



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 11, 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 (Department) licensing inspection on July 17, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Roslyn Brewer DR".

Roslyn Brewer
Regional Licensing Administrator

Enclosure(s)
Licensing Inspection Summary

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

PCH Name: ROBINSON PERSONAL CARE HOME		License Number: 19881
Address: 4104 WEST GIRARD AVENUE, PHILADELPHIA, PA 19104		County: Philadelphia
Administrator: Hugh Robinson		Region: SOUTHEAST
Legal Entity Name: HUGH ROBINSON		
Legal Entity Address: 4104 WEST GIRARD AVENUE, PHILADELPHIA, PA 19104		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 17	Waking Staff: 13
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
07/17/2013: Kurtz, Andrea		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 20 Number of Residents Served: 17 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 17 Are 60 Years of Age or Older: 5 Have Mental Illness: 16 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 19881 - 07/17/2013 - Kurtz, Andrea

PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The assessment and support plan for Resident #1, #3, and #4 indicates that the resident requires assistance with glucose monitoring. On 7-16-13, the above residents did not receive glucose levels or assistance as required.

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, #3 and #4 who require assistance with glucose monitoring is now receiving glucose level checks and also assistance. Staff will make weekly checks to ensure that all residents who require glucose monitoring will be done as prescribed by PCP. In the future glucose level will be checked and documented as per support plan.

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 08-22-2013

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

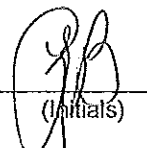
The above plan of correction is approved as of

8/23/13
(Date)

Plan of correction implementation status as of

8/23/13
(Date)

The above plan of correction was approved by



(Initials)

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

Violation Report: 19881 - 07/17/2013 - Kurtz, Andrea
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 Residents #1, 2, 3, and 4 require regular glucose monitoring. The home is using one glucometer 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.

Residents #1, 2, 3 and 4 each has their own Glucometer for their glucose monitoring. The designee will ensure that all residents for glucose monitoring will always have their individual glucometer at all times. In the future the Administrator/designee will ensure same. Enclosed is a picture of all glucometers.

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*
Hugh Robinson

Date *08-22-2013*

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The above plan of correction is approved as of *8/13/13*
 (Date)

Plan of correction implementation status as of *8/13/13*
 (Date)

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

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Violation Report: 19881 - 07/17/2013 - Kurtz, Andrea

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 1-12-13, does not include the medication regimen or a general physical examination.
- The medical evaluation for Resident #3, dated 1-12-13, does not include the medication regimen.
- The medical evaluation for Resident #5, dated 9-15-12, does not include a general physical examination or immunization history.

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.

Medical evaluation for residents #1, 3 and 5
 Now includes medication regimen and general
 Physical examination and immunization.
 In the future the Administrator/Designee
 will make monthly checks to ensure that
 all medical evaluation is properly filled
 out by the primary care physician.

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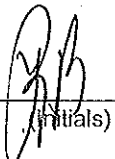
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Hugh Robinson Administrator	Date 08-22-2013
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Violation Report: 19881 - 07/17/2013 - Kurtz, Andrea

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 7-17-13 at 9:15 am, a packet containing one tablet each of Benztropine 1mg, Fluphenazin 5 mg, and Risperidone 3 mg was found in Resident #1's record.

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

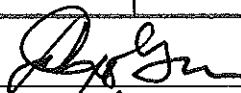
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Packet of Medication that was found on 7-17-13 containing Benztropine 1mg, Fluphenazine 5mg, and risperdone 3mg was been replaced and packet found should have been returned to Pharmacy. In the future Administrator Designee will check to ensure that all medication return to Pharmacy in a timely manner.

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 08-22-2013

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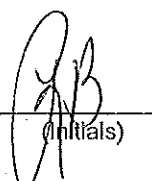
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Violation Report: 19881 - 07/17/2013 - Kurtz, Andrea

PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- Resident #2 needs frequent blood sugar checks according to the Medical Evaluation dated 2-27-13. The last record glucose check was done 6-5-13

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

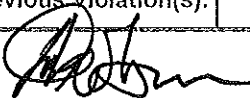
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #2 blood sugar checks are now being done and also documented. In the future the Designee will ensure that all blood sugar check is done and documented. The administrator will also ensure that all staff is fully trained in diabetes update. Enclosed is a copy of blood sugar checks as of 7-17-13.

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
(Required on EVERY Page)

Hugh Robinson Administrator

Date

08-22-2013

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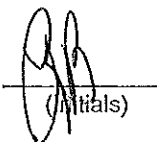
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Violation Report: 19881 - 07/17/2013 - Kurtz, Andrea
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The assessment for Resident #2 completed 1-15-13 does not include an assessment of the resident's social and recreational 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.

Assessment for resident #2 completed on 1-15-13
 Now include an assessment of the resident social
 and recreational needs. In the future the
 Administrator/Designee will ensure that all
 assessment is properly filled out. Administrator/Designee
 will do a monthly check of all resident files will
 be done to ensure same. Enclosed is a copy of the assessment.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative *Administrator*
 (Required on EVERY Page) *Hugh Robinson* Date *8/22-2013*

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 (Date)

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Violation Report: 19881 - 07/17/2013 - Kurtz, Andrea
 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 #1 participated in the development of their support plan on 1-15-13. The resident did not sign the support plan.
 Resident #2 participated in the development of their support plan on 1-15-13. The resident did not sign the support plan.

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.

Residents #1, and 2 support plans are now duly signed. In the future the Administrator/Designee will ensure that all resident support plans are signed Administrator/Designee will do a monthly check of all residents' files to ensure they are signed. Enclosed is a copy of resident #1, and 2 support plan.

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) *Heigh Robinson* *Administrator* Date *08-22-2013*

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