



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 01 2018

Mr. Hugh Robinson,
Administrator
Hugh Robinson
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' Personal Care Homes annual licensing inspection on September 8, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 19881 - 09/08/2017 - Gray, Dean
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.58(a) - If a home serves 16 or more residents, all direct care staff persons on duty in the home shall be awake at all times one or more residents are present in the home.

2a. DESCRIPTION OF VIOLATION


On every other Monday, Friday, Saturday and Sunday, 16 residents are present in the home. Staff person A is on a 24 hour shift, but sleeps from 1:00 AM to 4:00 AM.

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.

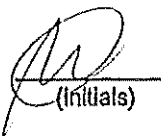
On every other Monday, Friday, Saturday and Sunday, 16 residents are present in the home. Staff person A is on a 24 hour shift but sleeps from 1am-4am. As of 9/10/17 Staff person A is no longer on 24 hour shift alone ; another staff member was made available at all times. In the future adequate staff will be scheduled each day to ensure the safety of all residents. Attached is a copy of schedule. Administrator/Designee will monitor daily.

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) Hugh Robinson Date 11/06/2017

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

The above plan of correction is approved as of <u>12/27/17</u> (Date)	Plan of correction implementation status as of <u>12/27/17</u> (Date)
The above plan of correction was approved by  (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: 19881 - 09/08/2017 - Cray, Dean
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600
 2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION

On 09/08/17, during an interview with Resident #1, a multitude of flies were present in the resident's bedroom.

On 09/08/17, on the middle bed in bedroom #4, two dead bed bugs were found, along with multiple blood stains, on the bed sheets.

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.

On 9/8/17 during an interview with Resident #1 multiple flies were present in the resident's bedroom.
 On 9/9/17 the Exterminators was contacted; who came out and exterminated the flies.
 In the future staff in home will ensure that flies are eradicated daily from the home.


The exterminators also treated bedroom #4 where bedbugs were found. The entire home was treated four (4) different times

Dates are as follows

- 9/11/17
- 9/15/17
- 10/11/17
- 10/24/17

The home will now have a monthly extermination to get rid of all rodent, insects and bed bugs. Maintenance will also exterminate weekly. All staff will monitor daily. Attached please see documentation of same.


Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Hugh Robinson Administrator Date 11/06/2017

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 (Initials)

Plan of correction implementation status as of _____
 (Date)

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- Not Implemented

Violation Report: 19881 - 09/08/2017 - Gray, Dean
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

Since the notification of resident evacuation needs to the local fire department in 2013, the evacuation needs of residents has changed; no residents are currently assessed with mobility issues. The home has not notified the fire department of these changes.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

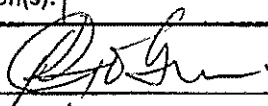
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home has now notified the Philadelphia Fire Department in writing that there are currently no residents assessed with mobility needs. In the future the home will notify the City's Fire Department whenever there is a change in resident's mobility needs. Attached please see letter to Philadelphia Fire Department. Administrator/Assistant will monitor every Three (3) months.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative
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Hugh Robinson Administrator

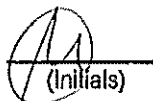
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Violation Report: 19881 - 09/08/2017 - Gray, Dean
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The last fire drill conducted during sleeping hours was on 07/06/17. There are no documented overnight fire drills in the eleven months prior.

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 last fire drill conducted during sleep hours was on 7/6/17. There are no documented overnight fire drills in the eleven (11) months prior. Shortly after inspection on 9/8/17 two(2) subsequent fire drill was done. One of the fire drill was done during sleep hours. In the future the home will ensure that sleep hours fire drills are done within six(6) months as per regulation. Attached is a copy of the fire drill log. Administrator/Assistant will monitor monthly.

Staff will be trained to ensure they understand the importance of conducting fire drills. Training to be completed within 15 days receipt of approval POC by a fire safety expert. Training to be maintained for Department review

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Hugh Robinson Administrator* Date *11/06/2017*

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 (Initials)

Violation Report: 19881 - 09/08/2017 - Gray, Dean
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 The fire drills conducted on 09/12/16, 10/10/16 and 11/07/16 were all conducted on Mondays.

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 fire drills conducted on 9/12/16, 10/10/16 and 11/7/16
 Were all conducted on Mondays. The home will ensure that
 as of 9/8/17 all fire drills conducted will be conducted on
 different days of the week and also different time of the day;
 including sleep hours. Attached is a copy of fire drill log of
 fire drills done following inspection on 9/8/17.
 Administrator/Assistant will monitor monthly.

*The home will train staff as well as
 the individual responsible for conducting
 the drill. Training to be completed within
 15 day receipt of approved POC. Training
 to be completed by a fire safety expert.
 Training records to be maintained per
 Department review. (M)*

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Hugh Robinson Administrator* Date *11/06/2017*

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Violation Report: 19881 - 09/08/2017 - Gray, Dean
 PCH Name: ROBINSON PERSONAL CARE HOME

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
 The glucometers for resident #2 and resident #3 are not calibrated to the correct date and time.

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.

Glucometers for Resident #2 and #3 was calibrated immediately after inspection on 9/8/17.
 Both Glucometers are now calibrated to the correct date and time. In the future Staff in home will ensure that before using a glucometer it will be calibrated; and will have the correct date and time at all time. Administrator/Assistant will monitor daily.

Staff will be trained on calibration of glucometers, within 10 days receipt of approved POC. Training will be maintained for Department review (u)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Heugh Robinson Administrator* Date *11/06/2017*

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Violation Report: 19881 - 09/08/2017 - Gray, Dean
 PCH Name: ROBINSON PERSONAL CARE HOME

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 #4 does not include the correct dosage for the resident's Fluphenazine HCL. The MAR lists the dosage at 10 MG, the correct dosage is 5 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.

Medication Administration Record for Resident #4 does not include the correct dosage for the resident Fluphenazine HCL. The MAR list the dosage at 10MG, the correct dosage is 5MG. During inspection the Pharmacy was called to fax a copy of Script given to Pharmacy by the Doctor; the script was to verify the dosage of Resident #4 Fluphenazine HCL. The correction was done immediately on the MAR to show that resident Fluphenazine HCL to be administered is 5MG. In the future the Med Tech in home will ensure that MAR will reflect the name and dosage of medication the resident is being administered. Attached is a copy of script and MAR for said resident. Administrator/Assistant will monitor daily.

The home will audit the MAR weekly for accuracy. All audits to be maintained for Department Review. Audits to commence within receipt of approval.

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) *Llygh Robinson Administrator* Date *11/06/2017*

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Violation Report: 19881 - 09/08/2017 - Gray, Dean
 PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION
 The home is not correctly identifying that the home manages finances for residents on the Resident Assessment-Support Plan (RASP); specifically for residents 4, 5 and 6.

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 is not correctly identifying that the home Manages finances for the residents on the Resident Assessment Support Plan (RASP); specifically Residents 4, 5 and 6. The Assistant Administrator now specify on RASP that the home manages the finances of Resident 4, 5 and 6. In the future the home will ensure That all RASP is filled out properly including managing Of the residents finances. A monthly check of each Resident files will be done to ensure same. Attached Is a copy of Resident 4, 5 and 6 RASP to show update. Administrator/Assistant will monitor monthly to ensure same.

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 11/06/2017

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