

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

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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 25, 2012 until August 25, 2013,
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



AUG 10 2012

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 July 6, 2012 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". The signature is written in a cursive style with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 13306 - 07/06/2012 - Scharpf, Amy
PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTER

1. REGULATION 55 Pa.Code §2600
2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION
The home does not have a staff training plan for 2012.

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

The Administrator has developed a staff training plan for 2012 and was introduced into effect on 7-13-12. A computer generated notification of a monthly staff training meeting has been put in place to ensure meetings are to take place.
"see attached documentation for corrective action."

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/24/2011

Signature of Legal Entity Representative (Required on EVERY Page) *Maria S. Richardson*
~~Diana S. Richardson~~
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Maria S. Richardson* Date *7-25-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/30/12
(Date)

Plan of correction implementation status as of 7/30/12
(Date)

The above plan of correction was approved by *MSR*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13306 - 07/06/2012 - Scharpf, Amy
PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTER

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
The bed belonging to Resident #1 in Room 2 does not have a source of light that can be turned on/off from bedside.

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

Resident 1's lamp in room 2 has had light source by bedside replaced and operable. Bedside light source will be checked daily at room cleaning in all rooms to detect and replace any light source that does not operate properly.

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/24/2011

Signature of Legal Entity Representative
(Required on EVERY Page) *Michael Richardson*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Michael Richardson* Date *7-25-12*

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The above plan of correction is approved as of 7/30/12
(Date)

Plan of correction implementation status as of 7/30/12
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13306 - 07/08/2012 - Scharpf, Amy.
PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTER

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
The package of hotdogs in the home's kitchen was opened and unsealed.

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

All food is stored and properly sealed. Hot dogs have been removed. All stored food will be checked for opened and unsealed packaging daily by staff and verified to administrator

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Maree's Richardson*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Maree's Richardson* Date *7-25-12*

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The above plan of correction is approved as of 7/30/12
(Date)

Plan of correction implementation status as of 7/30/12
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13306 - 07/08/2012 - Scharpf, Amy
PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTER

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #2 self-administers eye drop medication but has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident 2 as of 7-9-12 has notified Administrator they no longer use/self administer eye drop medication and medication was a one time prescription for cataract surgery. To prevent this in the future no resident will self administer any medication without a accompanying physician order and approval by administrator

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Maureen Richardson*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Maureen Richardson* Date *7/25/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/30/12
(Date)

The above plan of correction was approved by *CRM*
(Initials)

Plan of correction Implementation status as of 7/30/12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13306 - 07/06/2012 - Scharpf, Amy
PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTER

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
-Resident #2 did not receive Vitamin D on 7/4/12 as prescribed.
-Resident #3 did not receive Simvastin at 8pm on 7/4/12 as prescribed.

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

Resident 2 and resident 3 not at home on 7/4/12 at 8pm medication administration. Both residents out for holiday with family and friends. Med Tech did not properly notify administrator and did not document on MAR. In future administrator will be notified of resident leaves. Med Techs have been reviewed by Med Trainee and Administrator on proper documentation. In future Med Techs will be reviewed in compliance with Med Administrator Reg.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)
Deepest Richardson

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date
Deepest Richardson 7-25-12

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The above plan of correction is approved as of 7/30/12
(Date)

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

Plan of correction implementation status as of 7/30/12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented