



JUL 28 2014

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

RE: Robinson Personal Care Home
License #: 198810

Dear Mr. Robinson:

As a result of the Department of Public Welfare's licensing inspection on June 10, 2014, 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 must be maintained.

Your regular license for the period August 25, 2014 to August 25, 2015 was issued on June 11, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director

JH

Enclosure
License Inspection Summary

Violation Report: 19881 - 06/10/2014 - Adams, Patricia
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

According to the Clean Indoor Act 35 P.S. §637.1- 637.11, the home is required to post a sign at each entrance that states "Smoking Permitted in Designated Areas Only" or " No Smoking". The home did not have a sign upon entry into 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.

The home did not have a No Smoking sign upon entry into the home. No Smoking Sign was posted at entry of home and other areas of the home on 6/12/14.
 In the future the Administrator/Designee will ensure that No Smoking is posted at all entrance, weekly.

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)			Date
Hugh Robinson Administrator			07/15/14
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		Plan of correction implementation status as of	
7/18/14 (Date)		7/18/14 (Date)	
The above plan of correction was approved by		<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	
OEM (Initials)			

Violation Report: 19881 - 06/10/2014 - Adams, Patricia
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.42(e) - A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

2a. DESCRIPTION OF VIOLATION
 The telephone is not available to residents at all times of the day or night. Rule number 18 on the homes rules states " Incoming and outgoing telephone calls are from 8 am to 9 pm. No exceptions."

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.

Rule #18 of the home rules stated that ingoing/outgoing calls are from 8am-9pm. Rule #18 was changed and now states that resident can make and receive calls 24 hours daily. The Administrator/Designee will allow phone access to resident 24 hours daily.

The administrator will provide training to all staff and advise the residents of the change in the home rules within 30 days of receipt of this Plan of Correction, per administrator HR E

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Hugh Robinson Administrator* Date *7-15-14*

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

The above plan of correction is approved as of 7/18/14 (Date)

Plan of correction implementation status as of 7/18/14 (Date)

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

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

Violation Report: 19881 - 06/10/2014 - Adams, Patricia
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 The home did not complete a PA criminal background check for staff member A hired, 9/24/12.

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.

Home did not have criminal background check on staff hired 9-24-12.
 PA criminal background check was obtained for staff person A and a copy attached. In the future the Administrator/Designee will ensure that a criminal background check is done on all employees, within 1st day of hire to ensure it is completed within 30 days of hire by H.R., administrator.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Hugh Robinson Administrator* Date *7-15-14*

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Plan of correction implementation status as of *7/18/14* (Date)

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

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

Violation Report: 19881 - 06/10/2014 - Adams, Patricia
 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

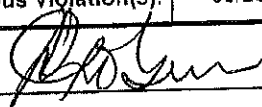
Direct care staff person A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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 person A does not have a high school diploma or active registration on PA nurse aide registry.
 Direct care Staff person A was instructed to transfer New York CNA Licesence to Pennsylvania which should be completed by August 15, 2014, in the meantime staff person A is transferred to the housekeeping department. In the future the Administrator/Designee will ensure that all staff person has a high school diploma or PA nurse aide certificate.

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/28/2013

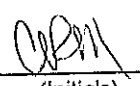
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Hugh Robinson Administrator Date 7-15-14

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The above plan of correction was approved by  (Initials)

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

Violation Report: 19881 - 06/10/2014 - Adams, Patricia
 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 A received only 10.5 hours of annual training in training year 2013.

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 person A only received 10.5 hours training in 2013.
 Direct care staff person A did diabetes training in 2013 which was not seen at the time of inspection a copy of training is attached.
 The Administrator/Designee will ensure that all direct care staff have 12 hours training annually, by 12/31/14 per H.R administrator.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/08/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Hugh Robinson Administrator* Date *7-15-14*

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 (Date)

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 (Date)

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 (Initials)

- Fully Implemented
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Violation Report: 19881 - 06/10/2014 - Adams, Patricia
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A did not receive the following annual trainings during the 2013 training year;
 - Instruction on meeting the needs of the residents as described on the preadmission screening form, assessment tool, medical evaluation and support plan.
 - Care for residents with dementia and cognitive impairments.
 - Care for residents with mental illness or mental retardation.

