



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 02 2013

Ms. Diane Richardson, Managing Director
Richardson Group, Senior Citizens Living Quarters, Inc.
7942 Gilbert Street
Philadelphia, Pennsylvania 19150

RE: Richardson Group, Senior Citizens Living Quarters
1750 Bridge Street
Philadelphia, Pennsylvania 19124

Dear Ms. Richardson:

As a result of the Department of Public Welfare's licensing inspection on June 13, 2013, 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.

Your regular license for the period of August 27, 2013 to August 27, 2014 was issued on June 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Ronald Melusky" followed by a stylized monogram "RMS".

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 10051 - 06/13/2013 - Adams, Patricia
PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS

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 floor under the carpet in room #2 had a raised area approximately six feet in length and seven inches wide. The raised area was spongy with indications of water damage and presenting a tripping hazard.

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.

Carpet in room #2 was cut back to inspect loose floor board. Board was found to be loose and in need of securing. Nails were used to secure board to cross joist and carpet replaced.

Administrators in future will have staff regularly check floor in this room and all other rooms for any floor imperfections or safety hazards.

"See Attached Photos"

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 Managing Director* Date *7/10/13*

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The above plan of correction is approved as of 7/12/13
(Date)

Plan of correction implementation status as of 7/12/13
(Date)

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

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

Violation Report: 10051 - 06/13/2013 - Adams, Patricia
PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
On 6/13/13, the armed chair, in room #2, had a hole in the upholstered seat exposing cotton stuffing.

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.

Chair in room #2 seat where hole had occurred was reupholstered and secured.

In future administrator will have staff check all chairs, seats and equipment daily to assure they are in clean, safe and good condition.

" See Attached Photo "

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Diane S. Richardson*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *DIANE S. Richardson* *MANAGING DIRECTOR* Date *7/10/13*

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The above plan of correction is approved as of <i>7/10/13</i> (Date)	Plan of correction implementation status as of <i>7/10/13</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 10051 - 06/13/2013 - Adams, Patricia
PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
On 6/13/13, Ibuprofen 600mg, prescribed for resident #1 on 9/10/12 for a duration of 10 days, was located in the home's medication storage area.

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 Ibuprofen was removed and discarded.
All other medications (prescribed, OTC, CAM) for all residents have been inspected, assuring only current medications are in the home.

Administrator has met with staff to make sure that medications are checked daily for discontinued, out dated, expired prescriptions & OTC's are not being kept in the home.

The administrator will audit the medications on a monthly basis beginning 8/1/13 to ensure only current medication are available.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Diane S. Richardson*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *DIANE S. Richardson* *MANAGING DIRECTOR* Date *7/10/13*

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The above plan of correction is approved as of <u>7/12/13</u> (Date)	Plan of correction implementation status as of <u>7/12/13</u> (Date)
The above plan of correction was approved by <u><i>DR</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 10051 - 06/13/2013 - Adams, Patricia
PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS

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 March and June 2013 medication administration record for resident #1 does not include strength and diagnosis for Refresh PM Ophthalmic Ointment.
- The April 2013 medication administration record for resident #1 does not include strength and diagnosis for Systane.
- The April and June medication administration record for resident #1 does not include the diagnosis for Fluticasone 50 mcg

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 MAR's for March & June for resident #1 will be corrected. Administration will personally or have staff go over all M.A.R.'s daily for all residents and will indicate the strength & all medications and diagnosis of all in home residents for future administrations

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Diane S. Richardson*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *DIANE S. Richardson* Date *7/10/13*

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The above plan of correction is approved as of *7/17/13*
(Date)

Plan of correction implementation status as of *7/12/13*
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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Violation Report: 10051 - 06/13/2013 - Adams, Patricia
PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

- On 4/9/13, 4/10/13, 4/15/13 to 4/17/13 at 12:00 pm and 4/29 and 4/30/13 at 4:00 pm, resident # 1's Systane was administered. Staff person A did not initial the medication administration record.
- On 4/11/13 to 4/14/13, 4/18/13 and 4/19/13 at 12:00 pm, resident #1's Systane was administered. Staff person B did not initial the medication administration record.

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 medication will be documented at the time of administration.
Administration will check MAR documents daily for any missing documentation or violations.
These will be discussed at in house monthly medication training sessions.
The administrator will train staff on how to document following med administration by 8/1/13 and maintain copies of the training SN

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/06/2012

Signature of Legal Entity Representative (Required on EVERY Page) *DiAnne S. Richardson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DIANNE S. Richardson* Date *7/10/13*

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Violation Report: 10051 - 06/13/2013 - Adams, Patricia
PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS

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

2a. DESCRIPTION OF VIOLATION

The home administers Systane eye drops and Refresh PM Ophthalmic ointment to resident #1. The home does not have physician orders to administer the 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 medication septane is an O.T.C. and was stored as a courtesy to resident. This medication will no longer be administered or stored by the home and administrator will check MAR's and medication storage for any violations of medication without physician order to administer.

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/06/2012

Signature of Legal Entity Representative
(Required on EVERY Page) *Deane S. Richardson*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Deane S. Richardson* ^{MANAGING} Director Date *7/10/13*

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