



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 15 2019

Mr. Hugh Robinson  
Administrator  
Hugh Robinson  
4101 West Girard Avenue  
Philadelphia, Pennsylvania 19104

RE: Robinson Personal Care Home  
License #: 198810

Dear Mr. Robinson:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 19, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) 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](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.

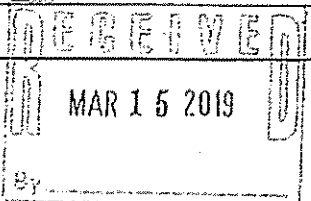
Sincerely,

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

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

**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 PHILA DEPT OF L&I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 15	Waking Staff: 11
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
09/19/2018: Thomas, Tahesia		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 20 ✓ Number of Residents Served: 15 ✓ Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 ✓ Number of Hospice Residents In past year: 0 ✓	<b>Number of Residents who:</b> Receive Supplemental Security Income: 15 Are 60 Years of Age or Older: 9 Have Mental Illness: 15 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Mar 14 2019 12:51PM

No. 3398 P. 6

Violation Report: 19881 - 08/19/2018 - Thomas, Tahesia  
PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good-repair.

2a. DESCRIPTION OF VIOLATION  
Bed #3, in room #5, has threadbare bed linens.

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.

Threadbare Linens were removed and discarded that was found on Bed #3 in room#5. A new set of linens was purchased for said bed. A copy of the receipt is attached. Home does have adequate amount of linen for all beds. Emphasis was made to all staff not to use linens if they are torn or frayed.

Maintain audits for Department review for a period of three years. 3/19/19 *MJ*

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 *3/15/2019*

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The above plan of correction is approved as of 3/19/19 (Date)

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

Plan of correction implementation status as of 3/19/19 (Date)

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

Violation Report: 19881 - 09/19/2018 - Thomas, Tahesia  
PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
Resident # 1, admitted 11/12/2008, does not have a medical evaluation for 2017.

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 refused to see house Doctor and goes to the Hospital to see her doctor, resident was educated on the importance of the Medical Evaluation yearly in the future The-Administrator/Assistant Administrator will ensure that all Documented Medical Evaluation be done in a timely manner yearly or as needed.

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)

Date 03/15/2019

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The above plan of correction is approved as of 3/19/19  
(Date)

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

Plan of correction Implementation status as of 3/19/19  
(Date)

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

Mar. 14. 2019 12:58PM

No. 3398 P. 8

Violation Report: 19881 - 09/19/2018 - Thomas, Tahesia  
PCH Name: ROBINSON PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600  
2600.144(d) - Smoking outside of the smoking room is prohibited.

2a. DESCRIPTION OF VIOLATION

On 09/19/18, resident # 2's room (#5) had a strong smell of cigarette smoke. A package of Newport cigarettes, two lighters and two cigarette buds were observed on the window sill of room #5.

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.

An Educational meeting was held with all residents in regards to smoking at designated areas and not in the building/rooms. Residents were also reminded of the home rules and smoking policy that was signed by all resident upon admission. All resident agreed that they understood what was said in the meeting. In the future Staff in home will ensure more monitoring of resident is done to avoid resident smoking in the building. Resident #2 was advised that if he smokes in the building again or have any smoking contraband he will be given a 30 days' notice to leave

Maintain audits for Department review for a period of three years. 3/19/19 *MG*

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Hugh Robinson, Administrator*      Date *03/15/2019*

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

The above plan of correction is approved as of 3/19/19  
(Date)

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

Plan of correction implementation status as of 3/19/19  
(Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented