



AUG 22 2014

Ms. Diane S. Richardson, Managing Director/Administrator
Richardson Group Senior Citizens Living Quarter, Inc.
7942 Gilbert Street
Philadelphia, Pennsylvania 19150

RE: Richardson Group Senior Citizens Living Quarter
1754 Bridge Street, Building II
Philadelphia, Pennsylvania 19124
License #: 133060

Dear Ms. Richardson:

As a result of the Department of Public Welfare's licensing inspection on June 12, 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 10, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 13306 - 06/12/2014 - McHale, Christine
 PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTER

1. REGULATION 55 Pa.Code §2600
 2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION
 There is no grab bar, hand rail or assist bar for the toilet in the bathroom located across from resident room #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.

The Handrail has been installed in bathroom across from resident room #12. Administrator will have staff check daily to ~~install~~ ensure the handrail is in good working order. " See Attached Photo "

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Marie S. Richardson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Marie S. Richardson - Administrator</i>	Date <i>6/30/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>7/12/14</i> (Date) The above plan of correction was approved by <i>RB</i> (Initials)	Plan of correction implementation status as of <i>7/12/14</i> (Date) <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
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Violation Report: 13306 - 06/12/2014 - McHale, Christine
 PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTER

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The fire drill record for the drill conducted in May 2014 does not include the date of the drill.

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.

Administrator contacted Chalmers Security for the proper dates the fire drills were performed and has entered the correct dates for this violation.

Administrator will continue to review fire drill records to make sure they are properly documented with the time, date, exit routes, etc.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Diane S. Richardson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Diane S. Richardson - Administrator</i>	Date <i>6/30/14</i>
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The above plan of correction is approved as of 7/17/14
 (Date)

Plan of correction implementation status as of 7/17/14
 (Date)

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

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

Violation Report: 13306 - 06/12/2014 - McHale, Christine
 PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTER

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The home does not have a designated evacuation time from a fire safety expert. The home's fire drill evacuation times are: January 18th, 2014 - 2 minutes 50 seconds; April 7, 2014 - 2 minutes 46 seconds; May 2014 - 2 minutes 56 seconds.

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

The administrator has contacted the fire department professional to review evacuation plan to make necessary changes. To date, administrator is waiting for the letter from the fire professional to extend the drill time to 3 minutes and will forward once it is received. At this time the home will continue to develop fire drills under 3 minutes until administrator received the updated evacuation letter.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Diane S. Richardson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Diane S. Richardson - Administrator</i>	Date <i>6/30/14</i>
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Violation Report: 13306 - 06/12/2014 - McHale, Christine
 PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTER

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 3/19/14, does not include allergies and the resident's ability 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.

Administrator has contacted resident's primary doctor at the Veterans Administration to get a letter stating the Veteran can self-administer his medications, also to indicate on his updated medication list any "None allergies" Administrator will update all records and will review records for any changes.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Diane S. Richardson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DIANE S. Richardson-Administrator</i>	Date <i>6/30/14</i>
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Violation Report: 13306 - 06/12/2014 - McHale, Christine
 PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTER

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 6/12/14, a tube of Athlete's foot cream was unlocked and accessible to residents in resident room #3.
- On 6/12/14, a tub of Hydrocerin cream was unlocked and accessible to residents in resident room #6.
- On 6/12/14, a tube of Ketoconazole 2% cream, a tube of muscle rub cream, prescription mouthwash, and prescription Prevident gel was unlocked and accessible to residents in resident room #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.

Administrators has purchased a lock box for room # 3, 6 and 13 to keep safe and secured these creams. These creams will be administered by Med Techs and Documented properly.

Administrators will monitor applications of creams and orals daily.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Diane S. Richardson - Administrator</i>	Date <i>6/30/14</i>
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Violation Report: 13306 - 06/12/2014 - McHale, Christine
 PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTER

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

On 6/12/14, resident #2's Permethrin Cream 5% that expired on 5/6/14, was being stored with the resident's medications in the medication cabinet.

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.

Administration has removed and disposed of all expired or discontinued Meds and Creams from resident #2's medication cabinet and will continue to have staff check daily for any discontinued or expired medications.

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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>DIANE S. Richardson - Administrator</i>	Date <i>6/30/14</i>
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Violation Report: 13306 - 06/12/2014 - McHale, Christine
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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 Albuterol 90 mcg, Omeprazole 20 mg, Divalproex 250 mg ER, Multivitamin w/minerals, Lorazepam 0.5 mg, Quetiapine Fumarate 400 mg, and Asorbic Acid. The Quetiapine Fumarate 400 mg also did not include the dosage. Resident #1 has an order for Urea 20% cream and Lubricant Eye Drops that are present with the resident's medications. These medications are not listed on the medication administration record for resident #1.

- The medication administration record for resident #3 does not include a diagnosis or purpose for Lisinopril 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.

Administrator has contacted the Veterans Administration to indicate on future M.A.R.'s the diagnosis, purpose and dosage of all of resident #1's medications. With orders have been indicated on M.A.R.'s Administrator will check with staff daily that the Veterans needs is updated by VA case manager when needed. Resident #3's M.A.R. has been corrected by pharmacy to indicate the diagnosis for Lisinopril 5mg/Adm will check next day.

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 Administrator* Date *6/30/14*

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