

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

To operate RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTER

Located at 1754 BRIDGE STREET, BUILDING II, 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 16
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 24, 2011 until August 24, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **133060**

Robert E. Robinson

ISSUING OFFICER

R. C. King

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

RE: Richardson Group Senior Citizens Living Quarter
1754 Bridge Street, Building II
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.

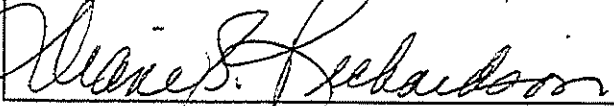
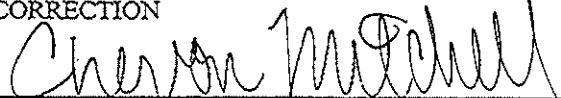
Sincerely,

A handwritten signature in black ink, appearing to be 'R. 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 QUARTER, 1754 BRIDGE STREET BUILDING II PHILADELPHIA, PA 19124		CURRENT LICENSE NUMBER 133060	
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 7/23/11	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
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 12/3/10 the resident had a balance of \$130.00. The following entry dated 1/3/11 lists \$215.00 as being deposited with no money being withdrawn. The ending balance on this date was \$215.00.</p> <p>-The cash distribution record for resident #1 indicates that on 1/26/11 the resident had a balance of \$185.00. The following entry dated 2/2/11 lists that \$270.00 was deposited and \$30.00 was withdrawn. The ending balance on this dated was \$240.00.</p> <p>-The cash distribution record for resident #1 indicates that on 2/2/11 the resident had a balance of \$240.00. The following entry dated 3/1/11 lists that \$325.00 was deposited and \$85.00 was withdrawn. The ending balance on this dated was \$240.00.</p>	7/22/11	<p><i>Resident #1 financial distribution records were corrected and financial records indicating correct deposits and distributions have been recorded correctly by the administrator</i></p>	8/22/11 CRM

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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>Marie S. Richardson</i>	DATE <i>7/23/11</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
26a The home shall establish and implement a quality management plan.	The home did not have documentation that a quality management review was conducted.	<i>6/29/11</i>	<i>The Administrator 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 staff and Administrator</i>	<i>8/22/11 COM</i>

VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY <i>Mari S. Richardson</i>	DATE 7-23-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 8/27/11

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
66a A staff training plan shall be developed annually.	The home does not have a staff training plan.	6/29/11	<i>The administrator has created a staff training plan and has made it immediately effective and will conduct annual reviews in the future.</i>	<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: 8/27/11 Initials (DPW)</p>

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

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SIGNATURE OF LEGAL ENTITY <i>Marie L. Richardson</i>	DATE 7-23-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron [Signature]</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
82a Poisonous materials shall be stored in their original, labeled containers.	An unlabeled plastic spary bottle containing a gold colored substance, identified as Pine Sol and a plastic spray bottle containing a a blue liquid, identified as Windex was atop the counter in the kitchen at 9:20 am. Staff person A identified the contents of both spray bottles.	5/24/11	Administrators and staff will label all spray bottles to identify contents and will make regular checks to eliminate any future errors	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date <u>8/22/11</u> Initials (DPW) <u>PCW</u></p>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTER, 1754 BRIDGE STREET BUILDING II PHILADELPHIA, PA 19124		CURRENT LICENSE NUMBER 133060	
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SIGNATURE OF LEGAL ENTITY <i>Marie S. Richardson</i>	DATE 7-23-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Channon 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 front door steps and the steps exiting onto the enclosed patio from the dining room do not have handrails.	7/5/11	<i>The administrator has purchased hand rails and have been installed at front door steps, dining room steps to patio</i>	8/22/11 <i>CRM</i>

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SIGNATURE OF LEGAL ENTITY <i>Maria S. Lechman</i>	DATE <i>7-23-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Wilson</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
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The beds in room #5 and #12 do not have a source of light that can be turned on/off from bedside.	<i>7/3/11</i>	<i>Administrators has placed light sources in place of residents bedside and will check plans by staff.</i>	<i>8/22/11 CRM</i>

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SIGNATURE OF LEGAL ENTITY <i>Maries Richardson</i>	DATE 7-23-11	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
103d Food shall be stored off the floor.	On 5/27/11, six cases of water was stacked on the floor in a storage closet located on the first floor.	7/5/11	Administrators has placed stored water on pallets and in the future water will be stored on shelves or away from floor areas.	8/22/11 CRM

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

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SIGNATURE OF LEGAL ENTITY <i>Mavis J. Richardson</i>	DATE 7-23-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cameron McNeill</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
125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	A large black plastic mat was stored next to the hot water heater in a dining room closet.	5/25/11	Administrator has removed black mat from water heater area and in the future all combustible will be kept in a safer location and monitored by staff.	8/22/11 CEM

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SIGNATURE OF LEGAL ENTITY <i>Marilyn S. Richardson</i>	DATE 7-23-11	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
132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	Fire drills are routinely held on the night shift. The home held one drill on the day shift in the past year.	6/29/11	<i>Administrator has and will continue to execute fire drills in day shift hours along with night shift hours</i>	Date	Initials (DPW) <i>[Signature]</i>

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

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NAME AND ADDRESS OF PERSONAL CARE HOME RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTER, 1754 BRIDGE STREET BUILDING II PHILADELPHIA, PA 19124	CURRENT LICENSE NUMBER 133060
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INSPECTION DATES (Include all dates of the inspection) 05/24/2011	REGIONAL REPRESENTATIVE Patricia Adams
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SIGNATURE OF LEGAL ENTITY <i>Mavis S. Richardson</i>	DATE 7-23-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl M. [Signature]</i>	DATE 8/22/11
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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 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #2 was admitted on 8/31/10. The resident's medical evaluation was completed on 10/22/10.	8/31/11	<p><i>Administrators will enforce admissions to have medical evaluation conducted within proper time frame allotted. No one will not admit anyone without a completed med eval.</i></p>		<p style="font-size: small;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: small;">Date: <u>8/22/11</u> Initials (DPW): <u>[Signature]</u></p>

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

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NAME AND ADDRESS OF PERSONAL CARE HOME RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTER, 1754 BRIDGE STREET BUILDING II PHILADELPHIA, PA 19124		CURRENT LICENSE NUMBER 133060	
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SIGNATURE OF LEGAL ENTITY <i>Mary S. Richardson</i>	DATE 7-23-11	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
141a he 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 10/22/10, does not include an attached sheet for medications, as noted in the physician order section of the form. - The medical evaluation for resident #2, dated 10/22/10, does not include an attached sheet for medications, as noted in the physician order section of the form.	5/13/11	Administration has checked sheets for Medications for resident #1 and #2 and will in future be sure Meds are not made for the attachments by reviewing them regularly	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</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 QUARTER, 1754 BRIDGE STREET BUILDING II PHILADELPHIA, PA 19124		CURRENT LICENSE NUMBER 133060	
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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>5/13/11</i>	<i>Corrections were made to all residents</i>	

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

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161d A resident's special dietary needs, as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian, shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.	<ul style="list-style-type: none"> - Resident #1 had been prescribed a low salt and low fat diet by the resident's physician. The home does not make this diet available to the resident. - Resident #2 had been prescribed a low salt diet by the resident's physician. The home does not make this diet available to the resident. - Resident #6 had been prescribed a puree diet by the resident's physician. The home does not make this diet available to the resident. 	5/25/11	<p><i>Administrators will continue to serve low salt and low fat meals to all residents</i></p> <p><i>Resident #6 puree diet was discontinued after admission and order sent by fax on 5/25/11</i></p>	8/22/11 <i>CRW</i>

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


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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,	On 5/27/11, resident #3's Nitroglycerin for pro re nata (PRN) administration expired 3/5/11.	5/25/11	Administrator has disposed expired nitroglycerin to pharmacist and has ordered and received fresh medication. Will check medication on future or monthly basis	Steps have been taken to correct violation; full compliance is not verifiable 8/23/11 Date	Initials (DPW) 

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

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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>Replaced and corrected</i>	

VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY <i>Maries Richardson</i>	DATE 7-23-11	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 #3 does not include the diagnosis for Aspirin ER 81mg, Zyprexa 20 mg, Lithium Carb Ext Rel 450 mg, Lithium Carb Ext Rel 300 mg, Metoprolol ER 25 mg, Senna, Plavix 75 mg, Fluoxetine 40 mg, stool softner Docusate SOD 100, Fludrocortisone Acetate 0.1 mg, Famoridine 20 mg and Mirorine 10 mg. - The medication administration record for resident #4 does not include the diagnosis for Calicitrol 2.5 mg, citalopram Hydrobromine 40 mg, Folic Acid 1 mg, Oxybutimin chloride 5 mg and Carboxymethy Cellulose. - The medication administration record for resident #5 does not include the diagnosis for Seroquel 25 mg, Halopendol 5 ml, Finasteride 5 mg, Clonazepam 0.5 mg, carbamazepin 400 mg Ed, Phenytoin Ex 100 mg, Cefadroxil 500 mg and Cephalixin 500 mg.	8/27/11	Administration has contacted PCP and Pharmacy and has corrected all diagnosis part on residents #3, 4 and #5 MAR's and in future the MAR's will be checked weekly for all proper recording.	8/22/11 <i>OKW</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTER, 1754 BRIDGE STREET BUILDING II PHILADELPHIA, PA 19124	CURRENT LICENSE NUMBER 133060
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INSPECTION DATES (Include all dates of the inspection) 05/24/2011	REGIONAL REPRESENTATIVE Patricia Adams
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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>Marie S. Richardson</i>	DATE 7-23-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 8/22/11
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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>5/27/11</i>	<i>MAR's were corrected and labeled properly with proper handwriting</i>		

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

NAME AND ADDRESS OF PERSONAL CARE HOME RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTER, 1754 BRIDGE STREET BUILDING II PHILADELPHIA, PA 19124		CURRENT LICENSE NUMBER 133060	
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 7-23-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chenon M. Adams</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
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 refusal to take a prescribed medication shall be reported as required by the prescriber.	On 5/15/11 and 5/16/11 at 12:00 pm and 5/15/11 at 4:00 pm, resident #5 refused Oxycodone 5 mg/APAP 325 mg. The home did not report the refusal to the resident's doctor as required.	5/27/11	Administrators has corrected and documented with PCP regarding resident refusal. The medication was D's and resident no longer take this medication. In future Administrators will review all refusal and report to PCP as needed.	Steps have been taken to correct violation; full compliance is not verifiable Date: 8/22/11 Initials (DPW): <i>PM</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTER, 1754 BRIDGE STREET BUILDING II PHILADELPHIA, PA 19124		CURRENT LICENSE NUMBER 133060	
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 7-23-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Channon 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
224a 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.	The preadmission screening form for resident #2, admitted 8/31/10, does not include a determination that the home can meet the service needs of the resident.	8/27/11	<i>The preadmission screening was reviewed by Administrator and correction was made in future administration. We'll make sure all forms will be documented properly.</i>	8/22/11 <i>CRM</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTER, 1754 BRIDGE STREET BUILDING II PHILADELPHIA, PA 19124		CURRENT LICENSE NUMBER 133060	
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 J. Richardson</i>	DATE 7-23-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron 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
251a A separate record shall be kept for each resident.	Resident # 2's record contained a document titled "Flu Shot 2010" which listed the names of 8 residents with corresponding date of administration. Resident #2's name was not on the list.	<i>7/26/11</i>	<i>Administrators have removed "Flu Shot 2010" document from resident #2. As this was placed in records by mistake because resident #2 had refused flu shot at that time.</i>	<i>8/22/11 CEM</i>