

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HUGH ROBINSON

To operate ROBINSON PERSONAL CARE HOME

Located at 4104 WEST GIRARD AVENUE, PHILADELPHIA, PA 19104

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

The total number of persons which may be cared for at one time may not exceed 20
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

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: 198810

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.



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

Mr. Hugh Robinson, Administrator
Robinson Personal Care Home
4104 West Girard Avenue
Philadelphia, Pennsylvania 19104

Dear Mr. Robinson:

As a result of the Department of Public Welfare's licensing inspection on June 7, 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.

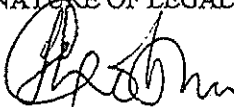
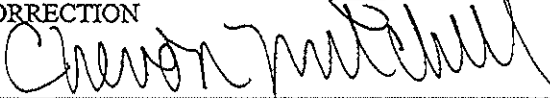
Sincerely,


A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

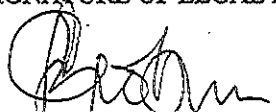
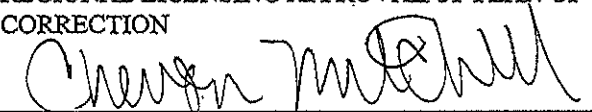
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


NAME AND ADDRESS OF PERSONAL CARE HOME Robinson Personal Care Home, 4104 West Girard Avenue Philadelphia, PA 19104		CURRENT LICENSE NUMBER 198810	
INSPECTION DATES (Include all dates of the inspection) 06/07/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
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 07/22/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/22/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
14a Prior to issuance of a license, a written fire safety approval from the Department of Labor and Industry, the Department of Health or the appropriate local building authority under the Pennsylvania Uniform Construction Code Act (35 P.S. §§ 7210.101 - 7210.1103) is required.	The home does not have a valid certificate of occupancy. ADULT RESIDENTIAL LICENSING SOUTHEAST REGION FIELD OFFICE AUG 15 2011 RECEIVED	7/12/2011	The Administrator went to Licenses and Inspection to retrieve documentation for certificate of occupancy but was told it will be given in a timely manner if necessary. License and inspection require 4 copies of drawing of building to be submitted. Administrator contacted the architect and drawing is in progress. The Home will maintain contact with Phila. License & Inspections to obtain a Certificate of Occupancy. The Home will submit their certificate	8/22/11 Date Initials (DPW) 

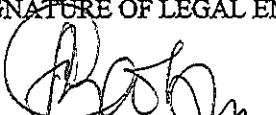
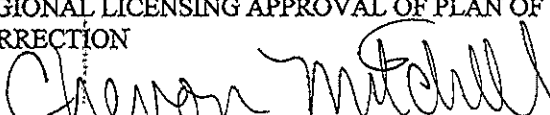
of occupancy to the department.
 ocm
 8/22/11

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

NAME AND ADDRESS OF PERSONAL CARE HOME Robinson Personal Care Home, 4104 West Girard Avenue Philadelphia, PA 19104		CURRENT LICENSE NUMBER 198810	
INSPECTION DATES (Include all dates of the inspection) 06/07/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
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 7/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/22/11

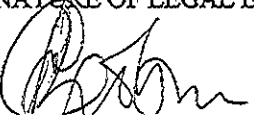

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Ancillary staff person A did not receive training in fire safety, emergency preparedness, resident rights, OAPSA or falls and accident prevention during the 2010 training year.	6/8/2011	Ancillary staff person A is trained for the 2011 training year for the following areas: fire safety, emergency Preparedness, Resident rights OAPSA or falls and accident prevention. In the future the Administrator/designee will ensure that all staff including ancillary staff be fully trained in all areas.	<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> Steps have been taken to correct violation; full compliance is not verifiable  Date 8/22/11 Initials (DPW) </div>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Robinson Personal Care Home, 4104 West Girard Avenue Philadelphia, PA 19104		CURRENT LICENSE NUMBER 198810	
INSPECTION DATES (Include all dates of the inspection) 06/07/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
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 7/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/22/11

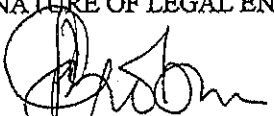
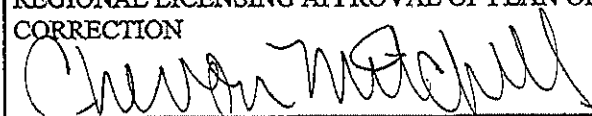
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				


