comply with the Department's regulations, gross incompetence, negligence and misconduct in operating the facility(s) and failure to submit an acceptable plan to correct noncompliance items and is made pursuant to 62 P.S. § 1026 (b)(1);(4) and 55 Pa. Code § 20.71(a)(2);(3);(4);(6) (relating to conditions for denial, nonrenewal or revocation).

In accordance with 55 Pa. Code § 2600.269 (b) (relating to ban on admissions) no new resident admissions are permitted after the date of letter.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
54a	III	29	$3	$87	15 calendar days from mailing date of this letter
65f	III	29	$3	$87	15 calendar days from mailing date of this letter

[redacted]

183e	III	29	$3	$87	15 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to REFUSE to RENEW your license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. Your appeal must indicate the reasons for the appeal, and you must be as specific as possible regarding your areas of disagreement with the Department's decision. If you decide to appeal, a written request for an appeal must be received within 30 days of the date of this letter by:

[redacted]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
[redacted]

This decision is final 31 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

[redacted]

The enclosed violation report specifies plans of correction and dates by which corrections must be made. If you choose to appeal, an acceptable plan of correction must be followed during your operation pending your appeal. Accolades Senior Care is required to remain in full compliance with all applicable statutes and regulations, including but not limited to Article X of the Human Services Code, 62 P.S. §§ 1001 et seq., and 55 Pa. Code Ch. 2600 (relating to Personal Care Homes).

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY - PUBLIC

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: *0* **Total Daily Staff:** *31* **Waking Staff:** *23*

Inspection Information

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Monitoring* **Exit Conference Date:** *05/14/2026*

Inspection Dates and Department Representative

05/05/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *45* **Residents Served:** *27*

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: *24*

Diagnosed with Mental Illness: *23*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *4*

Have Physical Disability: *1*

Inspections / Reviews

05/05/2026 - Partial

Lead Inspector: [redacted]

Follow Up Type: *Bypass Document Submission*

08/03/2026 Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *08/03/2026*

Reviewer: [redacted] **Follow Up Type:** *Enforcement*

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 [redacted] the home's current license inspection summary, which is dated [redacted] and a copy of the 2600 regulations were not posted in a conspicuous and public place within the home.

Plan of Correction ***Directed [redacted] - 07/20/2026)***

Immediately: The administrator or designee shall check the home at least weekly to ensure a copy of the current license inspection summary issued by the Department and a copy of Chapter 2600 regulations are posted in a public and conspicuous place in the home. Documentation of the checks shall be kept.

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] - 08/03/2026)

5a1 - DHS Access

2. Requirements

2600.
5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:
1. Agents of the Department.

Description of Violation

On [redacted], at 9:00 a.m., an agent of the Department, requested access to residents' records, staff records, and facility documentation. Staff person A was unable to provide access to any of the documentation.

Plan of Correction ***Directed [redacted] - 07/20/2026)***

Immediately: The administrator shall develop a system of record keeping that ensures the agents of the Department, upon request, have immediate access to records including staff training records. Documentation shall be kept.

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] - 08/03/2026)

17 - Record Confidentiality

3. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted], at 10:11 a.m., the privacy coding for the [redacted] license inspection summary was unlocked, unattended, and accessible.

17 Record Confidentiality *(continued)*

Plan of Correction ***Directed (- 07/20/2026)***

Immediately: The administrator shall check the home at least weekly to ensure all resident records and documentation are maintained in a confidential manner in accordance with regulation 2600.17. Documentation of checks shall be kept.

Directed Completion Date: *07/23/2026*

Not Implemented - 08/03/2026)

88a - Surfaces

4. 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

On there were different interior areas of the home that were not in good repair, including the following:

- *The rubber transition tape under the exit door on the 2nd floor near the elevator was loose and presented a tripping hazard.*
- *There is a hole in the ceiling of the middle bathroom on the 2nd floor.*
- *The ceiling in the hallway outside the 2nd floor middle bathroom is peeling due to water damage.*
- *The lower portion of the exit door leading to the smoking area is rotten on the interior side.*
- *The handle to the front door is not securely fastened to the interior side of the door.*
- *Approximately 6 floor tiles between the medication station and the dining room are cracked. Some of the tiles are raised about 1" and pose a tripping hazard.*

Plan of Correction ***Directed - 07/20/2026)***

Immediately: The administrator or designee shall check all areas of the home at least weekly to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Hazardous conditions will be corrected immediately. Documentation shall be kept.

