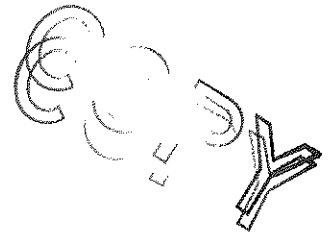




COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
SOUTHEAST REGIONAL FIELD OFFICE
NORRISTOWN STATE HOSPITAL
1001 STERIGERE STREET
BUILDING 2, ROOM 161
NORRISTOWN, PA 19401



ADULT RESIDENTIAL LICENSING

TELEPHONE: (610) 270-1137
FAX: (610) 270-1147

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 10, 2011

Ms. Pansey L. Clarke, President
Accolades Senior Care
1023 Cherry Street
Philadelphia, Pennsylvania 19107

RE: Accolades Senior Care
246 Melrose Avenue
East Lansdowne, Pennsylvania 19050

Dear Ms. Clarke:

As a result of the Department of Public Welfare's licensing inspection on March 22, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

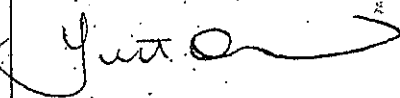
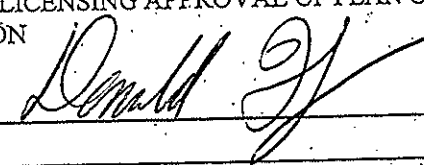
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

Chevon Mitchell
Regional Licensing Administrator

Enclosure

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ACCOLADES SENIOR CARE, 246 MELROSE AVENUE EAST LANSDOWNE, PA 19050		CURRENT LICENSE NUMBER 135711	
INSPECTION DATES (Include all dates of the inspection) 03/22/2011		REGIONAL REPRESENTATIVE Patricia Adams, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Yvet Opperman</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 11/2/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/19/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
227d	Resident #1's support plan dated 1/5/11 notes under the behavioral care services section that staff should "Be on the lookout for depression. Resident may have suicidal thoughts. Ongoing since residing at the home." However, the Plan/Activity, Frequency or Schedule and position responsible section of the form is not completed.	4/12/11	<i>In future, all Support Plans will be renewed in its entirety by Charge Nurse and Administration to ensure all sections are filled out thoroughly according to regulation 227d.</i>	Steps have been taken to correct violation; full compliance is not verifiable Date <u>4/19/11</u> Initials (DPW)