



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via fax**  
**December 19, 2018**

Ms. Diane S. Richardson  
Administrator  
Richardson Group Senior Citizens Living Quarters, Inc.  
7942 Gilbert street  
Philadelphia, Pennsylvania 19150

RE: Richardson Group Senior Citizens Living Quarters  
1750 Bridge Street  
Philadelphia, Pennsylvania 19124  
License #: 100510

Dear Ms. Richardson:

As a result of the Department's Bureau of Human Services Licensing inspection on July 24, 2018 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,

*Patricia Adams*

Patricia Adams  
Regional Licensing Director

Enclosure  
Licensing Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800**

PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS		License Number: 10051
Address: 1750 BRIDGE STREET, PHILADELPHIA, PA 19124		County: Philadelphia
Administrator: Diane Richardson		Region: SOUTHEAST
Legal Entity Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS INC		
Legal Entity Address: 7942 GILBERT STREET, PHILADELPHIA, PA 19150		
Certificate(s) of Occupancy R-3 01/19/2011 Phila. Dept. of LI		DEC 11 2018
<b>Staffing Hours</b>		
Resident Support: 3	Total Daily Staff: 6	Waking Staff: 5
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 07/24/2018: Freeman, Sabrina		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b> 07/24/2018: Freeman, Sabrina		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 4	Number of Residents who:	
Number of Residents Served: 3	Receive Supplemental Security Income: 3	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 2	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 3	
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:**  
**PCH Name:** RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS

**1. REGULATION 55 Pa.Code §2600**  
 2600.86(b) - There may be no evidence of infestation of insects or rodents in the home.

**2a. DESCRIPTION OF VIOLATION**  
 On 7/24/18, the licensing inspector (LR) was sitting at the dining room table reviewing documents when a roach started crawling on the chair that the LR was sitting in. The exterminator was onsite at this time and he came over and started looking under and around the table. He stated the table cloth needed to be removed and stated the roaches are under the table. The table cloth was removed, and the exterminator started spraying and roaches started running out.

**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 will continue the monthly extermination applications to cease and prevent insect and or rodent infestation and the administrator will conduct continual visual inspections.

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Diane S. Richardson, Administrator      Date: 12-11-18

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

The above plan of correction is approved as of 12/12/18  
 (Date)

Plan of correction implementation status as of 12/12/18  
 (Date)

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

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