

Department of Human Services
Bureau of Human Service Licensing

May 5, 2022

[REDACTED], OWNER

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 03/29/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

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

[Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

[Redacted]

Certificate(s) of Occupancy

Type: *Other* Date: *12/14/2012* Issued By: *City of Philadelphia*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/29/2022*

Inspection Dates and Department Representative

03/29/2022 - On-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: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *14* Are 60 Years of Age or Older: *13*
Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

03/29/2022 - Full

Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *04/28/2022*

Inspections / Reviews (*continued*)

04/29/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/06/2022*

05/05/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Carbon Monoxide Standards Act requires that a carbon monoxide detector be installed in close proximity of a fossil fuel burning device/appliance. On 3/29/22 there is no carbon monoxide detector present in close proximity of the home's gas furnace or in the home's kitchen where there is a gas burning stove.

Plan of Correction

Accept

The Administrator is responsible to become and remain in compliance with applicable Federal, State and Local Laws. During the inspection Carbon Monoxide detectors was placed in close proximity of the home's gas furnace as well as the kitchen where there is a gas burning stove. In the future the Administrator will ensure that the home has carbon monoxide detectors placed in area where there is a fossil fuel burning device/appliance at all times.

Completion Date: 03/29/2022

Document Submission

Implemented

See attached

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Person A has not held permanent residency in Pennsylvania for the last two consecutive years. Staff person A does not have a federal criminal history background check completed by the FBI.

Plan of Correction

Accept

The Administrator will be responsible to become compliant and maintain compliance with obtaining Staff criminal background check and FBI background check. An appointment is set for 5/2/22 for FBI background check for Staff Person A. Attached see receipt.

Completion Date: 05/02/2022

Document Submission

Implemented

FBI background check was done 5/2/22, awaiting results

54a - Direct Care Staff

1. Requirements

2600.

- 54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

54a - Direct Care Staff (continued)

Plan of Correction

Accept

The Administrator will be responsible to become compliant and maintain compliance with obtaining direct care staff with the following qualifications;

- 1. Be 18 years of age or older, except as permitted in subsection(b)
 - 2. Have a high school diploma, GED or active registry status on the Pennsylvania Nurse Aide registry.
- Staff person A who had a Maryland CNA Certificate, has applied for reciprocity to get a Pennsylvania CNA Certificate. Attached please see Pennsylvania CNA Certificate.

Completion Date: 04/13/2022

Document Submission

Implemented

Document was already submitted

85a - Sanitary Conditions

1. Requirements

- 2600.
- 85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/29/22 at approximately 11am, the shower curtain in the 1st floor bathroom has an accumulation of a reddish brown and in some places, black mold like substance on the bottom 1/3 of the curtain.

The hand dryer in the 1st floor bathroom is not working and there is no other method of hand drying available.

Plan of Correction

Accept

The administrator is responsible and agrees to become in compliant.
The old shower curtain in the 1st floor bathroom was removed and a new one was hanged, additional shower curtains are available for future replacement

A new working hand dryer was installed in the 1st floor bathroom. there is also paper towels available in the facility for residents in case its needed. Hand dryer was installed 4/21/22

Completion Date: 04/21/2022

Document Submission

Implemented

88a - Surfaces

1. 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 bathroom door located on the 3rd floor is in disrepair and has water damage. The paint/paneling on the backside of the door is peeling up and curling away from the bottom of the door.

Additionally, the light fixture in the 3rd floor bathroom above the shower is missing its cover and the light bulb is exposed.

Plan of Correction

Accept

The Administrator is responsible and agrees to become compliant and maintain compliance. The 3rd floor

88a - Surfaces (continued)

bathroom door that was in disrepair has been removed and a new door was hanged. The light fixture above the shower in the 3rd floor bathroom was also replaced with a new light fixture. In the future the Administrator will ensure that all bathroom fixtures are in good working order for the comfort of all residents.

Completion Date: 04/22/2022

Document Submission

Implemented

92 - Windows**1. Requirements**

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 3/29/22, the window blinds in the 3rd floor bathroom are broken near the bottom half of the blinds. There are several rows of blinds that are missing or broken into pieces. The blinds no longer provide privacy in the bathroom.

Plan of Correction

Accept

The administrator is responsible to maintain compliance and agrees to become compliant. The window blinds in the 3rd floor bathroom that are broken was removed and discarded. New window Blinds was replaced. The home will always have additional blinds available to replace broken ones in a timely manner.

Completion Date: 04/21/2022

Document Submission

Implemented

95 - Furniture and Equipment**1. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The hand dryer in the first floor bathroom is not working and in need of repair and there is no other method of hand drying in the bathroom.

Plan of Correction

Accept

The Administrator is responsible and agrees to become compliant and remain compliant. On 3/29/22 the home obtained hand towels for resident use. New hand dryer was installed on 4/21/22. In the future the administrator will ensure that there is a working hand dryer in all bathrooms.

Completion Date: 04/21/2022

Document Submission

Implemented

96a - First Aid Kit**1. Requirements**

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the Medication room/Office does not include tweezers.

96a - First Aid Kit (continued)

Plan of Correction

Accept

The Administrator is responsible and agrees to become compliant and remain compliant. The first aid kit in the medication room/office will be furnished with tweezers. The assistant administrator will purchase tweezers on 4/28/22.

Completion Date: 04/28/2022

Document Submission

Implemented

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled, used bar of soap in the 1st floor bathroom and two unlabeled, used bars of soap on the sink in the 3rd floor bathroom. Additionally, there is no soap in the soap dispenser located in the first bathroom on the 2nd floor. .

Plan of Correction

Accept

The Administrator is responsible to maintain compliance and agrees to become compliant. The unlabeled used bar soap that was found in the 1st floor and 3rd floor bathrooms was discarded immediately, and hand soap was replenished in hand soap dispenser. In the future the administrator will ensure that all bathrooms are equipped with hand soap for residents use.

Completion Date: 03/30/2022

Document Submission

Implemented

107d - Procedure Emergency Management Agency Submission

1. Requirements

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 local emergency management agency since 2019.

Plan of Correction

Accept

The Administrator is responsible to maintain compliance and agrees to become compliant. Emergency Procedures has been submitted to the local Emergency Management Agency. Home is awaiting receipt for OEM. In the future that administrator will ensure that Emergency Procedures will be submitted annually so as to be in compliance.

Completion Date: 04/28/2022

Document Submission

Implemented

126a - Furnace Inspection

1. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The last inspection of the furnace is undocumented by the home. The home's administrator reports that it has been longer than a year since the last inspection.

Plan of Correction**Accept**

The Administrator is responsible to maintain compliance and agrees to become compliant. The furnace will be inspected on 5/20/2022 and documentation will be provided. The administrator an audit sheet to document all dates so as to always remember to be in compliance.

Completion Date: 05/20/2022

Document Submission**Implemented**

The Home's furnace was inspected on 5/3/2022. Attached please see documentation.

141b1 - Annual Medical Evaluation**1. Requirements**

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 [REDACTED].

Resident #3's most recent medical evaluation was completed on [REDACTED].

Plan of Correction**Accept**

The Administrator is responsible to ensure all residents have a Medical Evaluation done annually and agrees to be compliant. Resident Medical evaluation will be updated on 5/3/2022 per PCP and document will be provided upon receipt. In the future the Administrator will have an audit sheet to ensure accuracy and accountability. Audit sheet enclosed.

Completion Date: 05/03/2022

Document Submission**Implemented****144d - Smoking Outside****1. Requirements**

2600.

144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On 3/29/22 at 12:00pm, there are approximately 7 cigarette butts present on the landing of the emergency exit fire escape outside of room 5. There is also a strong odor of cigarette smoke was present in the 1st floor bathroom. The home's designated smoking area is outside of the home at the back of the home.

Plan of Correction**Accept**

The Administrator is responsible to maintain compliance and agrees to become compliant. The strong odor of cigarette smoke present in the 1st floor bathroom is quite circumstantial. Cigarette smoke lingers in residents clothing long after they have had a cigarette and most easily discerned by non-smokers.

Residents and staff have been Re-educated about the home's Smoking policy. The staff will encourage the residents

144d - Smoking Outside (continued)

to smoke in designated smoking area. Training was done with both resident and staff. Attached please see document of training.

Completion Date: 04/27/2022

Document Submission

Implemented

162c - Menus Posted**1. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu was not posted in a conspicuous and public place in the home.

Plan of Correction

The Administrator is responsible to maintain compliance and agrees to become compliant. The Home's menu has now been posted in a conspicuous and public place in the home for residents to see.

Completion Date: 03/30/2022

Document Submission

Implemented

162e - Menu Changes**1. Requirements**

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 3/29/22, Egg salad sandwiches and a fruit cup were listed on the menu for the lunch meal. Lunch meat sandwiches were served instead. No notice was provided to the residents in advance of the meal.

Plan of Correction

The Administrator is responsible to maintain compliance and agrees to become compliant. Meal substitutions will be posted in a conspicuous and public area in the home and shall be accessible to all residents in advance of the meal.

Completion Date: 03/30/2022

Document Submission

Implemented

181d - Storing Medication**1. Requirements**

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

On 3/29/22, an [REDACTED] belonging to resident 4 is present on the small chair next to the emergency exit in room [REDACTED]. The medication is unlocked and accessible to other residents of the home.

181d - Storing Medication (*continued*)**Plan of Correction****Accept**

The Administrator is responsible to maintain compliance and ensure that all training is done. Direct care staff was reeducated on storing of medication as well as the home policy on administering medication to one resident at a time to reduce chances of medication errors.

Completion Date: 04/26/2022

Document Submission**Implemented**

185a - Implement Storage Procedures

1. Requirements

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

The glucometer belonging to Resident #1 is not calibrated to correct date and time. The meter date is set to 3/29/22 and time as 10:49am. However, the actual date and time is 3/29/22 at 11:36am.

Resident #1 has an order to have glucose levels checked twice daily, before breakfast and before dinner. The following issues were observed with Residents #1's glucometer and glucose log:

- 3/22/22- glucometer reading of 139 at 5:57am is recorded as 193 on the residents glucose log.*
- 3/15/22 glucometer reading of 278 at 3:19pm, is not recorded on the residents glucose log.*
- 3/14/22- the residents glucose log has a recording of 120 before dinner but there is no corresponding reading in the glucometer*

Additionally, there are no recorded glucose levels in the meter or on the glucose log from 3/2/22-3/4/22 for resident #1

Plan of Correction**Accept**

The Administrator is responsible to remain compliant and agrees to become compliant. The resident's Glucometer was calibrated to the correct date/time to provide an accurate reading to provide service and support the resident. The administrator will do a monthly check of all Glucometer to ensure staff has been documenting the correct numbers on the meter.

Completion Date: 03/30/2022

Document Submission**Implemented**

224a - Preadmission Screen Form

1. Requirements

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 #5 does not have a preadmission screening form that includes a determination that the needs of the resident can be met by the services provided by the home.

224a - Preadmission Screen Form (continued)**Plan of Correction****Accept**

The administrator is responsible to maintain compliance and agrees to become complaint. Resident #5 pre-admission screening form was located/updated to indicate the resident's needs can be met by the home. An audit sheet is implemented, so as to remind staff of anniversary dates to ensure all documents are done for all residents.

Completion Date: 04/28/2022

Document Submission**Implemented**