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

NAME AND ADDRESS OF PERSONAL CARE HOME Robinson Personal Care Home, 4104 West Girard Avenue Philadelphia, PA 19104		CURRENT LICENSE NUMBER 198810	
INSPECTION DATES (Include all dates of the inspection) 06/07/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
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 7/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/22/11

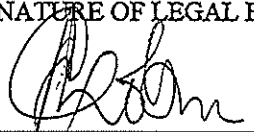
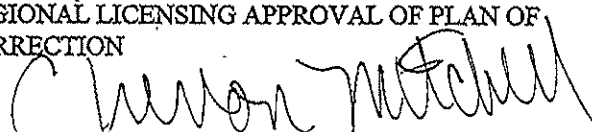
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
102d2 Bathtubs and showers shall have slip-resistant surfaces.	The 2nd and 3rd floor bathtub/showers do not have slip-resistant surfaces.	6/8/2011	The 2 nd and 3 rd floor bathtubs/showers now has slip resistant surfaces. In the future Administrator/designee will ensure that all bathtubs/showers will be equipped with slip resistant surfaces at all times.	8/22/11 CLK


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

NAME AND ADDRESS OF PERSONAL CARE HOME Robinson Personal Care Home, 4104 West Girard Avenue Philadelphia, PA 19104		CURRENT LICENSE NUMBER 198810	
INSPECTION DATES (Include all dates of the inspection) 06/07/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
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 7/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/22/11


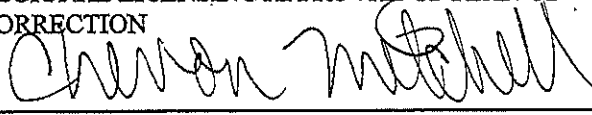
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
126a A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.	The last inspection of the furnace was conducted on May 13, 2010. Repeated Violations: 04/27/2010	6/8/2011	The furnace was inspected and cleaned on June 8, 2011. In the future the Administrator/designee will ensure that the furnace is inspected and cleaned annually on or before the date of last inspection, and documentation kept. The Administrator/Designee will check records every 3 months to ensure that inspection and cleaning of furnace is in good order.	8/22/11 

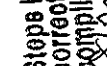
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Robinson Personal Care Home, 4104 West Girard Avenue Philadelphia, PA 19104		CURRENT LICENSE NUMBER 198810	
INSPECTION DATES (Include all dates of the inspection) 06/07/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
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 7/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/22/11


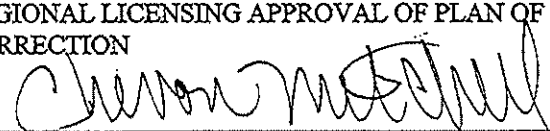
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
126b Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.	The last furnace cleaning was completed on May 13, 2010.	6/8/2011	<p>The furnace was inspected and cleaned on June 8, 2011. In the future the Administrator/designee will ensure that the furnace is inspected and cleaned annually on or before the date of last inspection, and documentation kept.</p> <p>The Administrator/Designee will check records every 3months to ensure that inspection and cleaning of furnace is in good order.</p>	8/22/11 

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

NAME AND ADDRESS OF PERSONAL CARE HOME Robinson Personal Care Home, 4104 West Girard Avenue Philadelphia, PA 19104		CURRENT LICENSE NUMBER 198810	
INSPECTION DATES (Include all dates of the inspection) 06/07/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
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 7/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/22/11

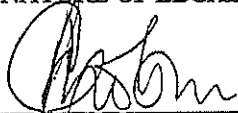
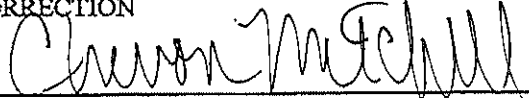
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The fire drill record for the drill conducted on November 22, 2010, does not include the exit route used for the evacuation.	6/8/2011	<p>In the future the Administrator / Designee will ensure that during a fire drill all means of egress will be used and also documented.</p> <p>The Administrator will check fire drill log on a monthly basis to ensure that all exits used to evacuate residents during a fire drill are recorded.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p> Date Initials (DPW)</p>


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

NAME AND ADDRESS OF PERSONAL CARE HOME Robinson Personal Care Home, 4104 West Girard Avenue Philadelphia, PA 19104		CURRENT LICENSE NUMBER 198810	
INSPECTION DATES (Include all dates of the inspection) 06/07/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
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 7/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/22/11

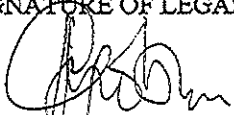

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY																																																																	
	<table style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Mont</th> <th style="text-align: left; border-bottom: 1px solid black;">Date</th> <th style="text-align: left; border-bottom: 1px solid black;">Time</th> <th style="text-align: left; border-bottom: 1px solid black;">Evac. Time</th> <th style="text-align: left; border-bottom: 1px solid black;">FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/06/2011</td><td>02:30 PM</td><td>2min 2sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/12/2011</td><td>07:00 AM</td><td>2min 9sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/14/2011</td><td>12:00 AM</td><td>2min 3sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/21/2011</td><td>01:45 AM</td><td>2min 30sec</td><td>No</td></tr> <tr><td>May</td><td>05/20/2011</td><td>01:30 PM</td><td>2min 5sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/10/2010</td><td>11:00 PM</td><td>2min 25sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/21/2010</td><td>04:10 AM</td><td>2min 20sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/08/2010</td><td>11:00 AM</td><td>2min 15sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/01/2010</td><td>05:00 PM</td><td>2min 20sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/12/2010</td><td>04:00 AM</td><td>2min 25sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/22/2010</td><td>10:00 AM</td><td>2min 0sec</td><td>No</td></tr> <tr><td>Dec</td><td>12/15/2010</td><td>07:40 AM</td><td>2min 18sec</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/06/2011	02:30 PM	2min 2sec	No	Feb	02/12/2011	07:00 AM	2min 9sec	No	Mar	03/14/2011	12:00 AM	2min 3sec	No	Apr	04/21/2011	01:45 AM	2min 30sec	No	May	05/20/2011	01:30 PM	2min 5sec	No	Jun	06/10/2010	11:00 PM	2min 25sec	No	Jul	07/21/2010	04:10 AM	2min 20sec	No	Aug	08/08/2010	11:00 AM	2min 15sec	No	Sep	09/01/2010	05:00 PM	2min 20sec	No	Oct	10/12/2010	04:00 AM	2min 25sec	No	Nov	11/22/2010	10:00 AM	2min 0sec	No	Dec	12/15/2010	07:40 AM	2min 18sec	No			
Mont	Date	Time	Evac. Time	FSE																																																																	
Jan	01/06/2011	02:30 PM	2min 2sec	No																																																																	
Feb	02/12/2011	07:00 AM	2min 9sec	No																																																																	
Mar	03/14/2011	12:00 AM	2min 3sec	No																																																																	
Apr	04/21/2011	01:45 AM	2min 30sec	No																																																																	
May	05/20/2011	01:30 PM	2min 5sec	No																																																																	
Jun	06/10/2010	11:00 PM	2min 25sec	No																																																																	
Jul	07/21/2010	04:10 AM	2min 20sec	No																																																																	
Aug	08/08/2010	11:00 AM	2min 15sec	No																																																																	
Sep	09/01/2010	05:00 PM	2min 20sec	No																																																																	
Oct	10/12/2010	04:00 AM	2min 25sec	No																																																																	
Nov	11/22/2010	10:00 AM	2min 0sec	No																																																																	
Dec	12/15/2010	07:40 AM	2min 18sec	No																																																																	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Robinson Personal Care Home, 4104 West Girard Avenue Philadelphia, PA 19104		CURRENT LICENSE NUMBER 198810	
INSPECTION DATES (Include all dates of the inspection) 06/07/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
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 7/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/22/11

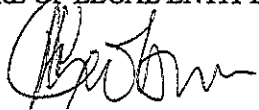

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY																																																																	
132f Alternate exit routes shall be used during fire drills.	<p>The fire drill record indicated that the home used the 2nd egress and front door for all fire drills conducted in 2010.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/06/2011</td><td>02:30 PM</td><td>2min 2sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/12/2011</td><td>07:00 AM</td><td>2min 9sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/14/2011</td><td>12:00 AM</td><td>2min 3sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/21/2011</td><td>01:45 AM</td><td>2min 30sec</td><td>No</td></tr> <tr><td>May</td><td>05/20/2011</td><td>01:30 PM</td><td>2min 5sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/10/2010</td><td>11:00 PM</td><td>2min 25sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/21/2010</td><td>04:10 AM</td><td>2min 20sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/08/2010</td><td>11:00 AM</td><td>2min 15sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/01/2010</td><td>05:00 PM</td><td>2min 20sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/12/2010</td><td>04:00 AM</td><td>2min 25sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/22/2010</td><td>10:00 AM</td><td>2min 0sec</td><td>No</td></tr> <tr><td>Dec</td><td>12/15/2010</td><td>07:40 AM</td><td>2min 18sec</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/06/2011	02:30 PM	2min 2sec	No	Feb	02/12/2011	07:00 AM	2min 9sec	No	Mar	03/14/2011	12:00 AM	2min 3sec	No	Apr	04/21/2011	01:45 AM	2min 30sec	No	May	05/20/2011	01:30 PM	2min 5sec	No	Jun	06/10/2010	11:00 PM	2min 25sec	No	Jul	07/21/2010	04:10 AM	2min 20sec	No	Aug	08/08/2010	11:00 AM	2min 15sec	No	Sep	09/01/2010	05:00 PM	2min 20sec	No	Oct	10/12/2010	04:00 AM	2min 25sec	No	Nov	11/22/2010	10:00 AM	2min 0sec	No	Dec	12/15/2010	07:40 AM	2min 18sec	No	6/8/11	<p>All egress are used during a fire drill including the alternate exit routes. In the future the Administrator will ensure that all egress including alternate ones will be during fire drills.</p> <p>The Administrator will have a Meeting every 3months to Aware staff that during a fire drill One exit must always be blocked.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"> Date Initials (DPW)</p>
Mont	Date	Time	Evac. Time	FSE																																																																	
Jan	01/06/2011	02:30 PM	2min 2sec	No																																																																	
Feb	02/12/2011	07:00 AM	2min 9sec	No																																																																	
Mar	03/14/2011	12:00 AM	2min 3sec	No																																																																	
Apr	04/21/2011	01:45 AM	2min 30sec	No																																																																	
May	05/20/2011	01:30 PM	2min 5sec	No																																																																	
Jun	06/10/2010	11:00 PM	2min 25sec	No																																																																	
Jul	07/21/2010	04:10 AM	2min 20sec	No																																																																	
Aug	08/08/2010	11:00 AM	2min 15sec	No																																																																	
Sep	09/01/2010	05:00 PM	2min 20sec	No																																																																	
Oct	10/12/2010	04:00 AM	2min 25sec	No																																																																	
Nov	11/22/2010	10:00 AM	2min 0sec	No																																																																	
Dec	12/15/2010	07:40 AM	2min 18sec	No																																																																	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Robinson Personal Care Home, 4104 West Girard Avenue Philadelphia, PA 19104		CURRENT LICENSE NUMBER 198810	
INSPECTION DATES (Include all dates of the inspection) 06/07/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
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 7/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/22/11

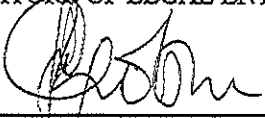
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
132g Fire drills shall be held on different days of the week, at different 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.	The sleeping hour fire drills conducted on July 21, 2010, October 10, 2010, and April 21, 2011, had 2 staff person participating in the drills, but only 1 staff person was scheduled to work that shift on those days.	6/8/2011	On October 10, 2010 the Administrator came in and conducted a fire drill with the night staff. In the future only the staff on duty will conduct fire drill.	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">Date: 8/22/11 Initials: DPW</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Robinson Personal Care Home, 4104 West Girard Avenue Philadelphia, PA 19104		CURRENT LICENSE NUMBER 198810	
INSPECTION DATES (Include all dates of the inspection) 06/07/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
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 7/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/22/11

