

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

November 4, 2024

[REDACTED], OWNER
RICHARDSON GROUP, SENIOR CITIZENS LIVING QUARTERS, INC.
1750 BRIDGE STREET
PHILADELPHIA, PA, 19124

RE: RICHARDSON GROUP, SENIOR
CITIZENS LIVING QUARTERS
1750 BRIDGE STREET
PHILADELPHIA, PA, 19124
LICENSE/COC#: 10051

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/24/2024 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: RICHARDSON GROUP, SENIOR CITIZENS LIVING QUARTERS**License #:** 10051**License Expiration:** 08/27/2025**Address:** 1750 BRIDGE STREET, PHILADELPHIA, PA 19124**County:** PHILADELPHIA**Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: RICHARDSON GROUP, SENIOR CITIZENS LIVING QUARTERS, INC.**Address:** 1750 BRIDGE STREET, PHILADELPHIA, PA, 19124**Phone:** [REDACTED]**Email:** [REDACTED]

Certificate(s) of Occupancy

Type: R-3**Date:** 01/19/2011**Issued By:** City of Philadelphia

Staffing Hours

Resident Support Staff: 0**Total Daily Staff:** 4**Waking Staff:** 3

Inspection Information

Type: Full**Notice:** Unannounced**BHA Docket #:****Reason:** Renewal**Exit Conference Date:** 09/24/2024

Inspection Dates and Department Representative

09/24/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 4**Residents Served:** 4

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 4**Are 60 Years of Age or Older:** 4**Diagnosed with Mental Illness:** 4**Diagnosed with Intellectual Disability:** 1**Have Mobility Need:** 0**Have Physical Disability:** 0

Inspections / Reviews

09/24/2024 Full

Lead Inspector: [REDACTED]**Follow-Up Type:** POC Submission**Follow-Up Date:** 10/18/2024

10/16/2024 - POC Submission

Submitted By: [REDACTED]**Date Submitted:** 10/17/2024**Reviewer:** [REDACTED]**Follow-Up Type:** POC Submission**Follow-Up Date:** 10/21/2024

Inspections / Reviews (*continued*)

10/17/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 10/17/2024

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 10/24/2024

11/04/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 10/17/2024

Reviewer: [REDACTED] Follow Up Type: Not Required

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
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.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in the following topics during training year 2023:

- *Medication self-administration training.*
- *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.*

Direct care staff person B did not receive training in the following topics during training year 2023:

- *Medication self-administration training.*
- *Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.*

Plan of Correction

Accept () - 10/16/2024)

Direct Staff A received training for medication on **2/3/23**, but did not sign the training log. () also had the training for instruction on meeting the needs of the residents on **7/7/23**. **Direct Staff A** had training on preadmission screen, assessment tools, medical evaluation and support plans on **4/7/23**, and did not sign the training logs at end of meeting. **Direct Staff A** was trained on **10/6/23** for infection control in which the administrator includes in this training the general principles of cleanliness, hygiene and the areas of immobility of ulcers, incontinence, malnutrition and dehydration, this log was not signed as well. In the future the administrator will check all training log sheets to make sure all that participated in the training has print and sign there names.

Direct Staff B was trained in medication self-administration, and instructions on meeting the needs of the residents, and also in preadmission screening, assessment, medical evaluation and support planning and did not signed the training logs on the listed dates indicated on **2/3/23, 4/7/23, 7/7/23, 10/6/23**. Moving forward during the training of staff, the administrator will indicate to the staff how important it is to sign the training logs before the end of the training sessions. I have attached training sheets for **8/4/23, 11/3/23** for your review. **SEE ATTACHED TRAINING SHEETS.**

Licensee's Proposed Overall Completion Date: 10/15/2024

Implemented () - 10/21/2024)

65g - Annual Training Content

2. Requirements

65g - Annual Training Content (*continued*)

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.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive training in the following topics during training year 2023:

- *Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.*
- *The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).*

Staff person B also did not receive training in The Older Adult Protective Services Act during training year 2023:

Plan of Correction

Accept () - 10/17/2024)

Staff person A received () training for fire safety on **August 4, 2023 and November 9, 2023**. Administrator will make sure that all documents are in the correct location for the inspector to see the training sheets. See attached training sheets for both in house and DHS training.

Staff person B training log sheet was in the wrong location and was not seen by the inspector. Staff person training sheet is attached for the Older Adult Protective Services Act, **dated 4/7/23**. The administrator will inspect and continue to monitor all training sheets to make sure they are in the proper location. **SEE ATTACHED SHEETS OF TRAINING.**

AMENDMENT TO PLAN 65g. On June 5, 2023 Tri-State Fire Safety Company came on the premise completed a training with all staff, witnessed and pull all fire alarms, and viewed all residents leaving the building, in the proper location were the residents stand. All personnel was trained in emergency preparedness and the procedure in the event of a fire. I have attached the documentation for this training. Administrator, moving forward will show the inspector the fire alarm book were these documents are located.

Proposed Overall Completion Date: 10/16/2024

Licensee's Proposed Overall Completion Date: 10/16/2024

Implemented () - 10/21/2024)

101j7 - Lighting/Operable Lamp

3. 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.

101j7 - Lighting/Operable Lamp (*continued*)**Description of Violation**

On 9/24/2024, a bedside lamp shared by resident #1 and resident #3 in their [REDACTED] bedroom was unplugged. The bedside lamp for resident #2 in the other [REDACTED] bedroom had no bulb.

Plan of Correction

Accept ([REDACTED]) - 10/16/2024)

On September 24th, the lamp shared by resident #1 and 3 was unplugged and the staff person plugged the lamp in. The inspector saw that the lamp was operable. Administrator indicated to the residents not to unplug lamp from the wall, and use an open socket for use of chargers.

The bedside lamp bulb was out for resident #2 and was replaced during the inspection time. Administrator spoke to the resident to let staff know if [REDACTED] bulb out and staff person will continue to check daily all residents lights.

Licensee's Proposed Overall Completion Date: 10/15/2024

Implemented ([REDACTED]) - 11/04/2024)

130h - Inoperable Smoke Detector

4. Requirements

2600.

130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Description of Violation

The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

Plan of Correction

Accept ([REDACTED]) - 10/17/2024)

In the administrators **Policies and Procedures under "Alternate Means in the Event of Utility Outage"** the following procedures for inoperable smoke detectors and fire alarms **(which are hard wired and handle by a monitoring company Charmers Security)**.

AMENDMENT-Charmers Security will be notified and until a technician comes to the premises to address the inoperable equipment, Administrator will notified the staff of the situation and to be on watch until the issue has been resolved. All residents will be put on shelter in place status. Staff personnel will monitor all areas during their shift.

PLEASE SEE PAGES 4 AND 5 OF THE POLICIES AND PROCEDURE ATTACHED WHERE THIS IS INDICATED.

Licensee's Proposed Overall Completion Date: 10/16/2024

Implemented ([REDACTED]) - 11/04/2024)

162c - Menus Posted

5. 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.

162c - Menus Posted (*continued*)**Description of Violation**

On 9/24/2024, the home's menu for the week of Friday, 9/20 to Thursday, 9/26/24 was posted. However, the menu for 9/27/24 forward was not posted.

Plan of Correction

Accept ([REDACTED] - 10/17/2024)

Administrator has now completed two weeks of menus in advance for residents to review. Moving forward all menus will be posted in advance on a two week interval.

ADMENDMENT-Administrator will start October 25th 2024 with a five week menu to be alternated by date order which will indicate the menus for the following two weeks in advance. The administrator and staff will monitor the menus on a weekly basis to make sure the dates have been changed and the alternating menus have been placed in the correct locations for the each week.

Licensee's Proposed Overall Completion Date: 10/25/2024

Implemented ([REDACTED] - 11/04/2024)