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.

Staff person A did not receive the following training in 2013, instruction on meeting the needs of the residents as described on preadmission screening form, assessment tool, medical evaluation and support plan, care for resident with dementia and care for resident with MH/MR.
 Direct Care Staff person A received training on 6/12/14 on care for resident with dementia, care for resident with MH/MR also on support plan, assessment tool, medical evaluation and preadmission screening. In the future the Administrator/Designee will ensure that all annual training are done and up to date, and is now complete. Documentation of all training will be maintained by the administrator.

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
 (Required on EVERY Page)

Joseph Robinson Administrator

Date *7-15-14*

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7/18/14
 (Date)

Plan of correction implementation status as of

7/18/14
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

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

Violation Report: 19881 - 06/10/2014 - Adams, Patricia
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.83(a) - The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.

2a. DESCRIPTION OF VIOLATION
 On 6/10/14, at 3:16 pm., when residents were present in the home, the temperature in the hallway on the third floor was 82 degrees Fahrenheit, and at 3:21 pm the temperature in resident room #6 was 83.4 degrees Fahrenheit.

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.

Withdrawn 7/15/14

Temperature was over 80degrees in resident room and hallway.
 Air conditioners were placed in each resident room on 6/12/14.
 Administrator/maintenance will ensure all room temperature stays below 80 degrees .

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)			Date
Joseph Robinson Administrator			7-15-14

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The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 19881 - 06/10/2014 - Adams, Patricia
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.83(b) - If a home does not provide air conditioning, fans shall be made available to residents when the indoor temperature exceeds 80°F.

2a. DESCRIPTION OF VIOLATION
 On 6/10/14, at 3:16 pm., when residents were present in the home, the temperature in the hallway on the third floor was 82 degrees Fahrenheit, and at 3:21 pm the temperature in resident room #6 was 83.4 degrees Fahrenheit. The home, which does not have air conditioning, did not make fans available to 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.

Temperature was over 80degrees in resident room and hallway.
 Air conditioners were placed in each resident room on 6/12/14.
 Administrator/maintenance will ensure all room temperature stays below 80 degrees, by checking daily per U.R administrator (2)

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Hugh Robinson Administrator* Date *7-15-14*

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The above plan of correction is approved as of *7/18/14* (Date)

Plan of correction implementation status as of *7/18/14* (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: 19881 - 06/10/2014 - Adams, Patricia
 PCH Name: ROBINSON PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

On 6/10/14, a jar of cotton balls immersed in alcohol was observed sitting on the kitchen counter. Staff use these cotton balls to clean injection sites on residents when administering injectable medications. Staff are reaching into the container with bare hands to retrieve the cotton balls.

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.

A jar of cotton balls immersed in alcohol was observed sitting on the kitchen counter. Jar was immediately removed and replaced by alcohol swabs. The administrator/Designee will ensure that alcohol swabs are available at all times.

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) *Hege Robinson Administrator* Date *7-15-14*

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

The above plan of correction is approved as of <u>7/18/14</u> (Date)	Plan of correction implementation status as of <u>7/18/14</u> (Date)
The above plan of correction was approved by <u>OPM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 19881 - 06/10/2014 - Adams, Patricia
 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.

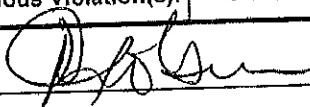
2a. DESCRIPTION OF VIOLATION

-A large number of small flying insects were observed in the kitchen and bathrooms.
 -Flies were observed flying around the center of resident bedroom that is located on the third floor that is used as an emergency egress route.

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.

Small flies and flying insects were evident in the home.
 Small insects and flies was sprayed and screens placed in windows where necessary. The Administrator/maintenance will ensure all small flies and insects are eradicated and monitored daily.

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/28/1013

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Heidi Robinson Administrator Date 7-15-14

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

The above plan of correction is approved as of 7/18/14
 (Date)

Plan of correction implementation status as of 7/18/14
 (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: 19881 - 06/10/2014 - Adams, Patricia
 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

- On the first floor, the left floor tile, located against the base of the stairs, has a small hole, approximately 4"x2".
- In the second bathroom on the second floor, when looking at the toilet, the molding on the wall to the right is coming off the wall.

