

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

August 29, 2023

[REDACTED], PERSONAL CARE 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 05/31/2023 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: *08/25/2023*  
 Address: *4104 WEST GIRARD AVENUE, PHILADELPHIA, PA 19104*  
 County: *PHILADELPHIA* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *HUGH ROBINSON*  
 Address: *4104 WEST GIRARD AVENUE, PHILADELPHIA, PA, 19104*  
 Phone: [REDACTED] Email: [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: *12* Waking Staff: *9*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *05/31/2023*

**Inspection Dates and Department Representative**

*05/31/2023* On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *20* Residents Served: *12*

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

Hospice  
 Current Residents: *0*

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

**Inspections / Reviews**

05/31/2023 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/17/2023*

06/22/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *07/10/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/27/2023*

Inspections / Reviews *(continued)*

07/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/14/2023

08/29/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

26b - Quality Management Plan Content

1. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

Description of Violation

The home's quality management was not present for 2022-2023 time frame. The did not address the following:

The reportable incident and condition reporting procedures

Complaint procedures

Staff person training

Licensing violations and plans of correction

Resident or family councils, or both,

Plan of Correction

Accept ( [redacted] ) - 07/06/2023)

The administrator is responsible to remain compliant and agrees to become compliant. Home does have a Quality Management Plan, In the future Quality Management meeting will be carried quarterly. Attached please see copy of Quality Management Plan.

Quality manage plan was reviewed on 6/15/23. Attached please see pages 1&2 of Quality management plan and also Quality management meeting.

Licensee's Proposed Overall Completion Date: 06/26/2023

[redacted] - 08/29/2023)

44g - Telephone Number

2. Requirements

2600.

44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

The telephone numbers of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Disability Rights Pennsylvania (DRP) the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline is not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ( [redacted] ) - 07/06/2023)

The Administrator is responsible to ensure that the telephone numbers for the Department's Personal Care Home Regional Office , Local Ombudsman or protective service, Personal Care Home Complaint Hotline is posted in large prints in a conspicuous and public place in the home.

A copy of these department numbers are now posted in a conspicuous and public place in the home for all resident and staff. All staff will check weekly to ensure they are in place and report to the administrator to replace if needed.

Posting date : 6/1/23

As of 6/1/23 All staff will ensure a posting of all departments number is posted in a conspicuous and public place

**44g - Telephone Number (continued)**

*in the home.*

Licensee's Proposed Overall Completion Date: 06/26/2023

Implemented [REDACTED] - 08/29/2023)

**64c - Annual Training****3. Requirements**

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

**Description of Violation**

*Staff person A, the home's administrator, completed only 12 hours of Department-approved training in training year 2022 to 2023.*

**Plan of Correction**

Accept [REDACTED] - 07/06/2023)

*Due to medical reasons Administrator was unable to complete the required 24hrs training as required by DHS. The administrator will ensure that in the future that the required 24hrs training will be completed according to the 2600.64c regulation. The Administrator has signed up for additional classes online and with Temple to get the CEU's required.*

*Proposed dates: To start 09/05/2023 and to be completed 11/17/2023*

*The Administrator will ensure to have a list of training to be done and have reminders so as to ensure the required 24hrs training is done as required by the Department of Human Services*

Licensee's Proposed Overall Completion Date: 06/27/2023

Implemented [REDACTED] - 08/29/2023)

**101j3 - Bed/Linens/Pillows/Blankets****4. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

**Description of Violation**

*The bed linen and pillows for the residents' in room #2 were not in good repair.*

101j3 - Bed/Linens/Pillows/Blankets (continued)

**Plan of Correction**

Accept [REDACTED] - 07/06/2023)

*The Administrator is responsible to provide bed linens and pillows that are in good repair for all residents. Bed linens and pillows for residents in room #2 was removed and replaced. All Staff was reminded to inform the administrator when bed linen and pillows are needed. Attached please see receipt for pillows.*

*Bed linen was replaced on 5/31/23 by the DCS directed by Administrator  
All other residents bedrooms was inspected to ensure all required items were present and in good repair. The administrator will review room periodically to ensure the regulation is maintained*

**Licensee's Proposed Overall Completion Date: 06/26/2023**

**Implemented [REDACTED] - 08/29/2023)**

101j7 - Lighting/Operable Lamp

**5. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

**Description of Violation**

*Residents' in room # 2 , does not have access to a source of light that can be turned on/off at bedside.*

**Plan of Correction**

Accept [REDACTED] - 07/06/2023)

*The Administrator is responsible to ensure that the home has operable lamp at each resident bedside that can be turned on/off. All residents now have a operable lamp at their bedside that can be turned on/off at their convenience. All staff will check daily to ensure there is always bulbs in each lamps. Attached please see evidence of same.*

*The administrator ensured lamps were present with light bulbs on 6/1/23 and are in resident reach. All staff will check daily to ensure all lamps are equipped with bulbs and all lamps are within reach of each resident. Staff will report to the Administrator if lamps needs to be replaced.*

**Licensee's Proposed Overall Completion Date: 06/26/2023**

**Implemented [REDACTED] - 08/29/2023)**

107b Emergency Procedures

**6. Requirements**

2600.

107.b. The home shall have written emergency procedures that include the following:

**Description of Violation**

*The home's written emergency procedures did not include:*

*Alternate means of meeting the resident needs in the event of an emergency*

*Means of transportation and number for services, in the event of an emergency.*

## 107b - Emergency Procedures (continued)

**Plan of Correction**

Accept [REDACTED] 07/06/2023)

The administrator is responsible to ensure the home's written emergency procedure includes alternate means of meeting the residents needs, means of transportation and number for services in the event of an emergency. The home's emergency procedure now include alternate means of meeting the residents needs, means of transport and number for service. Attached please see copy.

Emergency procedure was updated 6/12/23 and was updated by the Administrator.

To prevent a recurrence of this violation the Administrator will ensure a copy of the emergency procedure is on file at all times.

Licensee's Proposed Overall Completion Date: 06/26/2023

Implemented ([REDACTED] - 08/29/2023)

## 141a 1-10 Medical Evaluation Information

**7. Requirements**

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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

The resident's medical evaluation for the residents did not include the following components:

The medical evaluation for resident # 1, did not include: medical information for the diagnosis, special diet, allergies, medications, body positioning, health status, cognitive function, and mobility needs.

The medical evaluation for resident # 2, did not include: immunization, temperature and special diet.

**Plan of Correction**

[REDACTED] - 07/06/2023)

The resident is responsible to remain and compliant and agrees to become compliant. Resident #1 and resident #2 medical evaluation was taken to the PCP and pertinent information was filled out. In the future the Administrator/Designee will check every 3 months to ensure that all areas of the medical evaluation is filled out and updated. Attached please see copy of medical evaluation.

Medical evaluation was completed on 6/12/23. All other residents medical evaluation have been reviewed and are completed

141a 1-10 Medical Evaluation Information (continued)

AS of 9/1/23 all resident file will be audited to ensure all medical evaluation are up to date and all pertinent information is filled out. This audit will be done annually by the administrator/designee.

Licensee's Proposed Overall Completion Date: 06/26/2023

Implemented (█ - 08/29/2023)

221b - Activity Types

8. Requirements

2600.

221.b. The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

Description of Violation

The home's activities program does not include all the components of social, physical, intellectual and recreational activities in a planned and coordinated manner.

Plan of Correction

Accept (█ - 07/06/2023)

The Administrator is responsible to maintain compliance and agrees to become compliant. The home had an activity with planned activities which did not include designated times. The activities calendar now includes the designated times for each activity that will done. Attached please see copy.

The home has updated the activity plan on 6/1/23 to include the required components.

The administrator is responsible to ensure the activity plan is adhere to and the Designee is responsible to ensure all activities are updated and conducted.

Licensee's Proposed Overall Completion Date: 06/26/2023

Implemented (CM - 08/29/2023)