



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 23 2013

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 May 28, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period of August 25, 2013 to August 25, 2014 was issued on June 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to be 'R Melusky', written over a horizontal line.

Ronald Melusky
Director

Enclosure
Licensing Inspection Summary

Violation Report: 19881 - 05/28/2013 - Foulkes, Kimberli
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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.

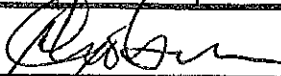
Direct care staff A has a high school diploma but it was not on file at the time of inspection. It was placed on file during inspection. In the future the Administrator will ensure that all staff files are up to date with all the proper documents. Enclosed is a copy of Direct care staff A high school diploma.

Staff member A will no longer provide direct care to residents 7/26/13 cm

Staff member A will be terminated as of 8/1/13. 7/26/13 cm

The home will verify that any direct care staff high school diplomas are from the United States 8/1/13 cm

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Administrator Hugh Robinson	Date 07-18-13
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The above plan of correction is approved as of 7/22/13
(Date)

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

Plan of correction implementation status as of 7/26/13
(Date)

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

Violation Report: 19881 - 05/28/2013 - Foulkes, Kimberli
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person B received only 8.5 hours of annual training in training year 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.

Direct care staff B who had only 8.5 hours of training during the 2012 year will do an extra 3.5 hours of training during the 2013 year to make up for 2012. In the future the Administrator will ensure that all staff is fully trained. A monthly check will be made to ensure same. Enclosed is a copy of training.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lugh Robinson Administrator</i>	Date <i>07-18-13</i>
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The above plan of correction is approved as of <u>7/22/13</u> (Date) The above plan of correction was approved by <u>CM</u> (Initials)	Plan of correction implementation status as of <u>7/22/13</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 19881 - 05/28/2013 - Foulkes, Kimberli
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(g) - 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.
- (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.

2a. DESCRIPTION OF VIOLATION

Direct care person B did not receive training in the Older Adult Protective Services Act during training year 2012.

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

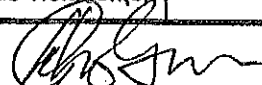
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Direct care staff B has now received training in the Older Adult Protective Services Act. In the future the Administrator will ensure all training is done. Enclosed is a copy of training.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Administrator
 Duagh Robinson

Date 07-18-13

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 (Initials)

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Violation Report: 19881 - 05/28/2013 - Foulkes, Kimberli
 PCH Name: ROBINSON PERSONAL CARE HOME

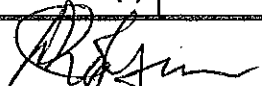
1. REGULATION 55 Pa.Code §2600
 2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION
 - A significant amount of mouse droppings were observed inside the cabinet under the sink in the first floor common bathroom. Mouse droppings were also observed inside the door in the right side corner near the dresser in resident room #1. The bottom shelf of the pantry in the rear of the kitchen had mouse droppings all over the shelf.
 - A large number of small flying insects were observed in resident room #1 and more than 18 small flying insects and two large flies were observed in the second floor common bathroom.

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.

Mouse droppings found throughout the home were remove. Hole was found where mouse could be coming in and it was blocked. Extermination materials were bought and place throughout the home and insect spray was also bought for small flies. A daily check will be made to ensure the prevention of rodents and insect infestation. Enclosed is a receipt.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/16/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Hugh Robinson Administrator</u>	Date <u>07-18-13</u>
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Violation Report: 19881 - 05/28/2013 - Foulkes, Kimberli
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The ceiling in the third floor common bathroom had brown water stains and a 3 inch by 2 inch hole. There appeared to be mold and mildew in this area which poses a health hazard for the residents.

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 ceiling in the third floor bathroom was removed and replaced on 5/29/2013. In the future the administrator will ensure that all ceilings are clean and in good repair and free of hazards.

The administrator will conduct monthly rounds of the physical site starting 7/20/13.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) *Administrator* 07-18-13
Dwight Robinson

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 (Date)

Plan of correction implementation status as of 7/30/13
 (Date)

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

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

Violation Report: 19881 - 05/28/2013 - Foulkes, Kimberli
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 3/11/13, does not include special health or dietary needs, allergies, medications, and body positioning or movement needs.

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 medical evaluation for resident #1 now include Special health or dietary needs, allergies, medications and body positioning or movement needs.