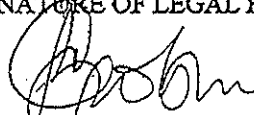
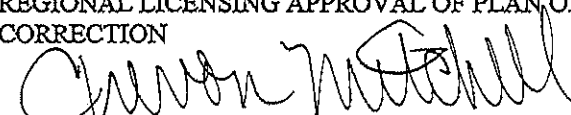
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY																																																																	
	<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="width:5%;">Mont</th> <th style="width:15%;">Date</th> <th style="width:15%;">Time</th> <th style="width:15%;">Evac. Time</th> <th style="width:5%;">FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/06/2011</td><td>02:30 PM</td><td>2min 2sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/12/2011</td><td>07:00 AM</td><td>2min 9sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/14/2011</td><td>12:00 AM</td><td>2min 3sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/21/2011</td><td>01:45 AM</td><td>2min 30sec</td><td>No</td></tr> <tr><td>May</td><td>05/20/2011</td><td>01:30 PM</td><td>2min 5sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/10/2010</td><td>11:00 PM</td><td>2min 25sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/21/2010</td><td>04:10 AM</td><td>2min 20sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/08/2010</td><td>11:00 AM</td><td>2min 15sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/01/2010</td><td>05:00 PM</td><td>2min 20sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/12/2010</td><td>04:00 AM</td><td>2min 25sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/22/2010</td><td>10:00 AM</td><td>2min 0sec</td><td>No</td></tr> <tr><td>Dec</td><td>12/15/2010</td><td>07:40 AM</td><td>2min 18sec</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/06/2011	02:30 PM	2min 2sec	No	Feb	02/12/2011	07:00 AM	2min 9sec	No	Mar	03/14/2011	12:00 AM	2min 3sec	No	Apr	04/21/2011	01:45 AM	2min 30sec	No	May	05/20/2011	01:30 PM	2min 5sec	No	Jun	06/10/2010	11:00 PM	2min 25sec	No	Jul	07/21/2010	04:10 AM	2min 20sec	No	Aug	08/08/2010	11:00 AM	2min 15sec	No	Sep	09/01/2010	05:00 PM	2min 20sec	No	Oct	10/12/2010	04:00 AM	2min 25sec	No	Nov	11/22/2010	10:00 AM	2min 0sec	No	Dec	12/15/2010	07:40 AM	2min 18sec	No			
Mont	Date	Time	Evac. Time	FSE																																																																	
Jan	01/06/2011	02:30 PM	2min 2sec	No																																																																	
Feb	02/12/2011	07:00 AM	2min 9sec	No																																																																	
Mar	03/14/2011	12:00 AM	2min 3sec	No																																																																	
Apr	04/21/2011	01:45 AM	2min 30sec	No																																																																	
May	05/20/2011	01:30 PM	2min 5sec	No																																																																	
Jun	06/10/2010	11:00 PM	2min 25sec	No																																																																	
Jul	07/21/2010	04:10 AM	2min 20sec	No																																																																	
Aug	08/08/2010	11:00 AM	2min 15sec	No																																																																	
Sep	09/01/2010	05:00 PM	2min 20sec	No																																																																	
Oct	10/12/2010	04:00 AM	2min 25sec	No																																																																	
Nov	11/22/2010	10:00 AM	2min 0sec	No																																																																	
Dec	12/15/2010	07:40 AM	2min 18sec	No																																																																	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Robinson Personal Care Home, 4104 West Girard Avenue Philadelphia, PA 19104		CURRENT LICENSE NUMBER 198810	
INSPECTION DATES (Include all dates of the inspection) 06/07/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
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 7/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE


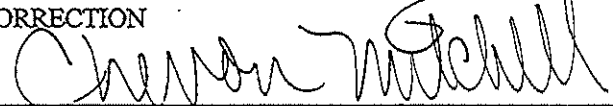
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a A resident shall have a medical evaluation by a physician, physician's 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.	<div style="text-align: center;"> The medical evaluation for resident #1, admitted April 6, 2010, was completed July 17, 2010, more than 90 days after the resident's admission. </div> <p style="font-size: 1.2em; margin-top: 10px;"><i>violation withdrawn</i></p> <p style="margin-left: 150px;"><i>CDM</i></p> <p style="margin-left: 150px;"><i>8/22/11</i></p>	<div style="font-size: 1.5em; margin: 0;">6/8/11</div>	<p>Resident #1 was placed in PCH by the Department of Public Welfare with no information on said resident. In the future the Administrator/ Designee will ensure that all residents be admitted with all the necessary information and medical evaluation will be done in time required.</p>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Robinson Personal Care Home, 4104 West Girard Avenue Philadelphia, PA 19104		CURRENT LICENSE NUMBER 198810	
INSPECTION DATES (Include all dates of the inspection) 06/07/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
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 7/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/20/11


