



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 07 2016

Ms. Diane S. Richardson, Administrator/Managing Director
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' annual licensing inspection on April 26, 2016 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,


Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 10051 - 04/28/2016 - Kazimer, Lauren
PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS

1. REGULATION 66 Pa.Code §2600
2600.61 - 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
Direct care staff person A, hired on [redacted] 2016, had a criminal background check requested on 4/13/2016.

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 conduct Criminal History Checks prior to employment in accordance with the Older Adult Protective Services Act and will continue this practice for all future employee candidates

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* Date *5-13-16*

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

The above plan of correction is approved as of *5/31/16* (Date) Plan of correction implementation status as of *5/31/16* (Date)

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

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

Violation Report: 10051 - 04/26/2016 - Kazimer, Lauren
PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS

1. REGULATION 55 Pa.Code §2600
2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION
The second floor bathroom does not have an operable ventilation fan.

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 inoperable ventilation fan has been removed and a new fan installed. Staff will be informed to check all rest rooms for properly operating lighting and ventilation equipment and inform the administrator immediately if fans and lighting are not working properly or at all.

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* Date *5-13-16*

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

The above plan of correction is approved as of *5/31/16*
(Date)

Plan of correction implementation status as of *5/31/16*
(Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 10051 - 04/26/2016 - Kazimer, Lauren
PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS

1. REGULATION 55 Pa.Code §2600
2600.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.

2a. DESCRIPTION OF VIOLATION
There is no mirror in the loft bedroom.

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 mirror has been installed in the loft bedroom. The administrator will inform the staff to check daily for mirrors in all rooms of the residents that they are present and in good condition.

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* Date *5-13-16*

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

The above plan of correction is approved as of *5/31/16*
(Date)

Plan of correction implementation status as of *5/31/16*
(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: 10051 - 04/26/2016 - Kazimar, Lauren
PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS

1. REGULATION 55 Pa.Code §2600
2600.101(p) - There must be doors on the bedrooms.

2a. DESCRIPTION OF VIOLATION
The loft bedroom does not have a door.

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 door has been installed at the entrance of the loft bedroom and the administrators will instruct staff to check daily for all room doors to be present and working properly in good condition.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deane S. Richardson* Date: *5-13-16*

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

The above plan of correction is approved as of *5/13/16* (Date)

Plan of correction implementation status as of *5/13/16* (Date)

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

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

Violation Report: 10051 - 04/28/2016 - Kazimer, Lauren
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 the diagnosis or purpose for Bupropion HCL 150mg, Ziprasidone 40mg, and Folic Acid 1mg.

- Resident #2's scheduled dose of Citalopram 10mg at 8am for the month of February was initiated by staff on the January 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 has checked MAR for all residents diagnoses and will have all MARs checked for diagnosis on New MARs and on Medications of Ziprasidone 40mg for Schizophrenia, Bupropion 150mg for Depression and Folic Acid for vitamin deficiency have been added to the MAR. Medication administration will be completed only on the correct MAR. Administration will inform staff and take written notes on all POCs as well as being signed.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/16/2015
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Signature of Legal Entity Representative
(Required on EVERY Page) *Debbie Richardson*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Debbie S. Richardson* Date *5-13-16*

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

The above plan of correction is approved as of *5/21/16*
(Date)

Plan of correction implementation status as of *5/21/16*
(Date)

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

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

Violation Report: 10051 - 04/26/2016 - Kazimer, Lauren
PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS

1. REGULATION 56 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #3 does not have a physician's order for blood glucose checks. Staff checked the resident's blood sugar on the following days: 3/11, 3/18, 3/22, 3/23, 3/25, 3/28, 3/30, 4/13, 4/20, 4/24/2016.

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 requested an updated physician order for blood glucose checks and will follow physician orders as to when these checks are to be conducted; staff will be informed and expected to follow these instructions.

All staff will follow this process before glucose checks are performed on any resident.

- 1-Check for orders from the doctor.
- 2- Follow basic guidelines for administrating medication.
- 3- inform the administrator of all residents receiving blood glucose checks.
- 4- The administrator will audit the glucose MAR bi-weekly to ensure compliance. RB

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* Date *5-13-16*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of *5/31/16*
(Date)

Plan of correction implementation status as of *5/31/16*
(Date)

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

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Violation Report: 10051 - 04/26/2016 - Kazlmer, Lauren
PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS

1. REGULATION 55 Pa.Code §2000
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
Resident #3, admitted to the home on [redacted] 2015, had a preadmission screening form completed on 10/2/2016.

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 and will continue to conduct preadmission screenings and complete these screenings in the future in the proper time frame allowed.

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* Date *5-13-16*

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The above plan of correction is approved as of *3/3/16*
(Date)

Plan of correction implementation status as of *5/3/16*
(Date)

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

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

Violation Report: 10051 - 04/28/2016 - Kazlmer, Lauren
PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS

1. REGULATION 65 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
Resident #1 and Resident #4's records did not contained a photograph.

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 & #4 have been photographed and photos have been entered into their records.

The administrator will make certain that all residents' files contain updated photos.

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* Date *5-13-16*

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(Date)

Plan of correction implementation status as of *5/3/16*
(Date)

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(Initials)

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