



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUL 15 2015

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  
1750 Bridge Street  
Philadelphia, Pennsylvania 19124  
License #: 100510

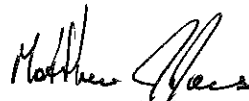
Dear Ms. Richardson:

As a result of the Department of Human Services' licensing inspection on April 15, 2015 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 27, 2015 to August 27, 2016 was issued on May 18, 2015. Your regular license remains in good standing.

Sincerely,

  
Matthew J. Jones  
Director PH

Enclosure  
License Inspection Summary



Violation Report: 10051 - 04/15/2015 - Colon, Lissette  
 PCH Name: RICHARSON GROUP SENIOR CITIZEN

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

Resident # 1's Sulfacetamide Sod 10% Eye Drops was discontinued on 3/31/15, however, on 4/15/15, the medication was still inside the home's 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.

*Administrator Will Have Med Staff Check Medication Administration Records And Medication Storage Cabinets For Any Discontinued Medication and Will Continually Monitor Medications Daily.*

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *MARE S. Richardson - Administrator*      Date *5-25-15*

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

The above plan of correction is approved as of *6/8/15*  
 (Date)

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

Plan of correction implementation status as of *6/8/15*  
 (Date)

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

Violation Report: 10051 - 04/15/2015 - Colon, Lissette  
 PCH Name: RICHARSON GROUP SENIOR CITIZEN

**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**

Resident # 1's Pro-Air Inhaler was discontinued on 3/31/15, however, as of 4/15/15, the medication was not discontinued on 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.*

*The Administrator will check medication administration records making certain that only active medications are on record and will also have med staff continue to check to prevent future oversights*

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) *Diane S. Richardson - Administrator* Date *5-25-15*

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