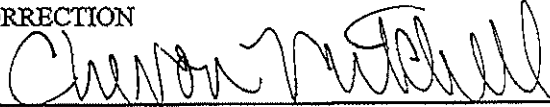
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general 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 #2, dated January 15, 2011, does not include allergies. Repeated Violations: 04/27/2010	6/8/2011	Medical evaluation for resident # 2 now include allergies. In the future the Administrator/Designee will ensure that the pcp fill out all areas of the medical evaluation form: The Administrator/Designee will check all resident's file on a monthly basis to ensure that all areas of the medical Evaluation is being filled out, if not will ensure that the PCP properly fills them out.	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <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;">8/23/11 Date</p> <p style="font-size: small; margin: 0;">[Signature] Initials (DPW)</p> </div>

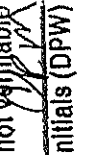

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Robinson Personal Care Home, 4104 West Girard Avenue Philadelphia, PA 19104		CURRENT LICENSE NUMBER 198810	
INSPECTION DATES (Include all dates of the inspection) 06/07/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
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 7/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/22/11


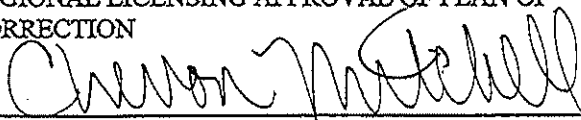
REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication 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.				

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

NAME AND ADDRESS OF PERSONAL CARE HOME Robinson Personal Care Home, 4104 West Girard Avenue Philadelphia, PA 19104		CURRENT LICENSE NUMBER 198810	
INSPECTION DATES (Include all dates of the inspection) 06/07/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
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 7/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/22/11



REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	Resident #3's Ammonium medication was unlocked on top of the resident's dresser allowing the resident and his/her roommate access to the medication.	6/8/11	<p>Resident #3 Ammonium Lotion is now put away with other prescribed medication in locked area.</p> <p>In the future the Administrator/Designee will ensure that all prescribed medication are kept under lock.</p> <hr/> <p>The Administrator and staff will check resident's room daily ensure that there is no medications accessible to residents. Administrator/designee will ensure that all medications are locked away in a safe place.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p> Initials (DPW)</p> <p> Date</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Robinson Personal Care Home, 4104 West Girard Avenue Philadelphia, PA 19104		CURRENT LICENSE NUMBER 198810	
INSPECTION DATES (Include all dates of the inspection) 06/07/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
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 7/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/22/11



REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
183c Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.	All refrigerated insulin for the residents were kept unlocked in the kitchen refrigerator in a plastic container.	6/7/2011	<p>All refrigerated insulin for the residents are now kept in a Locked container in the Refrigerator. The Administrator /Designee will ensure that all insulin are kept in a locked container at all time.</p> <p>The Administrator has purchased locked container for insulin and will check on it daily.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;">Date <u>8/22/11</u> Initials (DPW) <u>SC</u></p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Robinson Personal Care Home, 4104 West Girard Avenue Philadelphia, PA 19104		CURRENT LICENSE NUMBER 198810	
INSPECTION DATES (Include all dates of the inspection) 06/07/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
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 7/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/22/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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	Resident #4's medication administration record for April 29, 2011, and April 30, 2011, was not initialed by staff indicating that the resident's prescribed medication, Simvastatin, was given.	6/8/11	Resident #4's Medication Administration Record for April 29, 2011 and April 30, 2011 is now initialed by the staff who administered the medication Simvastatin. In the future the Administrator will ensure that all medication administered will be initialed on MAR.	8/22/11 CMW

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

NAME AND ADDRESS OF PERSONAL CARE HOME Robinson Personal Care Home, 4104 West Girard Avenue Philadelphia, PA 19104		CURRENT LICENSE NUMBER 198810	
INSPECTION DATES (Include all dates of the inspection) 06/07/2011		REGIONAL REPRESENTATIVE McKinley Rouse, Serena Chou	
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 7/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/22/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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.				