



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 29 2015

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

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

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 25, 2015 to August 25, 2016 was issued on May 18, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones".

Matthew J. Jones
Director
/s/

Enclosure
License Inspection Summary

Violation Report: 13306 - 04/15/2015 - Colon, Lissette
 PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 On 4/15/15, at 1:45 pm, Resident # 2's PRN medication for Nitrostat 0.4 mg was not in 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.

RESIDENT # 2'S PRN MEDICATION FOR NITROSTAT 0.4 MG HAS BEEN FILLED AND PLACED SAFELY IN ITS SECURED LOCATION. THE ADMINISTRATOR WILL MAKE SURE THE MEDICATION WILL CONTINUALLY BE MONITORED ASSURING THAT THIS AND ALL MEDICATIONS ARE IN THE HOME IF AND WHEN NEEDED

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DIANE S. Richardson Admin.* Date *5-14-15*

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

The above plan of correction is approved as of <u><i>5/19/15</i></u> (Date)	Plan of correction implementation status as of <u><i>5/19/15</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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: 13308 - 04/15/2015 - Colon, Lissette
 PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS

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 Mellaril 25 mg and Hydroxy PAM 50 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 MADE SURE
 RESIDENT # 1'S MAR WAS UPDATED TO
 INCLUDED DIAGNOSIS AND MEDICATION
 PURPOSES. MEDICATION ADMINISTRATION
 RECORDS WILL BE LOOKED OVER DAILY
 TO INSURE ALL INFORMATION IS PRESENT.
 AND VERIFIED BY ALL TRAINED STAFF PERSONS

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Diane S. Richardson Admin* Date *5-14-15*

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The above plan of correction is approved as of 5/19/15
 (Date)

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

Plan of correction implementation status as of 5/19/15
 (Date)

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

Violation Report: 13306 - 04/15/2015 - Colon, Lissette
 PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS

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 pre-admission screen, did not have a date to determine when the form was completed.

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'S PRE-ADMISSION SCREEN'S
 COMPLETION DATE HAS BEEN RECORDED.
 IN THE FUTURE FORMS WILL BE GONE OVER + RE-
 READ ASSURING ALL INFORMATION IS IN PLACE
 INCLUDING DATES SO THAT THIS DOES NOT
 REOCCUR. ADMINISTRATOR WILL CHECK
 ALL FORMS FOR PREADMISSION,

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Diane S. Richardson* Date *5-14-15*

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The above plan of correction is approved as of *5/19/15*
 (Date)

Plan of correction implementation status as of *5/19/15*
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