

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

December 13, 2022

[REDACTED], ADMINISTRATOR  
4104 WEST GIRARD AVENUE  
PHILADELPHIA, PA, 19104

RE: ROBINSON PERSONAL CARE HOME  
4104 WEST GIRARD AVENUE  
PHILADELPHIA, PA, 19104  
LICENSE/COC#: 19881

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/08/2022, 02/15/2022, 02/25/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *ROBINSON PERSONAL CARE HOME* License #: *19881* License Expiration: *08/25/2022*  
 Address: *4104 WEST GIRARD AVENUE, PHILADELPHIA, PA 19104*  
 County: *PHILADELPHIA* Region: *SOUTHEAST*

**Administrator**

Name: [Redacted] Email: [Redacted]

**Legal Entity**

Name: *HUGH ROBINSON*  
 Address: [Redacted]  
 Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #: [Redacted]  
 Reason: *Incident* Exit Conference Date: *02/25/2022*

**Inspection Dates and Department Representative**

02/08/2022 On Site: [Redacted]  
 02/15/2022 Off Site: [Redacted]  
 02/25/2022 Off Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

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

**Secured Dementia Care Unit**  
 In Home: *No* Area: [Redacted] Capacity: [Redacted] Residents Served: [Redacted]

**Hospice**  
 Current Residents: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *14* Are 60 Years of Age or Older: *12*  
 Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *1*

**Inspections / Reviews**

02/08/2022 - Partial  
 Lead Inspector: [Redacted] Follow Up Type: *POC Submission* Follow Up Date: *03/27/2022*

**04/04/2022 POC Submission**

Submitted By: [REDACTED]

Date Submitted: 03/25/2022

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 04/07/2022

**12/09/2022 POC Submission**

Submitted By: [REDACTED]

Date Submitted: 04/07/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 12/14/2022

**12/13/2022 Document Submission**

Submitted By: [REDACTED]

Date Submitted: 12/13/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

66b - Training Plan Content

1. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home’s direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- 1. The name, position and duties of each direct care staff person.
- 2. The required training courses for each staff person.
- 3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include training in the area of traumatic brain injury. The home serves a resident in that population.

POC Submission

Accept

The Administrator is responsible to ensure that direct care staff is provided with approved training that improves their knowledge and skills to better service the needs of the residents. The Administrator has implemented a direct care staff training plan that incorporates the Topic of Brain Injury under the annual training topic of New Populations' and/or Special Communities. Please see attached documents.

Licensee's Plan Completion Date: 04/05/2022

Implemented ( [redacted] - 12/13/2022)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 2/8/22, at 9:00 am, the uncovered area exposing a pipe from the bathroom created an unsanitary condition for the residents' of the home while eating in the dining room.

POC Submission

Accept

Immediately after inspection was done the uncovered area that was exposing pipes from the bathroom was covered. In the future the administrator will ensure that any area in the facility that is being worked on will be covered immediately after work is done , so as not to create any unsanitary conditions for the residents.

Licensee's Plan Completion Date: 02/09/2022

Implemented ( [redacted] - 12/13/2022)

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The ceiling located in the dining room was not in good repair due to a pipe leaking. There is a rectangular shaped whole in the ceiling.

POC Submission

Accept

Immediately after inspection was done the uncovered area that was exposing pipes from the bathroom that was being worked on was repaired. no leaking was noted after repair. rectangular shape hole in the ceiling was

**88a Surfaces (continued)**

covered. In the future the administrator will ensure that any open area be repaired in a timely manner so as to prevent any hazards for the residents.

Licensee's Plan Completion Date: 02/09/2022

Implemented ( ) - 12/13/2022

**187c - Refusal of Medication****4. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**Description of Violation**

On [REDACTED] resident #1 refused to take a scheduled dose of [REDACTED]. The home did not document the refusal in the resident's record or report the refusal to the resident's doctor as required.

**POC Submission**

Accept

Medication training was done with DCS on 3/22/2022. Training on medication refusal and the importance of educating resident about medication refusal and the importance of informing the PCP of refusal. In the future the Asst. Administrator will ensure that all medication refusal will be signed and reported to the prescriber.

Licensee's Plan Completion Date: 03/22/2022

Implemented ( ) - 12/13/2022

**191 - Resident Right to Refuse****5. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**Description of Violation**

Resident #1, admitted [REDACTED], had not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error. The home did not have signed documentation.

**POC Submission**

Accept

The Administrator is responsible to inform/educate residents/designee upon admission of their right to question and/or refuse a medication if they believe there may be a medication error. The Administrator agrees to come into compliance and has implemented a new procedure for accountability and transparency. Resident education will be provided upon admission. The resident/designee will sign off and documentation will be kept on file.

Licensee's Plan Completion Date: 04/05/2022

Implemented ( ) - 12/13/2022

## 227d - Support Plan Medical/Dental

**6. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

*The assessment for resident #1, dated [REDACTED], indicates the resident has a need for assistance with medical concerns and psychological concerns; the frequency and responsible party is not identified.*

**POC Submission****Accept**

*The Administrator is responsible to ensure a residents' assessment and support plan are properly completed. The residents' assessment and support plan will be viewed and reviewed by 2 people for accuracy. The Assistant Administrator will provide annual training to DCS to improve their knowledge and skills to better serve the needs of the residents. Documentation will be provided for accountability and transparency.*

**Licensee's Plan Completion Date:** 04/05/2022

**Implemented ( [REDACTED] - 12/13/2022)**