Immediately: All staff persons shall be educated on reporting and or correcting any floors, walls, ceilings and other surfaces that are not clean, not in good repair or are hazardous. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: *07/23/2026*

Not Implemented (- 08/03/2026)

93a - Handrails

5. Requirements

2600.
93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

93a Handrails *(continued)*

Description of Violation

The handrails leading to the designated smoking area are in disrepair. The metal handrails on the left have rotting posts, and the handrails on the right are weak and unstable.

Plan of Correction ***Directed [redacted] - 07/20/2026)***

Immediately: The administrator shall conduct an assessment of the home and the grounds to ensure all ramps, interior stairway and outside steps shall have a well secured handrail. Any areas of noncompliance shall be corrected immediately. Documentation shall be kept.

Immediately: All staff persons shall be educated regarding the requirements for a well secured handrail and the reporting of hazardous conditions. Documentation of training shall be kept in accordance with 6500.65i.

Directed Completion Date: *07/23/2026*

Not Implemented ([redacted] - 08/03/2026)

95 - Furniture and Equipment

6. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Two restrooms on the first floor are inoperable: one toilet lacks a bolt, and the other toilet has been removed entirely since the tiles are shattered.

Plan of Correction ***Directed [redacted] 07/20/2026)***

Immediately: The administrator shall check the home at least weekly to ensure furniture and equipment is in good repair, clean and free of hazards. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately, it will be immediately removed from service. Documentation shall be kept.

Immediately: All staff persons shall be educated on the requirements of regulation 2600.95 and reporting or repairing furniture and equipment that is not in good repair, not clean or is hazardous. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately, it will be immediately removed from service. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] - 08/03/2026)

100a - Exterior - Free of Hazards

7. Requirements

2600.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

100a - Exterior - Free of Hazards *(continued)*

Description of Violation

On [redacted] the following were observed in the exterior areas of the home:

- *The gutter in front of the home along the steps is missing part of the cover.*
- *There were several cables thrown across the fire escape steps, which pose a tripping hazard.*

Plan of Correction ***Directed [redacted] - 07/20/2026)***

Immediately: The administrator or designated staff person shall conduct a weekly assessment of the exterior of the building, building grounds and yard to ensure all areas are in good repair and free of hazards. Any hazards shall be immediately corrected. Documentation shall be kept.

Immediately: All staff persons shall be educated on identifying and reporting items on the exterior of the building and grounds that are in disrepair or present a hazard. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] - 08/03/2026)

101j7 - Lighting/Operable Lamp

8. 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 [redacted] does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction ***Directed [redacted] - 07/20/2026)***

Immediately: A designated staff person shall check the home at least weekly to ensure all resident beds have an operable bedside lamp or source of lighting that can be turned on/off from bedside. Documentation shall be kept.

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] - 08/03/2026)

103d - Storing Food Off Floor

9. Requirements

2600.
103.d. Food shall be stored off the floor.

103d - Storing Food Off Floor *(continued)*

Description of Violation

On [redacted] there was a five-gallon container of water utilize for the water fountain, stored on the floor near the fountain.

Plan of Correction ***Directed [redacted] - 07/20/2026)***

Immediately: The administrator shall check all food storage areas at least weekly to ensure food is stored off of the floor. Documentation shall be kept.

Immediately: All staff persons involved in food storage and preparation shall be educated that food shall be stored off of the floor. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] - 08/03/2026)

103f - Refrigerator/Freezer Temps

10. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On [redacted] at 10:25 a.m. the temperature in the standalone freezer in the basement was 20 degrees Fahrenheit.

Plan of Correction ***Directed [redacted] 07/20/2026)***

Immediately: The administrator shall check all refrigerators and freezers at least weekly to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. Documentation shall be kept.

Immediately: All staff persons involved in food storage and preparation shall be educated on safe food storage including all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. Documentation of education shall be kept.

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] - 08/03/2026)

121a - Unobstructed Egress

11. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted], the exit door leading to the side of the kitchen was locked and blocked egress from the home. It is unclear whether all of the residents were able to unlock the manual deadbolt.

