



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 16 2019

Ms. Diane S. Richardson
Administrator
Richardson Group Senior Citizens Living Quarters, Inc.
742 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 annual inspection on December 3, 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 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.

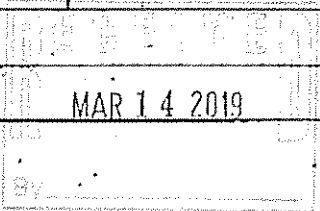
Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS.		Licenses 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 CITY OF PHILADELPHIA		
Staffing Hours Resident Support: 0 Total Daily Staff: 3 Working Staff: 2		
Type of Inspection: Full. BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/03/2018: Braswell, Nalasha		
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: 4 ✓ Number of Residents Served: 3 ✓ 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 ✓	Number of Residents who: Receive Supplemental Security Income: 3 ✓ Are 60 Years of Age or Older: 2 ✓ Have Mental Illness: 1 ✓ Have an Intellectual Disability: 2 ✓ Have a Mobility Need: 0 ✓ Have a Physical Disability: 0 ✓	

Violation Report: 10051 - 12/03/2018 - Braswell, Natasha
PCH Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTERS

1. REGULATION 55 Pa.Code §2600
2600.63(b) - Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

2a. DESCRIPTION OF VIOLATION
Staff person A was trained in first aid/certified in obstructed airway techniques and CPR by National CPR Foundation. This training source is not certified as a trainer by a hospital or other recognized health care organization.

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.

AS OF 3/5/19 DIRECT CARE STAFF PERSON HAS RECEIVED HANDS ON TRAINING BY A CERTIFIED HEALTH PROFESSIONAL INSTRUCTOR AND IS NOW PROPERLY TRAINED IN CPR & 1ST AID

IN THE FUTURE ADMINISTRATOR WILL NOT ACCEPT ON LINE TRAINING CERTIFICATIONS - AND WILL CHECK ALL STAFF CPR & FIRST AID TRAINING MAKING SURE ALL ARE "HANDS ON" AND CURRENT, SEE ATTACH

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

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 Admin.* Date *3-12-19*

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

The above plan of correction is approved as of <u>3/26/19</u> (Date)	Plan of correction implementation status as of <u>3/26/19</u> (Date)
The above plan of correction was approved by <u>A-AA</u> (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