



Sent via e-mail udirich@verizon.net
July 29, 2020

Ms. Diane S. Richardson
Administrator
Richardson Group Senior Citizens Living Quarters, Inc.
1750 Bridge Street
Philadelphia, Pennsylvania 19124

RE: Richardson Group Senior Citizens Living Quarter
1754 Bridge Street, Building II
Philadelphia, Pennsylvania 19124
License #: 133060

Dear Ms. Richardson:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 14, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Claire Mendez

Claire Mendez
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTER*
 Address: *1754 BRIDGE STREET, BUILDING II, PHILADELPHIA, PA 19124*
 County: *PHILADELPHIA* Region: *SOUTHEAST*

License Number: *13306*

Administrator

Name: *Diane Richardson* Phone: *2157435522* Email: *UDIRICH@VERIZON.NET*

Legal Entity

Name: *RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTER, INC.*
 Address: ~~*7942 GILBERT STREET, PHILADELPHIA, PA, 19150*~~

*1750 Bridge Street Phila, PA
19124*

Certificate(s) of Occupancy

Type: *Other* Date: *10/08/2008* Issued By: *City of Phila*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *11* Waking Staff: *8*

Inspection

Type: *Full* Reason: *Renewal* BHA Docket #: Notice: *Unannounced*

Inspection Dates and Department Representative

11/14/2019 - On-Site: David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* Residents Served: *11*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *7*
 Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *0*

65f - Training Topics

Regulations

- 2600.
- 65.f. Training topics for the annual training for direct care staff persons shall include the following:
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 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.

Description of Violation

Direct care staff person A did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, safe management techniques during training year 2018 to 2019.

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.)

Direct CARE Staff "A" had the training of 2600.65f. on November 15, 2019. The Administrator moving forward would make sure all training forms are signed by Direct CARE Staff person on date they were trained.

Legal Entity Representative

Debbie S. Richardson Administrator *Debbie S. Richardson* 12-16-19

Signature Printed Name and Title Date

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The above plan of correction is approved as of 4/30/2020 Plan of correction implementation status as of 7/28/2020

(Date) Implemented (Date)

The above plan of correction was approved by CM Not Implemented

(Initials)

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.

Description of Violation

Staff person A did not receive training in 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, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), falls and accident prevention during training year 2018 to 2019.

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.)

DIRECT CARE STAFF "A" COULD NOT COME TO FIRE SAFETY TRAINING DUE TO HIS COLLEGE OBLIGATIONS. HE HAS HANDED IN HIS RESIGNATION AT THIS TIME. ADMINISTRATOR IN THE FUTURE WILL MAKE SURE ALL TRAINING OF STAFF PERSONNEL IS ON SITE FOR TRAINING AND FORMS SIGNED AND COMPLETED.

Legal Entity Representative

Maureen Richardson Administrator
 Signature Printed Name and Title Date 12-16-19

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 (Date) (Date)

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 (Initials) Not Implemented

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 drill observed by a fire safety expert was conducted on 07/03/19, the previous fire drill observed by a fire expert was completed on 03/23/18.

Plan of Correction (POC)

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Due to conflicting schedules with the Philadelphia Fire Department, the 3/23/19 date could not be kept. After continued request the training was not fulfilled until 7/3/19. The administrator will now use the 7/3 date to be the new calendar date for 2020.

Legal Entity Representative

Signature: *Mavis S. Richardson* Printed Name and Title: *Administrator Mavis S. Richardson* Date: *12-16-19*

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Plan of correction implementation status as of 7/28/2020 (Date)

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Implemented Not Implemented

141a - Medical Evaluation

Regulations

2600. 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #1 was admitted on 2/1/18. A medical evaluation form was not completed until 03/20/18.

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.)

DOCTOR WAS NOT AVAILABLE due to him Retiring. Administrator had to obtain a new physician which took Administrator PAST the required time frame. Administrator HAS obtained a new doctor and CAN now get documents in a more timely fashion.

Legal Entity Representative

Signature: *Mavis Richardson* Printed Name and Title: *Administrator DIANE S. Richardson* Date: *12-16-19*

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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

Resident #1 is prescribed Ventolin HFA inhale 2 puffs in mouth as needed. On 11/14/2019, this medication was not available in 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.)

Resident #1 no longer require Ventolin Inhaler. Resident #1 doctor has Dr the medication. A new MAR has been sent without the medication on form. Administrator in the future will make sure all medications are currently active and in house or on location.

Legal Entity Representative

Signature: Diane S. Richardson, Printed Name and Title: Administrator, Date: 12-16-19

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The above plan of correction was approved by CM (Initials) [X] Implemented [] Not Implemented

224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on 02/01/2018; however, the resident's preadmission screening form was completed on 11/09/2017.

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 preadmission screening form was completed by Resident's case manager and the date was not checked by Administrator prior to admission and the violation occurred. The Administrator will review all forms for accuracy. Resident #1 transfer was held up and dates were crossed.

Legal Entity Representative

Signature: *Maria S. Richardson* Printed Name and Title: Administrator Date: 12-16-19

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