



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 12 2016

Mr. Hugh Robinson, Administrator
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' annual licensing inspection on August 2, 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,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: ROBINSON PERSONAL CARE HOME		License Number: 19881
Address: 4104 WEST GIRARD AVENUE, PHILADELPHIA, PA 19104		County: Philadelphia
Administrator: HUGH ROBINSON		Region: SOUTHEAST
Legal Entity Name: HUGH ROBINSON		
Legal Entity Address: 4104 WEST GIRARD AVENUE, PHILADELPHIA, PA 19104		
Certificate(s) of Occupancy Other 12/14/2012 Philadelphia Dept L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 17	Waking Staff: 13
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/02/2016: Colon, Lissette		
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: 15	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
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: 19881 - 08/02/2016 - Colon, Lissette
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
 The second floor bathroom sink does not have available soap for the residents.

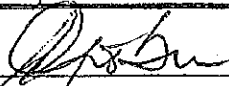
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the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

Second floor bathroom sink is now equipped with liquid hand soap for residents to wash hands. In the future housekeeping staff will check soap dispenser daily and report to the Assistant Administrator. Asst. Administrator will ensure that supply of soap is available at all times.

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 8/29/2016

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

The above plan of correction is approved as of

8/29/16
 (Date)

Plan of correction implementation status as of

8/29/16
 (Date)

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

The above plan of correction was approved by

AB
 (Initials)

Violation Report: 19881 - 08/02/2016 - Colon, Lissette
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The home does not have a current weekly activity calendar posted in a public and conspicuous place 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.

The home weekly activity calendar was updated immediately after the inspection. In the future the Assistant administrator will ensure that an updated weekly calendar is done, to prevent this violation the calendar will be done a week ahead of time and place in a conspicuous area for all residents to see what activity will be on each day.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) *Lugh Robinson Administrator* Date *8/29/2016*

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 (Initials)

Violation Report: 19881 - 08/02/2016 - Colon, Lissette
 PCH Name: ROBINSON PERSONAL CARE HOME


1. REGULATION 56 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
 - (2) If the condition of the resident significantly changes prior to the annual assessment.
 - (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 The most recent assessment for resident # 1 is not dated, the previous assessment was completed on 5/20/15.

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 most recent assessment for resident #1 that was completed on 5/20/16 is now signed and dated. In the future the Assistant Administrator will ensure that immediately after assessment is done it will be signed and dated, Assistant Administrator will also check every Thirty (30) days to ensure that all assessments are signed and dated. Enclosed is a copy of signature page.


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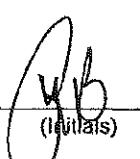
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Leigh Robinson Administrator Date 8/29/2016

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Violation Report: 19881 - 08/02/2016 - Colon, Lissette
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 participated in the development of their support plan. However, the resident and the assessor did not sign the support plan.

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.

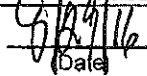
Resident #1 participated in their support plan. However, the resident and the assessor did not sign the support plan.
 Support plan is now signed by assessor and resident #1.
 In the future the Assistant Administrator will ensure that immediately after assessment is done it will be signed and dated, Assistant Administrator will also check every Thirty (30) days to ensure that all support plans are signed and dated.
 Enclosed is a copy of page that is signed and dated.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/15/2015
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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) Hugh Robinson Administrator Date 8/29/2016

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