

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to RICHARDSON GROUP, SENIOR CITIZENS LIVING QUARTERS, INC.

To operate RICHARDSON GROUP, SENIOR CITIZENS LIVING QUARTERS

Located at 1750 BRIDGE STREET, PHILADELPHIA, PA 19124

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 4
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 22, 2010 until June 22, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **100510**

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JUL 07 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Diane S. Richardson, Administrator/Managing Director
Richardson Group Senior Citizens Living Quarter, Inc.
7942 Gilbert Street
Philadelphia, Pennsylvania 19150

RE: Richardson Group Senior Citizens Living Quarter
1750 Bridge Street
Philadelphia, Pennsylvania 19124

Dear Ms. Richardson:

As a result of the Department of Public Welfare's licensing inspection on April 29, 2010 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Richardson Group, Senior Citizens Living Quarters 1750 Bridge Street, Philadelphia 19124		CURRENT LICENSE NUMBER 100510		
INSPECTION DATE(S) (Include all dates of the inspection) April 29, 2010		REGIONAL REPRESENTATIVE Metzger, Stone		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)				
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Maria S. Kulaider</i>		DATE 5-19-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Kamal Helwa</i>	DATE 6/2/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	The window in the office was broken.	5/25/10	Administrator ordered a new replacement window and will be replaced by 5/25/10 and in the future if any of the homes property is damaged the administrator will have repairs done as soon as possible	6/2/10 <i>cmh</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Richardson Group, Senior Citizens Living Quarters 1750 Bridge Street, Philadelphia 19124		CURRENT LICENSE NUMBER 100510	
INSPECTION DATE(S) (Include all dates of the inspection) April 29, 2010		REGIONAL REPRESENTATIVE Metzger, Stone	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Maria S. Richardson</i>	DATE 5-19-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Kamala Helms</i>	DATE 6/2/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
131f Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.	The fire extinguisher in the basement lacked annual approval by a fire safety expert. <i>VIOLATION 55 PA CODE 2600.131f</i>	<i>5/25/10</i> <i>7/1/10</i>	<i>Administrator will have fire equipment company return and tag new extinguishers by 5/25/10.</i> <i>The administrator will check all fire extinguishers in the home annually and upon receipt of any new extinguishers to ensure they have each been inspected & approved by a fire safety expert.</i>	<i>6/2/10</i>

DATE 6/2/10

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

NAME AND ADDRESS OF PERSONAL CARE HOME Richardson Group, Senior Citizens Living Quarters 1750 Bridge Street, Philadelphia 19124		CURRENT LICENSE NUMBER 100510		
INSPECTION DATE(S) (Include all dates of the inspection) April 29, 2010		REGIONAL REPRESENTATIVE Metzger, Stone		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)				
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Mary S. Richardson</i>		DATE 5/19/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Lama H. Helms</i>	DATE 4/2/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
132f Alternate exit routes shall be used during fire drills.	Fire drill records between 4/29/09 and 3/29/10 indicated all exits were used during fire drills. Alternate exit routes had not been used.	5/24/10	Beginning the next fire drill and future fire drills the Administration and staff will perform fire drills with different scenarios (being different exits each drill).	Steps have been taken to correct violation; full compliance is not verifiable 4/2/10 <i>MS</i> Date Initials (DPW)

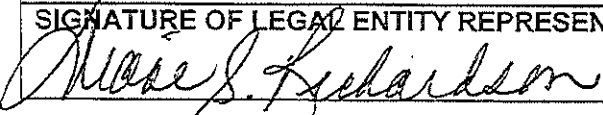

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600


NAME AND ADDRESS OF PERSONAL CARE HOME Richardson Group, Senior Citizens Living Quarters 1750 Bridge Street, Philadelphia 19124		CURRENT LICENSE NUMBER 100510	
INSPECTION DATE(S) (Include all dates of the inspection) April 29, 2010		REGIONAL REPRESENTATIVE Metzger, Stone	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Maries Richardson</i>		DATE 5/19/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laural Ullert</i>
			DATE 6/2/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
187b The information in subsections 187a13 (date and time of medication administration. and 187a14 (name and initials of the staff person administering the medication) shall be recorded at the time the medication is administered.	<ul style="list-style-type: none"> The initials of the staff person administering medications to resident #1 were not logged on the resident's medication record at the time of administration on 4/29/10 at 8 am. Resident #2 is to receive Dilantin 100 mg 1 cap 3 times a day at 8 am, 4 pm, and 8 pm to be alternated with twice a day. In addition the resident is to receive 30 mg 2 caps every other evening. Staff have incorrectly initialed the medication record indicating the resident was administered the 100 mg dose of Dilantin 3 times a day every day, and the 30 mg dose of Dilantin every day. 	4/29/10	Gathering all CPEs sent and MAR's documenting properly and administering at the same time will be reviewed daily by administrator for resident #1. Resident #2 MAR was corrected and documented properly to show resident received 30mg alternating every other day with 100mg and will be reviewed by administrator daily.	Steps have been taken to correct violation; full compliance is not verifiable 6/2/10 Ullert Date Initials (DPW)

7/1/10
 The administrator will review all MAR's once each week to ensure staff are documenting administration of medication

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

NAME AND ADDRESS OF PERSONAL CARE HOME Richardson Group, Senior Citizens Living Quarters 1750 Bridge Street, Philadelphia 19124		CURRENT LICENSE NUMBER 100510		
INSPECTION DATE(S) (Include all dates of the inspection) April 29, 2010		REGIONAL REPRESENTATIVE Metzger, Stone		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)				
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 5/19/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/1/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	A new assessment had been completed for resident #1 on 1/26/2010. The resident's support plan had not been revised as a result of this new assessment.	4/29/10	An assessment was revised to show the sufficient change of resident #1's medical condition. In the future the administrator will properly document any sufficient changes in the resident's assessment.	Steps have been taken to correct violation; full compliance is not verifiable Date: 6/1/10 Initials (DPW): 

7/1/10
 Resident #1's support plan will be revised based on the needs identified in the 1/26/10 assessment.
 The administrator will develop a system that triggers the completion of a new support plan upon changes to a resident's assessment and 6/2/10.