121a Unobstructed Egress *(continued)*

Plan of Correction ***Directed [redacted] - 07/20/2026)***

Immediately: A designated staff person shall check the home daily on each shift to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Documentation shall be kept.

Directed Completion Date: *07/23/2026*

Not Implemented ([redacted] 08/03/2026)

123b - Emergency Procedures Posted

12. Requirements

2600.
123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction ***Directed [redacted] - 07/20/2026)***

Immediately: The administrator shall post the municipal emergency management plan in a public and conspicuous place which is accessible to anyone in the home.

Immediately: The administrator shall conduct a weekly check to ensure that both the personal care home's emergency procedures and the local municipal emergency plans are posted in a conspicuous and public place. Documentation shall be kept.

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] - 08/03/2026)

131f - Fire Extinguisher Inspection

13. Requirements

2600.
131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguishers in the home have not been inspected by a fire safety expert since January 2025.

Plan of Correction ***Directed [redacted] - 07/20/2026)***

Immediately: All fire extinguishers in the home shall be inspected and approved by a fire safety expert. Documentation shall be kept.

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] - 08/03/2026)

132a - Monthly Fire Drill

14. Requirements

2600.

132a - Monthly Fire Drill *(continued)*

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

Interviews indicate that there have only been three unannounced fire drills within the last year.

Plan of Correction ***Directed (- 07/20/2026)***

Immediately: The administrator shall monitor all fire drills and the fire drill record to ensure at least one unannounced fire drill is conducted monthly. Documentation shall be kept at the time of each fire drill.

Directed Completion Date: *07/23/2026*

Not Implemented (08/03/2026)

144c1 - Smoking Area Guidelines

15. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

There are wooden tables in the home's designated smoking area. Cigarette butts were observed on the ground throughout the designated smoking area.

Plan of Correction ***Directed - 07/20/2026)***

Immediately: All residents and staff persons shall be educated on the home rules for smoking and the homes policy and procedures for smoking including the proper fire and safety measures and the importance of keeping combustible materials out of the smoking area. No combustible chairs, cushions or other items will be permitted in the smoking area. Documentation of education shall be kept.

Immediately: A designated staff person on each shift shall monitor the home on a daily basis to ensure the smoking policy and procedures are being followed. The staff person will ensure that no combustible chairs, cushions or other items are present in the smoking area. Documentation shall be kept.

Directed Completion Date: *07/23/2026*

Not Implemented 08/03/2026)

183e - Storing Medications

16. 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.

183e Storing Medications *(continued)*

Description of Violation

On [redacted] a box of 4 [redacted] for resident [redacted] was dated [redacted]. However, the pen that was used was not dated.

Repeated Violation: [redacted]

Plan of Correction ***Directed ([redacted] - 07/20/2026)***

Immediately: The administrator shall check all medications monthly to ensure no medications are expired and insulin vials are dated when opened. Documentation shall be kept.

Immediately: All staff persons administering medications will be educated on the updated policy and procedures for the safe and secure storage of medications and controlled substances including that all medications are properly packaged and stored including that there are no expired medications in the medication cart. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] - 08/03/2026)

221b - Activity Types

17. Requirements

2600.
221.b. The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

Description of Violation

The home's activities program does not include any social, physical, intellectual, or recreational activities in a planned, coordinated, and structured manner.

Plan of Correction ***Directed ([redacted] 07/20/2026)***

Immediately: The administrator shall monitor the activities calendar weekly to ensure the program of activities is designed to promote each resident's active involvement with other residents, the resident's family and the community and several group activities are offered each day. Documentation shall be kept.

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] - 08/03/2026)

227i - Support Plan Accessible

18. Requirements

2600.
227.i. The support plan shall be accessible by direct care staff persons at all times.

227i - Support Plan Accessible *(continued)*

Description of Violation

On [redacted] at 9:00 a.m., resident support plans were locked in an office and were inaccessible to direct care staff.

Plan of Correction ***Directed [redacted] - 07/20/2026)***

Immediately: The administrator shall develop a system to ensure staff has access to all resident support plans at all times. Documentation shall be kept.

Directed Completion Date: *07/23/2026*

Not Implemented ([redacted] - 08/03/2026)

251b - Record Entries Legible

19. Requirements

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The time and initials on resident [redacted] glucose monitoring sheet was overwritten and not legible for the [redacted] entry.

Plan of Correction ***Directed [redacted] - 07/20/2026)***

Immediately: The administrator shall review the glucose monitoring sheets at least weekly to ensure that all entries are complete and legible and that no correction fluid is used on the document. Documentation shall be kept.

Immediately: All staff who administers medications shall be educated on proper record entry procedures and that using correction fluid on the MAR is not acceptable. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] - 08/03/2026)

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

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: *0* **Total Daily Staff**: *35* **Waking Staff**: *26*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Monitoring* **Exit Conference Date**: *05/18/2026*

Inspection Dates and Department Representative

05/14/2026 On Site: [redacted]

05/18/2026 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: *NA*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *25*

Diagnosed with Mental Illness: *27* **Diagnosed with Intellectual Disability**: *NA*

Have Mobility Need: *5* **Have Physical Disability**: *NA*

Inspections / Reviews

05/14/2026 Partial

Lead Inspector: [redacted]

Follow-Up Type: *Bypass Document Submission*

08/03/2026 - Bypass Document Submission

Submitted By: [redacted]

Date Submitted: *08/03/2026*

Reviewer: [redacted]

Follow-Up Type: *Enforcement*

51 - Criminal Background Check

1. 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

There was no criminal background check completed for Staff Person A, Staff Person B, Staff Person C and Staff Person D. *Repeated Violation:* [redacted]

Plan of Correction ***Directed*** [redacted] ***07/21/2026)***

Immediately: The administrator or designee shall review the records of all current staff members to ensure that a PA State Police criminal background check has been completed and that an FBI background check has been completed for employees who were not residents of Pennsylvania for the past two consecutive years prior to the date of hire. Documentation shall be kept in the staff records.

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] ***- 08/03/2026)***

54a Direct Care Staff

2. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care Staff Person C, D and E, do not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeated Violation: [redacted]

Plan of Correction ***Directed*** [redacted] ***- 07/21/2026)***

Immediately: The administrator or designee shall review all current direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.54(a) to include a Diploma issued by the Pennsylvania Department of Education or Department of Education in another state. Documentation shall be kept in the staff records. Only those staff persons who meet the direct care staff qualifications shall provide direct care services.

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] ***- 08/03/2026)***

65f Training Topics

3. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
6. Safe management techniques.

65f - Training Topics *(continued)*

Description of Violation

Direct care Staff Person B, C, D, E, F and G did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, safe management techniques during training year [redacted] to [redacted].

Repeated Violation: [redacted]

Plan of Correction ***Directed [redacted] - 07/21/2026)***

Immediately: The administrator shall review all staff current training and records to ensure all direct care staff has received the required training on all topics in accordance with regulation 2600.65(f) during the 2025 training year. The review shall include interviewing all staff persons to measure which training topics were actually provided to each staff person. If any staff has not completed the required training topics in accordance with regulation 2600.65(f), the training shall be completed immediately.

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] - 08/03/2026)

85a - Sanitary Conditions

4. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at 9:16a, the couch in the dayroom on the right wall facing the television was covered in plastic and had a smell of urine.

The bedroom belonging to Resident [redacted] smelled heavily of urine.

In the bathroom located between room [redacted] and room [redacted] the toilet seat was stained with a brownish color that appeared to be rust.

Plan of Correction ***Directed [redacted] 07/21/2026)***

Immediately: A designated staff person shall monitor the home at least daily to ensure sanitary conditions are maintained. Documentation shall be kept.

Immediately: All staff persons shall be re-educated on maintaining sanitary conditions including immediately correcting or reporting any unsanitary conditions. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] - 08/03/2026)

87 - Lighting

5. Requirements

2600.
87. Lighting - The home's rooms, 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

The ceiling light located on the first floor in the hallway was flickering and dim.

The ceiling light located on the 2nd floor outside of room [redacted] and room [redacted] was flickering and dim.

Repeated Violation. [redacted]

Plan of Correction ***Directed [redacted] - 07/21/2026)***

Immediately: All staff persons shall be educated on the requirements of regulation 2600.87 and to correct or report any unsafe lighting conditions. Documentation of education shall be kept in accordance with 2600.65i.

Immediately: The administrator or designated person shall check the home daily to ensure hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes will be lit to ensure resident safety. Any areas of noncompliance shall be corrected immediately. Documentation shall be kept.

Directed Completion Date: *07/23/2026*

Not Implemented ([redacted] - 08/03/2026)

88a Surfaces

6. 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 floor tiles in the dining room, located in front of the ice machine were broken and cracked.

There was a hole in the floor outside of bedroom [redacted]

In the 3rd floor bathroom next to bedroom [redacted]*, the tiles on the floor were broken and hole was observed in the shower wall.*

Plan of Correction ***Directed [redacted] - 07/21/2026)***

Immediately: The administrator or designee shall check all areas of the home at least weekly to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Hazardous conditions will be corrected immediately. Documentation shall be kept.

Immediately: All staff persons shall be educated on reporting and or correcting any floors, walls, ceilings and other surfaces that are not clean, not in good repair or are hazardous. Documentation of education shall be kept in

88a - Surfaces (continued)

accordance with 2600.65i.

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] - 08/03/2026)

93a - Handrails

7. Requirements

2600.
93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The basement stairway has a handrail that is loose and poorly secured.

The first-floor stairway has a handrail that is slightly loose with a cracked beam.

Plan of Correction ***Directed [redacted] - 07/21/2026)***

Immediately: The administrator shall conduct an assessment of the home and the grounds to ensure all ramps, interior stairway and outside steps shall have a well-secured handrail. Any areas of noncompliance shall be corrected immediately. Documentation shall be kept.

Immediately: All staff persons shall be educated regarding the requirements for a well-secured handrail and the reporting of hazardous conditions. Documentation of training shall be kept in accordance with 6500.65i.

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] 08/03/2026)

95 - Furniture and Equipment

8. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The bathroom on the first floor located across from room [redacted] is out of order and has no operable toilet.

The bathroom on the first floor between rooms [redacted] and [redacted] is out of order and has no operable toilet.

The circuit breaker located on the third floor does not close completely.

The door handle for bedroom [redacted] was attached to the door frame with tape.

Plan of Correction ***Directed [redacted] - 07/21/2026)***

Immediately: The administrator shall check the home at least weekly to ensure furniture and equipment is in good repair, clean and free of hazards. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately, it will be immediately removed from service. Documentation shall be kept. Immediately: All staff persons shall be educated on the requirements of regulation 2600.95 and reporting or repairing furniture and equipment that is not in good repair, not clean or is hazardous. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately, it will be immediately removed from service. Documentation of education shall be kept in accordance with 2600.65i.

95 Furniture and Equipment *(continued)*

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] - 08/03/2026)

101o - Walls, Floors, Ceilings

9. Requirements

2600.
101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The floor in bedroom [redacted] had a hole near the bed.

In bedroom [redacted] the wood was stripped off the door.

Plan of Correction ***Directed ([redacted] - 07/21/2026)***

Immediately: A designated staff person shall check the home on a daily basis to ensure all bedroom walls, floors and ceilings, which are finished, are clean and in good repair. Documentation shall be kept.

Immediately: All staff persons shall be educated on the requirements of regulation 2600.101(o) and reporting and or repairing bedroom walls, floors and ceilings, which are not clean or are in disrepair. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] - 08/03/2026)

102i - Soap Dispenser

10. 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

The soap dispenser located in the common bathroom on the 2nd floor across from room [redacted] was inoperable.

Plan of Correction ***Directed [redacted] - 07/21/2026)***

Immediately: The administrator shall monitor the home weekly to ensure a dispenser of soap is available, and bar soap is clearly labeled at each bathroom sink. Documentation of the checks shall be kept.

Immediately: All staff persons shall be educated on the need to maintain soap at each bathroom sink, including the health risk involved in not providing soap for proper hand washing and the use of shared soap. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] - 08/03/2026)

103i - Outdated Food

11. Requirements

103i - Outdated Food *(continued)*

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was a container of cooked elbow noodles in the refrigerator with an expiration date of

[redacted]*. There was an unlabeled, undated container of cooked rice and beans in the refrigerator.*

Plan of Correction ***Directed*** [redacted] ***- 07/21/2026)***

Immediately: All staff persons handling, preparing or storing food items shall be educated regarding the safe storage of food items including labeling and dating. Documentation of education shall be kept in accordance with 2600.65i.

Immediately: The administrator or designated person shall check all food storage areas at least daily to ensure all food items are labeled and dated. Any outdated or spoiled food shall be disposed of immediately. Documentation of the checks shall be kept.

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] ***- 08/03/2026)***

162c - Menus Posted

12. Requirements

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home had a menu posted for week 3 and week 4. It was not dated and had no indicators for what week was currently being used.

Plan of Correction ***Directed*** [redacted] ***- 07/21/2026)***

Immediately: The administrator shall check the home at least weekly to ensure menus are posted in accordance with regulation 2600.162(c). Documentation shall be kept.

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] ***- 08/03/2026)***

183e - Storing Medications

13. 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 [redacted] *was labeled with an open date of* [redacted] *and remained in the medication cart. According to the manufacturer's instructions this medication should be discarded 28-30 days after opening.* *Repeated Violation:* [redacted]

183e - Storing Medications (continued)

Plan of Correction ***Directed [redacted] - 07/21/2026)***

Immediately: The administrator shall check all medications monthly to ensure no medications are expired and insulin vials are dated when opened. Documentation shall be kept.

Immediately: All staff persons administering medications will be educated on the updated policy and procedures for the safe and secure storage of medications and controlled substances including that all medications are properly packaged and stored including that there are no expired medications in the medication cart. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: *07/23/2026*

Not Implemented ([redacted] - 08/03/2026)

187b - Date/Time of Medication Admin.

14. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted] "Take one tablet by mouth every day" . Resident [redacted]'s May 2026 medication administration record does not include the initials of the staff person who administered [redacted] on [redacted] at 8am.

Resident [redacted] is prescribed [redacted] " Take one capsule by mouth three times daily". Resident [redacted] May 2026 medication administration record does not include the initials of the staff person who administered [redacted] on [redacted] at 8pm.

Resident [redacted] is prescribed [redacted] " Take two tablets twice daily". Resident [redacted]'s May 2026 medication administration record does not include the initials of the staff who administered [redacted] on [redacted] at 8pm and [redacted] at 12pm.

Resident [redacted] is prescribed [redacted] " Take one tablet by mouth every morning". Resident [redacted]s May 2026 medication administration record does not include the initials of the staff who administered [redacted] on [redacted] at 8am.

Resident [redacted] is prescribed [redacted] " Take three tabs by mouth three times daily". Resident [redacted]s May 2026 medication administration record does not include the initials of the staff who administered [redacted] on [redacted] at 2pm.

Resident [redacted] is prescribed [redacted] " Take two tablets by mouth twice daily". Resident [redacted] May 2026 medication administration record does not include the initials of the staff who administered [redacted] tablet on [redacted] and [redacted] at 8am.

Resident [redacted] is prescribed [redacted] " Take one capsule by mouth every morning". Resident [redacted] May 2026 medication administration record does not include the initials of the staff who administered [redacted]

187b Date/Time of Medication Admin. (continued)

[redacted] on [redacted] and [redacted] at 8am.

Resident [redacted] is prescribed [redacted] "Take 2ml by mouth at bedtime MAY take additional dose if needed max 4ml in 24 hours". Resident [redacted] May 2026 medication administration record does not include the initials of the staff who administered [redacted] on [redacted] at 8pm.

Resident [redacted] is prescribed [redacted] tablet " Take one tablet by mouth once daily". Resident [redacted] 's May 2026 medication administration record does not include the initials of the staff who administered [redacted] tablet on [redacted] and [redacted] at 8am.

Resident [redacted] is prescribed [redacted] tablet " Take one tablet by mouth three times daily". Resident [redacted] May 2026 medication administration record does not include the initials of the staff who administered the [redacted] tablet on [redacted] at 8am.

Resident [redacted] is prescribed [redacted] tablet " Take one tablet by mouth three times daily". Resident [redacted] May 2026 medication administration record does not include the initials of the staff who administered the [redacted] tablet on [redacted] at 8am.

Resident [redacted] is prescribed [redacted] " Take one tablet by mouth every morning". Resident [redacted] 's May 2026 medication administration record does not include the initials of the staff who administered the [redacted] tablet on [redacted] at 8am.

Plan of Correction ***Directed ([redacted] - 07/21/2026)***

Immediately: The administrator or designee qualified to administer medications shall review all resident MARs at least weekly and observe at least two medication passes of each staff person qualified to administer medications for two months to ensure the proper documentation of medication administration at the time of administration. Documentation of reviews shall be kept.

Immediately: All staff persons qualified to administer medications shall be re educated on the proper procedures for medication administration including documentation of medication administration at the time of administration in accordance with regulation 2600.187(b). Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: *07/23/2026*

Not Implemented [redacted] 08/03/2026)

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: *Other* **Date**: *06/13/1985* **Issued By**: *CWOPA*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *33* **Waking Staff**: *25*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *06/25/2026*

Inspection Dates and Department Representative

06/25/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *45* **Residents Served**: *29*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *n/a*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *26*

Diagnosed with Mental Illness: *26* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *4* **Have Physical Disability**: *1*

Inspections / Reviews

06/25/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/11/2026*

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 [redacted] the home's current violation report, dated [redacted], was not posted in a conspicuous and public place in the home.

Plan of Correction ***Directed [redacted] - 07/30/2026)***

Immediately: The administrator or designee shall check the home at least weekly to ensure a copy of the current license inspection summary issued by the Department and a copy of Chapter 2600 regulations are posted in a public and conspicuous place in the home. Documentation of the checks shall be kept.

Directed Completion Date: *08/09/2026*

17 Record Confidentiality

2. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted] the privacy coding page from the [redacted] violation report was unlocked, unattended, and accessible in the lobby.

Plan of Correction ***Directed [redacted] - 07/30/2026)***

Immediately: The administrator shall check the home at least weekly to ensure all resident records and documentation are maintained in a confidential manner in accordance with regulation 2600.17. Documentation of checks shall be kept.

Directed Completion Date: *08/09/2026*

42s Privacy

3. Requirements

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [redacted] there were cameras at the main entrance and inside the main lobby. When the cameras were first located during the inspection, the administrator indicated the cameras were recording; however, there were no signs posted.

There was a video camera in the area where medication is administered to residents.

42s Privacy (continued)

Plan of Correction ***Directed [redacted] - 07/30/2026)***

Immediately: Video recording is, permitted in areas completely inaccessible to residents. Video recording of the homes entrances and exits, as well as interior corridors leading to the entrances and exits is also permitted, provided the residents are informed these areas are subject to video recording and signs are posted in the areas indicating they are being recorded. All other areas of the home are prohibited from being recorded.

Immediately: The administrator or designee shall monitor monthly to ensure video recording is in areas completely inaccessible to residents or of the homes entrances and exits, as well as interior corridors leading to the entrances and exits and signs are posted in the areas that are being recorded. This will include ensuring no prohibited areas of the home are being video recorded. Documentation shall be kept.

Directed Completion Date: *08/09/2026*

85a - Sanitary Conditions

4. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted], there was frozen blood in the bottom of the freezer in the basement.

Plan of Correction ***Directed [redacted] - 07/30/2026)***

Immediately: A designated staff person shall monitor the home at least daily to ensure sanitary conditions are maintained. Documentation shall be kept.

Immediately: All staff persons shall be re educated on maintaining sanitary conditions including immediately correcting or reporting any unsanitary conditions. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: *08/09/2026*

88a - Surfaces

5. 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

On [redacted], there were various places throughout the home that had to be repaired as the following:

- *There was an uncovered sump pump hole in the basement floor.*
- *The protective cover for the baseboard radiator in dining room was falling off.*
- *There were damaged floor tiles in the dining room which posed a tripping hazard.*
- *In the 2nd floor hallway, outside the bathroom, the fluorescent ceiling lights were uncovered.*
- *In the 3rd floor stairwell, there was a portion of the ceiling with water damage.*

88a - Surfaces (continued)

Plan of Correction ***Directed [redacted] 07/30/2026)***

Immediately: The administrator or designee shall check all areas of the home at least weekly to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Hazardous conditions will be corrected immediately. Documentation shall be kept.

Immediately: All staff persons shall be educated on reporting and or correcting any floors, walls, ceilings and other surfaces that are not clean, not in good repair or are hazardous. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: *08/09/2026*

93a - Handrails

6. Requirements

2600.
93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The handrail leading to the designated smoking area is unstable. It wobbles when touched.

Plan of Correction ***Directed [redacted] - 07/30/2026)***

Immediately: The administrator shall conduct an assessment of the home and the grounds to ensure all ramps, interior stairway and outside steps shall have a well-secured handrail. Any areas of noncompliance shall be corrected immediately. Documentation shall be kept.

