



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: APR 14 2015

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 Human Services' licensing inspection on February 13, 2015 on which we conducted on-site inspections] 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Roslyn Brewer".

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

Page 1 of 2

PCH Name: ROBINSON PERSONAL CARE HOME		License Number: 19881
Address: 4104 WEST GIRARD AVENUE, PHILADELPHIA, PA 19104		County:
Administrator: Hugh Robinson		Region:
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 02/13/2015: Brewer, Roslyn		
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 who:	
Number of Residents Served: 17	Receive Supplemental Security Income: 17	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 9	
Area:	Have Mental Illness: 16	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

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

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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: 9 Have Mental Illness: 16 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 19881 - - Brewer, Roslyn
PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
Direct staff person A admitted throwing Resident #1 personal belongings in the trash. Staff person A also made resident # 1 stay in the basement as punishment for an undetermined reason. The direct care staff person did not implement positive intervention to the resident.

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

Direct care staff person A admitted throwing resident #1 personal belongings in the trash. Staff person A also made resident #1 stay in the basement as punishment for an undetermined reason. The direct care staff did not implement positive intervention to the resident.

Direct care staff person A was immediately terminated from duties at the home. Staff training was done with all other staff on dignity and respect for residents. The Administrator/Designee will continue to train staff members on dignity and respect for residents. The Administrator had also refunded resident #1 the money for her belongings (wig and pocket book).

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

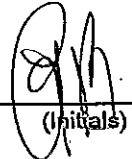
Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Hugh Robinson ADMINISTRATOR Date 3/21/15

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

The above plan of correction is approved as of 4/3/15
(Date)

Plan of correction implementation status as of 4/3/15
(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 - - Brewer, Roslyn
 PCH Name: ROBINSON PERSONAL CARE HOME

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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The above plan of correction is approved as of <u>4/3/15</u> (Date)	Plan of correction implementation status as of <u>4/3/15</u> (Date)
The above plan of correction was approved by <u>[Signature]</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