

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 August 26, 2011 until August 26, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **100510**

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

SEP 01 2011

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

Ms. Diane S. Richardson, 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 May 24, 2011 and May 27, 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.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky  
Acting Director

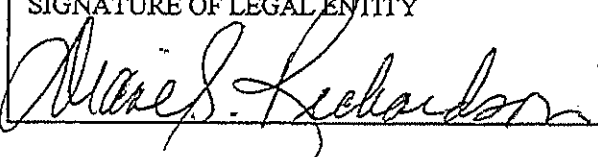
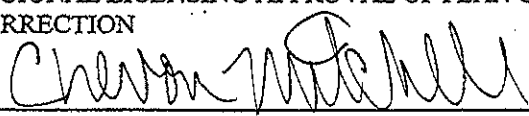
Enclosures  
License  
Violation Report

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, PA 19124		CURRENT LICENSE NUMBER 100510	
INSPECTION DATES (Include all dates of the inspection) 05/24/2011		REGIONAL REPRESENTATIVE Patricia Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Diane S. Richardson</i>			
SIGNATURE OF LEGAL ENTITY <i>Diane S. Richardson</i>	DATE <i>6/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron M. [Signature]</i>	DATE <i>8/22/11</i>

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
20b1 The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.	<p>-The cash distribution record for resident #1 indicates that on 2/17/11 the resident had a balance of \$192.77. The following entry dated 3/1/11 lists the amount deposited as \$442.77 with a withdraw on the same date for \$85.00 and the remaining balance was \$357.77.</p> <p>-The cash distribution record for resident #1 indicates that on 3/25/11 the resident had a balance of \$267.06. The following entry dated 3/31/11 notes that \$0 was deposited and \$0 was withdrawn and the remaining balance was \$370.00.</p> <p>-The cash distribution record for resident #1 indicates that on 3/31/11 the resident had a balance of \$370.00. The following entry on 4/1/11 states that the resident withdrew \$85.00 and the remaining balance was still \$370.00.</p>	<i>5/26/11</i>	<i>Calculations of residents #1 was messed calculated and has been corrected per attached, and in the future Administrator will follow a correct calculation procedure to indicate the correct balance of each account</i>	<i>8/22/11 CRM</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, PA		CURRENT LICENSE NUMBER 100510	
19124 INSPECTION DATES (Include all dates of the inspection) 05/24/2011		REGIONAL REPRESENTATIVE Patricia Adams	
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 	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/22/11

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
26a The home shall establish and implement a quality management plan.	The home did not have documentation of a quality management review.	6/29/11	The administration will have documentation of a Quality Management Review in place and will continue to keep Management Reviews current and up to date by frequent checks by the staff	8/22/11 CRM

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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, PA 19124		CURRENT LICENSE NUMBER 100510	
INSPECTION DATES (Include all dates of the inspection) 05/24/2011		REGIONAL REPRESENTATIVE Patricia Adams	
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 <i>Mary S. Richardson</i>	DATE <i>6-29-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE <i>8/22/11</i>

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
42c A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.	The telephone designated for resident use is located located in the dining room; on the wall next to the basement doorway. This location does not afford privacy for residents when used.	<i>7/5/11</i>	<i>A cordless phone will be administered be available to those who would like to have their conversations private and the facility will always make this available for non-toll calls.</i>	<i>8/22/11 CBM</i>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Marian S. Richardson</i>	DATE <i>6/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron M. Johnson</i>	DATE <i>8/22/11</i>

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
66a A staff training plan shall be developed annually.	The home does not have a staff training plan.	<i>6/29/11</i>	<p><i>The administrator has created a staff training plan and will put it in place immediately and will have annual training review in the future.</i></p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>[Signature]</i> Date: <i>8/22/11</i> Initials (DPW): <i>[Signature]</i></p>

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

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SIGNATURE OF LEGAL ENTITY <i>Mary Richardson</i>	DATE 6/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl Mitchell</i>	DATE 8/22/11

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
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The exterior step from the dining room onto the patio does not have a handrail.	7/5/11	The administrator will have handrails installed leading to the patio and handrails will be in place at all necessary entrances, ramps and stairways and in future the administrator will check for repairs and maintenance	8/22/11 CBM

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

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SIGNATURE OF LEGAL ENTITY <i>Marie S. Richardson</i>	DATE <i>6/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherion Mitchell</i>	DATE <i>8/22/11</i>