Immediately: All staff persons shall be educated regarding the requirements for a well-secured handrail and the reporting of hazardous conditions. Documentation of training shall be kept in accordance with 6500.65i.

Directed Completion Date: *08/09/2026*

97 - Elevators/Lifting Devices

7. Requirements

2600.
97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

Description of Violation

The elevator does not have a current certificate of operation from the Department of Labor and Industry or appropriate local building authority.

Plan of Correction ***Directed [redacted] - 07/30/2026)***

Immediately: The administrator shall obtain a current certificate of operation for the elevator.

Directed Completion Date: *08/09/2026*

100a - Exterior - Free of Hazards

8. Requirements

2600.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The railings for the fire escape on the 3rd floor are rusted and peeling.

The fire escape is covered with wires which pose a tripping hazard.

Plan of Correction ***Directed [redacted] - 07/30/2026)***

Immediately: The administrator or designated staff person shall conduct a weekly assessment of the exterior of the building, building grounds and yard to ensure all areas are in good repair and free of hazards. Any hazards shall be immediately corrected. Documentation shall be kept.

Immediately: All staff persons shall be educated on identifying and reporting items on the exterior of the building and grounds that are in disrepair or present a hazard. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: *08/09/2026*

103i - Outdated Food

9. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There were unlabeled, undated bags of hamburgers in the basement freezer; there was also a bacon package outdated from [redacted] in the kitchen refrigerator.

Plan of Correction ***Directed [redacted] - 07/30/2026)***

Immediately: All staff persons handling, preparing or storing food items shall be educated regarding the safe storage of food items including labeling and dating. Documentation of education shall be kept in accordance with 2600.65i.

Immediately: The administrator or designated person shall check all food storage areas at least daily to ensure all food items are labeled and dated. Any outdated or spoiled food shall be disposed of immediately. Documentation of the checks shall be kept.

Directed Completion Date: *08/09/2026*

132b - Safety Inspection/Fire Drill

10. 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 home has not had a fire safety inspection and fire drill conducted by a fire safety expert.

132b - Safety Inspection/Fire Drill (continued)

Plan of Correction ***Directed (- 07/30/2026)***

Immediately: The administrator shall schedule a fire inspection and fire drill to be conducted by a fire safety expert annually. Documentation shall be kept.

Directed Completion Date: *08/09/2026*

162c - Menus Posted

11. Requirements

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

There were menus posted for 2 weeks, but they did not have dates nor did they have anything to identify which menu was for the current week.

Plan of Correction ***Directed - 07/30/2026)***

Immediately: The administrator shall check the home at least weekly to ensure menus are posted in accordance with regulation 2600.162(c). Documentation shall be kept.

Directed Completion Date: *08/09/2026*

183e - Storing Medications

12. 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 there was a bottle of for resident with an opening date of . According to the manufacturer's instructions, Timolol eye drops must be discarded after 28 days of opening.

On , there were 3 unlabeled containers of blood glucose test strips with expiration dates from 2021 and 2022 in medication cart 1. Repeated Violation

Plan of Correction ***Directed - 07/30/2026)***

Immediately: The administrator shall check all medications monthly to ensure no medications are expired and insulin vials are dated when opened. Documentation shall be kept.

Immediately: All staff persons administering medications will be educated on the updated policy and procedures for the safe and secure storage of medications and controlled substances including that all medications are properly packaged and stored including that there are no expired medications in the medication cart. Documentation of education shall be kept in accordance with 2600.65i.

Directed Completion Date: *08/09/2026*

185a - Implement Storage Procedures

13. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On [redacted] there was a glucometer with resident [redacted]s name on medication cart 1. Resident [redacted] no longer resides in the home.

Plan of Correction ***Directed[redacted] - 07/30/2026)***

Immediately: The home shall review all glucometers to assure that each glucometer is labeled to identify the specific resident it is to be used upon. Documentation of the review shall be kept.

Immediately: The home shall review and amend the home's policies regarding 2600.185a, specifically addressing the safe storage, access, distribution, and use of glucometers and testing equipment. A copy of the updated policy shall be provided to and reviewed with all medication administration staff. Documentation shall be kept in accordance with 2600.65i.

Directed Completion Date: *08/09/2026*