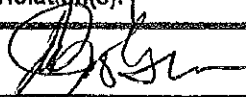
In the future the Administrator/Designee will ensure that all medical evaluation is properly filled out, by reviewing all medical evals when completed. Enclosed is a copy of resident #1 medical evaluation.

The administrator will review all resident med evals by 7/30/13 to ensure they are completed as required.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Hugh Robinson Administrator

Date

07-18-13

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The above plan of correction is approved as of

7/22/13
 (Date)

Plan of correction implementation status as of

8/2/13
 (Date)

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

The above plan of correction was approved by

CM
 (Initials)

Violation Report: 19881 - 05/28/2013 - Foulkes, Kimberli
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The home's menu for May 2013 was not posted in a conspicuous and public place in the home. The menu was posted in the kitchen and was not accessible to residents.

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 home's menu was not posted in a conspicuous and public place in the home where the residents can see it. The menu was taken down to make changes and was not Replaced. The menu was replaced during inspection. In the future the Administrator/Designee will ensure at all time when a menu is posted in the kitchen there will also be one posted in a public area for all residents.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Leigh Robinson Administrator	07-18-13

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Violation Report: 19881 - 05/28/2013 - Foulkes, Kimberli
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - 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.

2a. DESCRIPTION OF VIOLATION
 On 5/28/13, a bottle of Zantac was unlocked and accessible to residents in resident #2's room. Resident #2 has not been assessed to self-administer medications. The door to the room was also unlocked leaving the medication accessible to the other residents of the home who are also not assessed to self-administer 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.

The bottle of zantac that was found in resident #2's room was immediately removed and discarded. A daily check will be made to ensure no OTC's are found in resident's room, by the direct care staff.

The administrator will conduct a training with the direct care staff and residents on the importance of locking medications by 7/30/13. *(Signature)*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/16/2012
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Signature of Legal Entity Representative (Required on EVERY Page) *(Signature)*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Debra Robinson Administrator</i>	Date <i>07-18-2013</i>
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Violation Report: 19881 - 05/28/2013 - Foulkes, Kimberli
 PGH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.187(a) - 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 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.

2a. DESCRIPTION OF VIOLATION
 The medication administration record for resident #1 does not include a diagnosis or purpose for Haldol 5 mg and Benzotropine 0.5 mg.
 The medication administration record for resident #3 does not include a diagnosis for Divalproex 500 mg, Dlovan 160 mg and Amlodipine 5 mg.

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 and 3 Medication administration record now includes the purpose of their medications. In the future the Administrator/Designee will ensure that all diagnoses or purpose is included on all medication administration record. All medication administration record will be checked daily while administering medication to ensure purpose or diagnoses are included on the record. Enclosed is a copy of resident #1&3 medication Administration record.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/16/2012	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Deugh Robinson Administrator* Date *8/18/13*

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Violation Report: 19881 - 05/28/2013 - Foulkes, Kimberli
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #3 was admitted to the home on 1/1/13. The resident's assessment was not dated making it impossible to determine if it was completed within 15 days of the resident's admission to the home.

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 #3 who was admitted to the home on 1/1/13 assessment was done but not dated is now dated. In the future the Administrator/ Designee will ensure all assessment has a finalized date. A monthly check will be done to ensure same. Enclosed is a dated copy.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Debra Robinson</i> Debra Robinson, Administrator	07-18-13

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Violation Report: 19881 - 05/28/2013 - Foulkes, Kimberli
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
 Resident #3 was admitted to the home on 1/1/13. The home did not develop a support plan for the resident.

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.

I feel this not a violation because a support plan was in place for resident #3, but without a finalized date

withdrewn 7/19/13
 SW

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Joseph Robinson Administrator	07-18-13

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Violation Report: 19881 - 05/28/2013 - Foulkes, Kimberli
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident #4's support plan completed 1/15/13 was not signed by the person who completed it.

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 #4's support plan completed on 1/15/13 that was not signed by the person who completed it is now duly signed. In the future the Administrator/Designee will ensure that all RASP are signed. A monthly check of all files will be done to ensure all documents are signed and dated. Enclosed is a signed copy.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/16/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Admin.istrator*
 (Required on EVERY Page) *Clough Robinson* Date *07-18-13*

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