



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]  
July 29, 2022

[REDACTED]  
Administrator  
[REDACTED]  
[REDACTED]  
[REDACTED]

RE: Robinson Personal Care Home  
License #: 19881

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on May 13, 2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Mia Johnson*

Mia Johnson  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *ROBINSON PERSONAL CARE HOME* License #: *19881* License Expiration Date: *08/25/2021*  
Address: *4104 WEST GIRARD AVENUE, PHILADELPHIA, PA 19104*  
County: *PHILADELPHIA* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *2153865670* Email: [REDACTED]

**Legal Entity**

Name: *HUGH ROBINSON*  
Address: *4104 WEST GIRARD AVENUE, PHILADELPHIA, PA, 19104*  
Phone: *2153865670* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *12/14/2012* Issued By: *City of Philadelphia, L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Monitoring* Exit Conference Date: *05/13/2021*

**Inspection Dates and Department Representative**

*05/13/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *20* Residents Served: *14*

**Secured Dementia Care Unit**

In Home: <i>No</i>	Area:	Capacity:	Residents Served:
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**Hospice**

Current Residents: *0/0*

**Number of Residents Who:**

Receive Supplemental Security Income: <i>11</i>	Are 60 Years of Age or Older: <i>6</i>
Diagnosed with Mental Illness: <i>14</i>	Diagnosed with Intellectual Disability: <i>1</i>
Have Mobility Need: <i>0</i>	Have Physical Disability: <i>0</i>

## Inspections / Reviews

05/13/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/03/2021*

7/2/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/05/2021*

**103h - Thawing Food****1. Requirements**

2600.

103.h. Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

**Description of Violation**

*On 05/13/21, at 9:30 am, two turkeys (16 to 24 lbs.), were being thawed in the kitchen sink without water. Staff person A stated they had been thawing there since approximately 6:00 pm on 05/12/21.*

**Plan of Correction***Implemented MJ 7/28/22*

*The assistant administrator is responsible to oversee how food is being thawed before cooking. Turkeys that were being thawed in the kitchen sink was immediately washed, cleaned and seasoned and put in the oven for cooking. Staff training was done by administrator on Thawing food. In the future the Administrator and assistant administrator will ensure that food will be thawed in the correct way before starting the cooking process. A chart of how to thaw food will be prominently displayed in the kitchen for all staff to see and ensure it is done the right way.*

**Completion Date:** 06/29/2021