



March 6, 2020

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 17, 2019 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 "Kevin Hancock". The signature is fluid and cursive.

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name: *ROBINSON PERSONAL CARE HOME*

License Number: *19881*

Address: *4104 WEST GIRARD AVENUE,, PHILADELPHIA, PA 19104*

County: *PHILADELPHIA*

Region: *SOUTHEAST*

## Administrator

Name: *Hugh Robinson*

Phone: *2153865670*

Email: *robinsonh50@yahoo.com*

## Legal Entity

Name: *HUGH ROBINSON*

Address: *4104 WEST GIRARD AVENUE, PHILADELPHIA, PA, 19104*

## Certificate(s) of Occupancy

Type: *Other*

Date: *12/14/2012*

Issued By: *Phila. Dpt. of L&I*

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *14*

Waking Staff: *11*

## Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

## Inspection Dates and Department Representative

*09/17/2019 - On-Site: David Carrion*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *20*

Residents Served: *14*

### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: *14*

Are 60 Years of Age or Older: *8*

Diagnosed with Mental Illness: *14*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *0*

16b - Incident Policies

Regulations

2600.

16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Description of Violation

The home does not have a written policy on the prevention, reporting, notification, investigation and management of reportable incidents.

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 does have a policy on prevention, reporting, notification, investigating and management of reportable incidents, the home policy needed to be updated to show that an incident report needs to be sent to the Department of Human Services (DHS) in regards to resident who are sent to the Hospital for a diagnosis that is different from the main diagnosis. Staff training was done on Reportable incidents to ensure that all staff are up to date. Please see training documents attached.

Legal Entity Representative

  
Signature

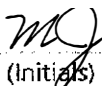
*Hugh Robinson* Administrator  
Printed Name and Title

11/15/2019  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3/5/20  
(Date)

Plan of correction implementation status as of 3/5/20  
(Date)

The above plan of correction was approved by   
(Initials)

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

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 09/04/19, resident #1 was having difficulty swallowing food and was not able to breath. Resident #1 was sent to the Hospital. The home did not submit an incident report to the Department.

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 was sent to the hospital and was not reported to the Department, During the annual inspection, the department inspector, told the home that an incident report needed to be done for any resident who is sent to the hospital for a diagnosis that resident was not admitted to the home with. In the future the home will ensure that whenever a resident goes to the hospital an incident report will be done and sent to the Department of Human Services (DHS).

Legal Entity Representative



Signature

Hugh Robinson

Printed Name and Title

Administrator 11/15/2019

Date

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ROBINSON PERSONAL CARE HOME

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff persons A and B did not receive training in infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration during training year 2018.

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.)

Subsequent to the Home's Annual inspection training was done on **Falls and Accident Prevention and Infection Control:** general principles of cleanliness and hygiene. Staff person A & B was trained on these topics. In the future the Administrator will ensure that all DHS required training are done with all staff. Attached please see document of training.

Legal Entity Representative

  
Signature


  
Printed Name and Title

11/15/19  
Date

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65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

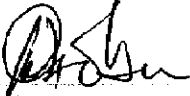
Staff persons A and B did not receive training in falls and accident prevention during training year 2018.

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.)

Subsequent to the Home's Annual inspection training was done on **Falls and Accident Prevention and Infection Control:** general principles of cleanliness and hygiene. Staff person A & B was trained on these topics. In the future the Administrator will ensure that all DHS required training are done with all staff. Attached please see document of training.

Legal Entity Representative

  
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Hugh Robinson Administrator  
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89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 09/17/2019, at 3:30 pm, the hot water temperature at the 2nd floor bathroom measured 125 degrees Fahrenheit and at 4:00 pm it was 125 degrees Fahrenheit.

On 09/17/2019, at 3:35 pm, the hot water temperature at the 3rd floor bathroom measured 133 degrees Fahrenheit and at 4:00 pm it was 133 degrees Fahrenheit.

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 hot water temperature at the 2nd and 3rd floor bathrooms was measured 125 degrees Fahrenheit and 133 degrees Fahrenheit respectively. Temperature for both 2nd and 3rd floor bathrooms were adjusted to not exceed 120 degrees Fahrenheit. In the future the administrator will ensure that at all time water temperature throughout the building will not exceed 120 degrees Fahrenheit at any given time. Water temperature will be checked weekly and documented in the water temperature log.

Legal Entity Representative

  
Signature


Hugh Robinson Administrator  
Printed Name and Title

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107d - Procedure Emergency Management Agency Submission

Regulations

2600. 107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the emergency management since 03/12/2018.

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 homes' written emergency procedure was submitted via postal mail, the home did not get a response from the emergency management. The hoe was educated on 9/17/19 that the emergency procedures are to be submitted via e-mail in order to get a response. In the future the Administrator designee will ensure that the homes' written emergency procedure be sent to the department via e-mail in order to get a response.

Legal Entity Representative

  
Signature


Hugh Robinson Administrator  
Printed Name and Title

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ROBINSON PERSONAL CARE HOME

132b - Safety Inspection/Fire Drill

Regulations

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and drill observed by a fire safety expert was conducted on 09/16/19. There was no fire safety inspection and drill observed by fire safety expert for 2018.

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.)

Fire safety expert did observe fire drill and fire fire safety inspection on 02/13/2018, fire drill log shows that fire safety expert did fire drill,however document for fire safety inspection was misplaced. In the future that Administrator will ensure that all fire safety inspection and drills are done and documented and all paperwork put in a secure location.

Legal Entity Representative

*[Handwritten Signature]*  
Signature

*Hugh Robinson* Administrator  
Printed Name and Title

*11/15/2019*  
Date

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141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on 04/01/19. The resident's previous medical evaluation was completed on 10/10/17.

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 # 2's most recent medical evaluation was completed on 04/01/19. The resident previous medical evaluation was completed on 10/10/17. The home will ensure that at all times all resident medical evaluation are done yearly on the correct date. The Administrator/ Asst Admin will monitor medical evaluation every 3 months to ensure its accuracy.

Legal Entity Representative

  
Signature


Hugh Robinson Administrator  
Printed Name and Title

11/18/2019.  
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### 185a - Implement Storage Procedures

#### Regulations

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.

#### Description of Violation

On 09/17/19, resident #3's glucometer was not calibrated to the correct date and time.

#### 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.)

At the time of inspection resident #3's Glucometer was not calibrated to the correct date and time, immediately following the annual inspection, resident #3's Glucometer was calibrated to show the correct date and time. In the future the Administrator Designee will ensure that at all times the residents glucometer will have correct dates and times.

#### Legal Entity Representative

  
Signature


Hugh Robinson Administrator  
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### 190a - Completion Medication Course

#### Regulations

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

#### Description of Violation

According to medication administration record, on 09/01/19 and 09/02/19, at 8:00 am and 8:00 pm, staff person C, who has not successfully completed the Department-approved medications administration course, administered medications to residents of the home.

#### 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.)

At the time of inspection, staff member C had already successfully completed the Department Approved Medication Administration training. Attached please see copy of Medication Training.

#### Legal Entity Representative

  
Signature


Hugh Robinson Administrator  
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