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
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit on the 2nd floor does not include adhesive tape.	<i>5/25/11</i>	<i>Adhesive tape was added to the 2nd floor First Aid kit by Administrator and staff has been instructed to make weekly checks of all First Aid kits for any missing components</i>	<i>8/22/11 CRM</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, PA 19124		CURRENT LICENSE NUMBER 100510	
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SIGNATURE OF LEGAL ENTITY <i>Marie S. Richardson</i>	DATE <i>6/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE <i>8/22/11</i>

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
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation for resident #1, dated 2/18/11, under physician orders, states "see attached med sheet". The attachment was not signed nor dated by the physician.	<i>5/27/11</i>	<i>Signed document Med sheets by doctor attached and dated. Administrator will be sure to review whenever "attached med sheets" are used. Administrator will check dates and doctor signatures and will make note to check all future attached Med sheets - which may or may not pertain to the diagnosis, special</i>	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p style="font-size: small; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: small; margin: 0;">Date <i>8/22/11</i> Initials (DPW) <i>CM</i></p> </div>

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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, PA 19124		CURRENT LICENSE NUMBER 100510	
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SIGNATURE OF LEGAL ENTITY <i>Mary Richardson</i>	DATE <i>6/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE <i>8/22/11</i>

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
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.		<i>5/27/11</i>	<i>Health needs, allergies, immunizations, etc.</i>  <i>All has and will be indicated on the Medical Evaluation sheets.</i>	

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

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SIGNATURE OF LEGAL ENTITY <i>Maree S. Richardson</i>	DATE 6/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 8/22/11

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
183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	Expired insect sting relief cream, dated 5/05, was included in the home's first aid kit on 5/24/11.	5/25/11	Insect sting relief cream which was expired is not a required "First Aid" tool and has been removed from the kit by administrator and will not be replaced. Staff will check frequently for expiration of all first aid kits.	Steps have been taken to correct violation; full compliance is not verifiable <i>DPW</i> Date 8/22/11 Initials (DPW)

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

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SIGNATURE OF LEGAL ENTITY <i>Mavis S. Richardson</i>	DATE <i>6/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE <i>8/22/11</i>

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
if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.		<i>5/25/11</i>	<i>Direct therapy resumed</i>	

NAME AND ADDRESS OF PERSONAL CARE HOME RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS, 1750 BRIDGE STREET PHILADELPHIA, PA 19124		CURRENT LICENSE NUMBER 100510	
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SIGNATURE OF LEGAL ENTITY <i>Marie S. Richardson</i>	DATE 6/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chiron Mitchell</i>	DATE 8/22/11

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 D/ COMP/ VERIF
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	The label for resident #1's Topiramete 50 mg contained hand written information stating "by mouth" and "for seizures". Alterations to the label were not done by a pharmacist, physician, physician's assistant or certified registered nurse.	5/25/11	Administrative explained to all med techs that there is to be no alterations of Pharmacy labels and Administrators will make checks to ensure this does not occur in the future. Re-education of all staff personnel will be given monthly regarding medication administration.	Steps have been taken to correct violation; full compliance is not yet available 8/22/11 Initials (DPW) Date

NAME AND ADDRESS OF PERSONAL CARE HOME RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS, 1750 BRIDGE STREET PHILADELPHIA, PA 19124		CURRENT LICENSE NUMBER 100510	
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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 <i>James Richardson</i>	DATE 6/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherion Mitchell</i>	DATE 8/22/11

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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	- The medication administration record for resident #1 does not include the route of administration for Zyprexa 20 mg.  - The medication administration record for resident #2 does not include the diagnosis for medications Crestor 20 mg and Ibuprofen 600 mg.	5/25/11	The route by which the medication Zyprexa 20 mg. was added to the MAR for resident #1 by Pharmacy and will be monitored on future MAR's by med passers and Administrator.  The diagnosis for Crestor 20 mg. and Ibuprofen 600 mg was included to the MAR by Pharmacy	Steps have been taken to correct violation; full compliance is not verifiable <i>Patricia Adams</i> C-10 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, PA 19124		CURRENT LICENSE NUMBER 100510	
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SIGNATURE OF LEGAL ENTITY <i>Marie J. Richardson</i>	DATE <i>6/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherita M. Echell</i>	DATE <i>8/22/11</i>

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
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.		<i>5/25/11</i>	for resident #2 and will be monitored by administrator and med passer on all future MAR's.  In the future all MAR's will be checked for pharmacy errors daily.	

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

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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 <i>Maire S. Richardson</i>	DATE <i>6/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Channon Mitchell</i>	DATE <i>8/22/11</i>

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
187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	From 5/2/11 to 5/5/11, 5/7/11 to 5/15/11 and 5/17/11 to 5/23/11, resident #2 refused ibuprofen 600 mg. The home did not report the refusals to the resident's doctor as required.	<i>5/25/11</i>	<i>Administrator reported to Med Passers of Med refusal of Ibuprofen 600 mg. by resident #2 must be reported to resident's doctor as required and administrator will continue to monitor all Med. refusals and reports in the future on daily MR &amp; Labels</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>8/22/11</i> Date Initials (DPW) <i>MM</i>

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

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SIGNATURE OF LEGAL ENTITY <i>William S. Richardson</i>	DATE <i>6/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chiron Mitchell</i>	DATE <i>8/22/11</i>

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
251a A separate record shall be kept for each resident.	A document listing residents by name and the date of their flu shot administration for 2009 and 2010 was filed in the record of resident #1.	<i>5/25/11</i>	<i>The administrator will separate and keep individual "resident" flu shot records for future inspections and make sure they are included on residents' medical evaluations yearly.</i>	<i>8/22/11</i>

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INSPECTION DATES (Include all dates of the inspection) 05/24/2011		REGIONAL REPRESENTATIVE Patricia Adams	
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 <i>Maree S. Richardson</i>	DATE <i>6/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherou M. [Signature]</i>	DATE <i>8/22/11</i>

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
252 Each resident's record shall 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,	<ul style="list-style-type: none"> <li>- The record for resident #1, admitted 4/11/05, does not include a dated photograph.</li> <li>- The record for resident #2, admitted 4/9/07, did not include identifying marks and a dated photograph.</li> </ul>	<i>5/26/11</i>	<i>The records for resident #1 and #2 have been updated to include dated photographs and all identifying marks and all future residents will be checked by administrators to include this information at admission and reviewed every 2 yrs.</i>	<i>8/22/11</i>

NAME AND ADDRESS OF PERSONAL CARE HOME RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS, 1750 BRIDGE STREET PHILADELPHIA, PA 19124		CURRENT LICENSE NUMBER 100510	
INSPECTION DATES (Include all dates of the inspection) 05/24/2011		REGIONAL REPRESENTATIVE Patricia Adams	
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 <i>Mary S. Richardson</i>	DATE <i>6/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherwon M. [Signature]</i>	DATE <i>8/22/11</i>

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
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		<i>5/26/11</i>	<i>All residents files were reviewed to include all required information</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, PA		CURRENT LICENSE NUMBER 100510	
19124 INSPECTION DATES (Include all dates of the inspection) 05/24/2011		REGIONAL REPRESENTATIVE Patricia Adams	
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 <i>Marc S. Richardson</i>	DATE <i>6/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherian Mitchell</i>	DATE <i>8/22/11</i>

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
restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (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.		<i>3/26/11</i>	<i>All files reviewed</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, PA		CURRENT LICENSE NUMBER 100510	
INSPECTION DATES (Include all dates of the inspection) 05/24/2011		REGIONAL REPRESENTATIVE Patricia Adams	
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 <i>Maries S. Richardson</i>	DATE <i>4/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherion Mitchell</i>	DATE <i>8/22/11</i>

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 COMPLI VERIFIE
(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		<i>5/26/11</i>	<i>All files reviewed</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, PA 19124		CURRENT LICENSE NUMBER 100510	
INSPECTION DATES (Include all dates of the inspection) 05/24/2011		REGIONAL REPRESENTATIVE Patricia Adams	
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 <i>Marie S. Richardson</i>	DATE <i>6/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE <i>8/22/11</i>

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
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		<i>5/26-27/11</i>	<i>all files reviewed</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, PA 19124		CURRENT LICENSE NUMBER 100510	
INSPECTION DATES (Include all dates of the inspection) 05/24/2011		REGIONAL REPRESENTATIVE Patricia Adams	
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 <i>Maries Richardson</i>	DATE <i>6/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Channon Mitchell</i>	DATE <i>8/22/11</i>

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
in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any		<i>5/26-27/11</i>	<i>Reviewed all residents files</i>	