



Sent via e-mail [accoladesseniorcare@gmail.com](mailto:accoladesseniorcare@gmail.com)  
July 17, 2020

Ms. Pansy Clarke  
Administrator  
Accolades Senior Care, LLC  
123 Meeting House Lane  
Cherry Hill, New Jersey 08002

RE: Accolades Senior Care  
246 Melrose Avenue  
East Lansdowne, Pennsylvania 19050  
License #: 135710

Dear Ms. Clarke:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 24, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Shawn Parker*

Shawn Parker  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: ACCOLADES SENIOR CARE  
Address: 246 MELROSE AVENUE, EAST LANSDOWNE, PA 19050  
County: DELAWARE Region: SOUTHEAST

License Number: 13571

## Administrator

Name: Pansy Clarke Phone: 6106232233 Email: ACCOLADESENIORCARE@gmail.com

## Legal Entity

Name: ACCOLADES SENIOR CARE LLC  
Address: 123 MEETING HOUSE LANE, CHERRY HILL, NJ, 8002

## Certificate(s) of Occupancy

## Staffing Hours

Resident Support Staff: Total Daily Staff: 44 Waking Staff: 33

## Inspection

Type: Partial BHA Docket #: Notice: Unannounced  
Reason: Incident

## Inspection Dates and Department Representative

03/24/2020 - Off-Site: Alexander Goldstein

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 45 Residents Served: 40

### 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: 39  
Diagnosed with Mental Illness: 38 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 4 Have Physical Disability: 0

224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on 4/15/2019; however, the resident's pre-admission screening form was completed on 3/7/2019.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

RESIDENT #1 WAS ADMITTED TO THE HOME ON 4/15/19 PREADMISSION SCREENING WAS COMPLETED 3/07/2019 ADMINISTRATOR AND STAFF WENT TO THE HOSPITAL TO ASSESS RESIDENT ON 3/07/2019. HOWEVER RESIDENT WAS NOT DISCHARGED UNTIL 4/15/2019 AND WAS ADMITTED ON THAT DATE.  
 WHEN A RESIDENT HAS BEEN ASSESSED PRIOR TO ADMISSION , WITH A FOUR WEEK PERIOD RESIDENT WILL BE REASSESSED BY FACILITY OR PERSONAL CARE HOME STAFF BEFORE ADMISSIONS.

Administrator or designee shall ensure all residents have a preadmission screening form that their needs can be met by the services provided by the home within 30 days prior to admission in accordance with regulation 2600.224a. Preadmission screening form will be kept in the residents record for Department review.

SP 07-16-2020

Legal Entity Representative

*Pansy Clarke*  
Signature

*Pansy Clarke*  
Printed Name and Title Administrator

*4-7-20*  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 07-16-2020  
(Date)

Plan of correction implementation status as of 07-16-2020  
(Date)

The above plan of correction was approved by SP  
(Initials)

Implemented  
 Not Implemented