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.

On the first floor, the left floor tile, located against the base of the stairs has a small hole.

Small hole was filled on 6/12/14. The Administrator/ maintenance will monitor and ensure that all repairs are done so as to have a hazard free zone.

The molding in the second floor bathroom was fixed and is no longer loose from the wall. The administrator will conduct monthly physical site checks to ensure compliance starting within 30 days of receipt of this plan of correction. *per LR*

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
 (Required on EVERY Page)

Hugh Robinson Administrator

Date *7-15-14*

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 (Date)

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7/18/14
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

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

Violation Report: 19881 - 06/10/2014 - Adams, Patricia
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 6/10/14, at 2:39 pm, the water temperature in the second floor first bathroom measured 123.9 degrees Fahrenheit. It was measured again at 3:08 pm and measured 127.9 degrees fahrenheit.

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

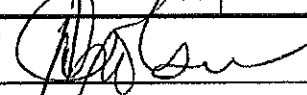
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Water temperature in the second floor first bathroom was measure over 120 degrees Fahrenheit. The administrator immediately turn down water temperature. The administrator/maintenance will ensure that the water temperature is being monitored daily and that it does not exceed 120 degrees Fahrenheit. Attached is monitored list.

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)

Patricia Adams, Administrator

Date 7-15-14

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The above plan of correction is approved as of

7/18/14
 (Date)

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7/18/14
 (Date)

The above plan of correction was approved by

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 (Initials)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
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Violation Report: 19881 - 06/10/2014 - Adams, Patricia
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

-The windows in resident rooms #6 and #5 are missing screens.

-The window in the third floor bathroom had a screen that was not properly secured allowing the bottom to swing out away from the building.

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 windows in resident rooms #6 and #5 are missing screens.

The window screen was replaced on 6/13/14.

The Administrator/maintenance will ensure that all windows has a screen in place and in good repair. (See picture.)

by conducting physical site checks on a monthly basis, starting 8/1/14, per HR administrator. *(Signature)*

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)		Date
Hugh Robinson Administrator		7-15-14
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
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The above plan of correction was approved by	<u>CRM</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: 19881 - 06/10/2014 - Adams, Patricia
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION
 The two front exterior steps ascending from the pavement to the first landing do not have a handrail.

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 two front exterior steps ascending from the pavement to the first landing does not have a handrail.
 Rails were placed on front exterior steps on 6/13/14.
 The administrator/ maintenance will ensure that handrails are in place wherever there are steps (See picture) by conducting monthly physical site checks starting 8/1/14

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) Date

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

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Plan of correction implementation status as of 7/18/14 (Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 19881 - 06/10/2014 - Adams, Patricia
 PCH Name: ROBINSON PERSONAL CARE HOME

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

- The toilet paper holder in the second bathroom on the second floor is loose and in need of repair.
- The grab rail in the bathtub of the bathroom on the third floor is in need of repair. It is loose and presents a falling hazard.
- In room # 7, the sliding closet door is off the track and also contains two nails sticking out from the molding on the right hand side, both conditions could injure a resident when using the closet.

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.

Toilet paper holder, grab rail and sliding closet door are loose and need repair. Toilet paper holder, grab rail and sliding closet door was all repaired on 6/15/14. The administrator/maintenance will monitor and ensure all repairs are done immediately (Pictures are attached) monthly.

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)

Dugh P Robinson Administrator

Date 7-15-14

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 (Date)

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7/18/14
 (Date)

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Open
 (Initials)

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Violation Report: 19881 - 06/10/2014 - Adams, Patricia
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.102(h) - Toilet paper shall be provided for every toilet.

2a. DESCRIPTION OF VIOLATION
 On 6/10/14, there was no toilet paper for the toilet in the second bathroom on the second floor.

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.

There was no toilet paper for the toilet in the second bathroom on the second floor. Toilet was immediately placed in bathroom. Staff in housekeeping will ensure that all bathrooms are equipped with toilet paper and will also monitor daily.

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)		Date
Deborah Robinson Administration		7-15-14

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

The above plan of correction is approved as of 7/15/14
 (Date)

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

Plan of correction implementation status as of 7/15/14
 (Date)

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

Violation Report: 19881 - 06/10/2014 - Adams, Patricia
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION
 On 6/10/14, there were five, 5 gallon jugs of water being stored on the floor in the basement.

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.

There were 5 gallon jugs of water stored on the floor in the basement. The Administrator immediately placed jugs on a pallet. In the future all water being stored for resident use will be stored off the floor. The administrator will check to ensure all food is not stored on the floor starting 8/1/14 per H.R. (S)

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) Date 7-15-14

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

The above plan of correction is approved as of 7/18/14
 (Date)

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

Plan of correction implementation status as of 7/18/14
 (Date)

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

Violation Report: 19881 - 06/10/2014 - Adams, Patricia
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

-On 6/10/14, there was no thermometer in the freezer chest located in the basement.
 -A bowl of cut vegetables was being stored on a shelf in the kitchen storage area.

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

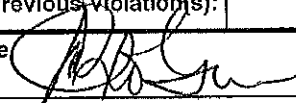
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

There was no thermometer in the freezer located in the basement. A bowl of cut vegetable was being stored on a shelf in the kitchen storage area. A thermometer was placed in freezer immediately after inspection, and cut vegetables were discarded. In the future the Designee will ensure that all refrigerators and freezers are equipped with thermometers and no refrigerated food will be left out of refrigerator, daily.

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 7-15-14

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

The above plan of correction is approved as of

7/18/14
 (Date)

Plan of correction implementation status as of

7/18/14
 (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: 19881 - 06/10/2014 - Adams, Patricia
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION

The fire extinguisher on the second floor was missing the inspection sticker, so compliance was not able to be measured.

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 fire extinguisher on the second floor was missing the inspection sticker

The fire extinguisher without sticker was replaced with a fire

extinguisher with inspection sticker during inspection on ~~6/11/14~~^{6/10/14}

Maintenance will ensure that all fire extinguisher are in good order and

all inspection stickers in place, by checking monthly

6/10/14

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) Date

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

The above plan of correction is approved as of 7/18/14 (Date)

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

Plan of correction implementation status as of 6/10/14 (Date)

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

Violation Report: 19881 - 06/10/2014 - Adams, Patricia
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - 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.

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident # 3 was completed on 10/12/13. When the Department inquired as to why the previous medical evaluation stated that resident # 3 needed a no sodium added diet and the most recent one did not, Staff member B took the medical evaluation and hand wrote "Low Salt diet" in the "Needs Addendum" section of the form. Staff person B is not a Registered Nurse or Licensed Practical Nurse, nor did Staff person B ask permission of the medical professional who completed the medical evaluation to make this change.

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.

Upon receiving violation report on 7/7/14 Staff person B contacted the Primary Care Physician for resident # 3 who confirmed that said resident diet is "Low Salt Diet".
 In the future the Administrator/ Designee will ensure that all Documented Medical Evaluation (DME) is properly filled out by the Primary Care Physician of the resident.

The administrator provided training to staff B on the proper procedures on completing resident DME's within 30 days of receipt of this plan of correction, per H.R. administrator

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *High Robinson Administrator* Date *7-15-14*

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

The above plan of correction is approved as of *7/16/14* (Date)

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

Plan of correction implementation status as of *7/16/14* (Date)

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

Violation Report: 19881 - 06/10/2014 - Adams, Patricia
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 The home's designated smoking areas located in the front and back of the residence were missing fireproof receptacles and ashtrays. Cigarette butts were observed on the second floor exterior fire escape landing, which is not a designated smoking 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.

The home's smoking designated area located in the front and back of the residence was missing fireproof receptacles and ashtrays. The Administrator immediately during inspection provide fireproof receptacles for front and back smoking designated areas. In the future all staff will ensure at all times fireproof receptacles are in all smoking areas.
 Staff will monitor the smoking areas, to ensure the residents are smoking in the designated smoking areas, on a monthly basis starting 8/1/14 per H.R. administrator (S)

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) Date 7-15-14

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

The above plan of correction is approved as of 7/16/14 (Date)

Plan of correction implementation status as of 7/16/14 (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 - 06/10/2014 - Adams, Patricia
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.161(b) - At least three nutritionally well-balanced meals shall be offered daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose.

2a. DESCRIPTION OF VIOLATION
 The menu posted for the week of 6/8-6/14 did not include alternate food or drink options.

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 menu posted for the week 6/8-6/14 did not include alternate food or drink options. A menu with alternate food and drink options were posted following the inspection. In the future the designated person will ensure that at all Times menus that are being posted will include alternate food and drink options, by checking the posting daily per H.R. Administration.

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)	Date

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

The above plan of correction is approved as of <u>7/18/14</u> (Date)	Plan of correction implementation status as of <u>7/18/14</u> (Date)
The above plan of correction was approved by <u>CRW</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 19881 - 06/10/2014 - Adams, Patricia
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION
 On 6/10/14, at 2:06pm, Humalog for resident #4 was drawn up into a syringe. This medication was not scheduled for administration until 8 pm.

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.

Humalog for resident was drawn up into syringe. Humalog that was drawn up was discarded due to the fact that it was drawn up more than 2 hours before the intended use. The Designee will ensure that in the future all insulin will be drawn immediately before it is administered.

Training for all STAFF that administer Medication's was conducted by H.R. on 6/12/14 to ensure the STAFF understand the importance of NOT pre-pouring medication, per H.R. administrator.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heugh Robinson Administrator* Date *7-15-14*

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

The above plan of correction is approved as of *7/18/14* (Date)

Plan of correction implementation status as of *7/18/14* (Date)

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

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

Violation Report: 19881 - 06/10/2014 - Adams, Patricia
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

-On 6/10/14, Lantus 100/ml and Humalog 75/25 were found opened and undated, making it impossible to determine their expiration date. These medications expire 28 days after opening.

-On 6/10/14, there was no thermometer in the home's medication refrigerator located in the basement office making it impossible to determine if the medications being stored were being stored at the proper temperature.

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.

Lantus and Humalog were found opened and undated. There was no thermometer in medication refrigerator. the Lantus and Humalog that was found open and undated was removed from refrigerator and Pharmacy contacted and was asked to send refills for said insulin. A thermometer was also placed in medication refrigerator.

Upon opening the medication, the date was noted on the package. The administrator will train the staff on how to label + date the insulin on 6/12/14, per H.R. administrator. *(Signature)*

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Hugh Robinson Administrator* Date *7-15-14*

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

The above plan of correction is approved as of 7/18/14
 (Date)

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

Plan of correction implementation status as of 7/18/14
 (Date)

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

Violation Report: 19881 - 06/10/2014 - Adams, Patricia
 PCH Name: ROBINSON PERSONAL CARE HOME

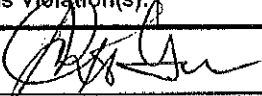
1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 There is no documentation for resident #1, resident #2, and resident #3 stating that they were educated on resident's right to refuse medication if the resident believes that there may be a medication error.

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.

There was no documentation for resident #1, resident #2 and resident #3 stating that they were educated on resident's right to refuse medication. A copy of the resident education document was placed on file on 6/12/14. In the future the designated person will ensure that all resident will have documentation on their right to refuse medication if they believe that there may be a medication error.

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 7-15-14

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

The above plan of correction is approved as of <u>7/18/14</u> (Date)	Plan of correction implementation status as of <u>7/18/14</u> (Date)
The above plan of correction was approved by <u>ORCM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 19881 - 06/10/2014 - Adams, Patricia
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 -Resident #1's record does not include a photograph of the resident.
 -Resident #2's record contained an undated photograph of the resident, who was admitted on 11/12/08, making it impossible to determine if the photograph is more than two years old.

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.

Photographs of both residents #1 and 2 was taken on 6/15/14 dated and placed on file. The Administrator/Designee will ensure at all times resident files are equipped with a current photograph that is dated, by reviewing the records annually per H.R. administrator

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 7-15-14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/18/14</u> (Date)	Plan of correction implementation status as of <u>7/18/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented