pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **HUGH ROBINSON**
LEGAL ENTITY

To operate **ROBINSON PERSONAL CARE HOME**
NAME OF FACILITY OR AGENCY

Located at **4104 WEST GIRARD AVENUE, PHILADELPHIA, PA 19104**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **20**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **October 29, 2025** until **October 29, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **198810**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Pennsylvania
Department of Human Services

Emailing Date: October 29, 2025

[redacted]
[redacted]
Hugh Robinson
4104 West Girard Avenue
Philadelphia, Pennsylvania 19104

RE: Robinson Personal Care Home
License #: 198810

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on March 27, 2025 and April 29, 2025, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

October 28, 2025

[redacted]
HUGH ROBINSON
[redacted]

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

Dear Hugh Robinson,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/27/2025 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**: *06/17/2025*

Address: *4104 WEST GIRARD AVENUE, PHILADELPHIA, PA 19104*

County: *PHILADELPHIA* **Region**: *SOUTHEAST*

Administrator

Name: [redacted]

Legal Entity

Name: *HUGH ROBINSON*

Address: *4104 WEST GIRARD AVENUE, PHILADELPHIA, PA, 19104*

Phone: [redacted]

Certificate(s) of Occupancy

Type: *Other* **Date**: *12/14/2012* **Issued By**: *Phila L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *15* **Waking Staff**: *11*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Provisional* **Exit Conference Date**: *03/27/2025*

Inspection Dates and Department Representative

03/27/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *20* **Residents Served**: *13*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *13* **Are 60 Years of Age or Older**: *7*

Diagnosed with Mental Illness: *12* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *2* **Have Physical Disability**: *0*

Inspections / Reviews

03/27/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/14/2025*

04/17/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *04/16/2025*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *04/19/2025*

Inspections / Reviews *(continued)*

10/28/2025 - Document Submission

Submitted By: [redacted] **Date Submitted**: *04/21/2025*

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

20b8 - Quarterly Account

1. Requirements

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Resident #1 has not received a quarterly account of financial transactions since moving in on [redacted]/2024.

Plan of Correction ***Accept [redacted] - 04/17/2025)***

1. Immediate Corrective Action:
A written quarterly financial statement detailing all financial transactions made on behalf of Resident 1 from [redacted] 2024 to present will be completed and provided to the resident by 04/01/2025.

2. Root Cause Analysis:
The omission was due to an oversight in the facility's financial tracking and reporting system for new admissions. Resident 1 was not added to the quarterly report schedule upon move-in.

3. Preventive Measures:
• Eligible new residents will be added to the financial reporting schedule upon admission.
• The Administrator or designee will review all quarterly financial summary monthly to ensure all residents quarterly financial summary is done in a timely manner.

4. Ongoing Monitoring:
A monthly audit of the financial transaction logs and resident report distribution records will be conducted to ensure quarterly financial summary is completed and is in compliance with all reporting deadlines for next 3 months starting immediately.

6. Responsible Party:
Administrator and designee

Licensee's Proposed Overall Completion Date: *04/15/2025*

Evidence of Completion ***Implemented [redacted] - 10/28/2025)***

See attached.

88a - Surfaces

2. 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

On 3/27/2025, the kitchen wall had large, white patches, several feet tall and wide, on each side of the kitchen door, where cabinets were removed. The white patches don't match the yellow paint on the surrounding wall and are missing several chunks where a wood base is exposed.

The wall on the second floor next to room 4, has two quarter-sized white holes, several inches apart from each other.

88a - Surfaces (continued)

The holes are located several inches above the baseboard. The paint is also chipped and uneven in this section and there are jagged pieces protruding from the wall.

Plan of Correction ***Accept [redacted] - 04/17/2025)***

Issue 1 – Kitchen Wall:
Large white patches are present on both sides of the kitchen door due to the removal of cabinets. These areas are unfinished and detract from the overall appearance of the facility.

Corrective Action:
• The entire wall section will be painted with colour-matched paint to restore a consistent and professional appearance.
• All work will be performed by maintenance staff to ensure quality standards are met.
Completion Date: April 15, 2025

Issue 2 – 2nd Floor Wall (Next to Room 4):
There are two quarter-sized holes located several inches above the baseboard. The paint in this area is chipped and uneven, and jagged wall fragments pose a potential safety hazard.

Corrective Action:

• The entire section will be sanded, primed, and repainted for a uniform finish.
• The wall will be inspected after repair to ensure it meets health and safety standards.
Completion Date: April 01, 2025

Preventive Measures:
• Monthly maintenance inspections will be done by the Administrator to include wall and surface checks to identify and address any future damage promptly.

Responsible Party:
All staff members are responsible for reporting any damages to administrator or designee.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Evidence of Completion ***Implemented [redacted] - 10/28/2025)***

See attached.

91 - Telephone Numbers

3. Requirements

2600.
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 3/27/2025, there were no emergency telephone numbers, including the nearest hospital and fire department, on

91 - Telephone Numbers (continued)

or by the common telephone which is located on the windowsill in the kitchen.

Plan of Correction ***Accept [redacted] - 04/17/2025)***

1. Immediate Correction:
Emergency contact numbers for the fire department, police, ambulance service, and the nearest hospital were compiled and posted in large, legible print directly next to the common-use telephone on March 27, 2025.

2. Responsible Person(s):
The Administrator and/or designee is responsible for ensuring compliance.

3. Staff Notification and Training:
All staff were notified of the location of the posted emergency numbers on March 28, 2025. In the future, training on the location and use of emergency numbers will be incorporated into new employee orientation and annual training.

4. Monitoring and Ongoing Compliance:
A monthly safety Audit has been updated to include verification that emergency numbers remain clearly posted near the common telephone. The Administrator or designee will complete and document this review on the first week of each month.

All staff is responsible to ensure Emergency Telephone numbers are posted by each telephone.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Evidence of Completion ***Implemented [redacted] - 05/14/2025)***

See attached.

95 - Furniture and Equipment

4. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 3/27/2025, the showerhead in the third-floor bathroom was detached from the wall and inoperable.

Plan of Correction ***Accept [redacted] - 04/17/2025)***

1. Immediate Action Taken:
Upon identification of the issue on March 27, 2025, access to the third-floor bathroom was restricted to prevent resident use of the inoperable showerhead. Maintenance was contacted immediately, and repairs were completed on March 28, 2025. The showerhead was securely reattached to the wall and tested to ensure full functionality.

2. Systemic Changes Implemented:
A full inspection of all resident bathrooms throughout the facility was conducted to identify and correct any similar issues. All staff will check daily to ensure all bathroom fixtures are in good working order, any damages or equipment not working will be reported to the administrator immediately for repairs.

3. Staff Training:

95 - Furniture and Equipment (continued)

All staff were re-trained on the importance of promptly reporting physical site issues, particularly those that could impact residents' health, hygiene, and safety. Training was completed on March 28, 2025, and documentation kept on file.

4. Monitoring Plan:
The administrator or designee will conduct random weekly inspections of all bathrooms for the next 90 days to ensure ongoing compliance.

5. Completion Date:
All corrective actions were completed by March 28, 2025.

Responsible Party:
All staff members are responsible for reporting any damages/repairs to administrator or designee.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Evidence of Completion ***Implemented [redacted] - 10/28/2025)***

See attached.

100a - Exterior - Free of Hazards

5. Requirements

2600.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 3/27/2025 at 9:22 am, there were several dozen shards of broken glass scattered over a roughly three-foot radius in the back of the property. There was also debris scattered throughout the backyard posing tripping hazards. The items included large blocks of wood, wires, discarded bottles and cups, and a large tarp that was turned up at one side. The pavement was also broken and posed a tripping hazard.

Plan of Correction ***Accept [redacted] - 04/17/2025)***

1. Immediate Hazard Removal:
• All visible shards of glass were removed immediately after inspection. A thorough sweep of the affected area was conducted using appropriate protective equipment and tools to ensure no remaining sharp debris posed a hazard.
• All general debris throughout the backyard was collected and properly disposed of.

2. Pavement Repair:
• Maintenance has been scheduled to assess and repair the broken pavement to eliminate the tripping hazard. The repair is scheduled to be completed by April 15, 2025

3. Ongoing Monitoring and Maintenance:
• Weekly grounds inspections will be implemented by the maintenance staff to identify and address any safety or cleanliness issues.

4. Staff Training:
• All staff will receive refresher training on environmental safety and reporting protocols by April 01, 2025, with emphasis on immediate reporting and correction of hazards such as broken glass or uneven walking surfaces.

100a - Exterior - Free of Hazards (continued)

5. Compliance Assurance:
• Documentation of the repairs and staff training will be maintained on-site for regulatory review.
Completion Date: April 15, 2025
Responsible Party:
All staff members are responsible for reporting any damages to administrator or designee.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Evidence of Completion ***Implemented (- 10/28/2025)***

See attached.

103g - Storing Food

6. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 3/27/2025 at 9:25 am, the refrigerator in the kitchen had several green vegetable stalks lying loose and unwrapped on the shelf, with the remaining half of a tomato exposed on the shelf above.

Plan of Correction ***Accept - 04/17/2025)***

1. Immediate Correction:
• All loose vegetable stalks and the exposed tomato were immediately removed and discarded upon discovery.

2. Proper Storage Procedures Implemented:
• All perishable produce is now being stored in clean, food-grade containers or wrapped securely in plastic wrap or sealed bags.
• Cut fruits and vegetables are being labelled with the date they were prepared and are stored in sealed containers to prevent contamination.

3. Staff Training:
• All staff received immediate retraining on proper food storage procedures, including labelling, wrapping, and contamination prevention, in accordance with 55 Pa. Code 2600.103(g).

4. Monitoring and Compliance Checks:
• A daily kitchen inspection checklist has been implemented, which includes verification that all perishable items are properly stored and labelled.
• The administrator or designee will review and sign off on the checklist weekly to ensure ongoing compliance.

5. Documentation and Accountability:
• Documentation of corrective actions, training attendance, and inspection results will be maintained in the facility compliance log.

Completion Date: April 15, 2025

Responsible Party:

103g - Storing Food (continued)

All staff members are responsible for ensuring all left overs are labelled and dated.

Licensee's Proposed Overall Completion Date: *04/15/2025*

Evidence of Completion ***Implemented [redacted] - 10/28/2025)***

See attached.

121a - Unobstructed Egress

7. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 3/27/2025 at 9:25 am, the exit from the pantry to the rear of the home was damaged, requiring extreme force to open and close.

Plan of Correction ***Accept [redacted] - 04/17/2025)***

1. Immediate Safety Measures:
• The area was assessed immediately upon discovery, and staff were informed to avoid using the pantry exit
• Temporary signage was placed to redirect individuals to the nearest alternative exit.

2. Repair and Restoration:
• Maintenance was contacted to inspect the pantry exit door. Repairs, including realignment or replacement of the door and hardware (hinges, handles, and frame), will be completed by April 16, 2025.
• The repaired door will be tested to ensure it opens and closes with minimal effort and is in full compliance.

3. Preventive Maintenance Measures:
• Any door found to be difficult to operate or otherwise compromised will be reported immediately to administration and maintenance for prompt repair.

4. Compliance Monitoring:
• The administrator or designee will review and sign off on a monthly maintenance logs to ensure continued compliance with 2600.121.

Completion Date: April 16, 2025
Responsible Party:
All staff members are responsible for reporting any damages to administrator or designee.

Licensee's Proposed Overall Completion Date: *04/16/2025*

Evidence of Completion ***Implemented [redacted] - 05/14/2025)***

See attached.

185a - Implement Storage Procedures

8. Requirements

2600.

185a - Implement Storage Procedures *(continued)*

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

Resident #2 is prescribed one 50-MG Diphenhydramine capsule at bedtime as needed for sleep. On 3/27/2025, this medication was not available in the home.

Plan of Correction ***Accept [redacted] - 04/17/2025)***

1. Immediate Action Taken:
• The medication for Resident #2 was obtained and delivered to the home on March 27, 2025 at 7pm
• Staff confirmed the medication was properly labelled, stored, and available for use that evening.

2. Root Cause Analysis:
• Medication was ordered but was not delivered until 3/27/25

3. Revised Medication Management Protocols:
• A revised medication inventory tracking system has been implemented to ensure all PRN medications are consistently available.

Completion Date: April XX, 2025

Responsible Party:
All trained medication administration staff members are responsible for reporting to administrator or designee when medication runs low and is ready to reorder.

Licensee's Proposed Overall Completion Date: *04/16/2025*

Evidence of Completion ***Implemented [redacted] - 05/14/2025)***

See attached.

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

July 21, 2025

[redacted]
HUGH ROBINSON
[redacted]

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

Dear Mr. Hugh Robinson,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/29/2025 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**: *06/17/2025*

Address: *4104 WEST GIRARD AVENUE, PHILADELPHIA, PA 19104*

County: *PHILADELPHIA* **Region**: *SOUTHEAST*

Administrator

Name: [redacted]

Legal Entity

Name: *HUGH ROBINSON*

Address: *4104 WEST GIRARD AVENUE, PHILADELPHIA, PA, 19104*

Phone: [redacted]

Certificate(s) of Occupancy

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

Staffing Hours

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

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Monitoring* **Exit Conference Date**: *04/29/2025*

Inspection Dates and Department Representative

04/29/2025 - 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**: *9*

Diagnosed with Mental Illness: *11* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *2* **Have Physical Disability**: *0*

Inspections / Reviews

04/29/2025 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/24/2025*

05/27/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/16/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/01/2025*

Inspections / Reviews *(continued)*

06/05/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/16/2025*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/15/2025*

07/21/2025 - Document Submission

Submitted By: [redacted] **Date Submitted**: *07/16/2025*

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

20b5 - No Commingling

1. Requirements

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
5. Commingling of resident funds and home funds is prohibited.

Description of Violation

On 4/29/2025, Social Security income for resident's 1, 2, 3, 4 and 5, is commingled in an account with the home's business funds.

Plan of Correction ***Do Not Accept [redacted] - 05/27/2025)***

Immediate Action Taken:
** A separate, dedicated resident funds account is in the process of creation following the home's visit to the Social Security Office on May 16, 2025. The visit was to make arrangement for resident's funds to be deposited in their individual account.*
** On May 19, 2025, the home visits the bank to create accounts for each resident.*
** The bank is awaiting documentation from the social security office to complete this process.*

Policy Update:
** The home's financial policy has been revised to explicitly prohibit the combining of resident funds with any business or operational funds.*
** Procedures now require that all resident income be directly deposited into the designated resident account.*

Completion Date: June 30, 2025
Responsible Party: Administrator and Designee

Licensee's Proposed Overall Completion Date: *06/30/2025*

Update: *05/27/2025*

The overall completion date is too far in the future.

Plan of Correction ***Accept [redacted] - 06/05/2025)***

Immediate Action Taken:
** A separate, dedicated resident funds account is in the process of creation following the home's visit to the Social Security Office on May 16, 2025. The visit was to make arrangement for resident's funds to be deposited in their individual account.*
** On May 19, 2025, the home visits the bank to create accounts for each resident.*
** The bank is awaiting documentation from the social security office to complete this process.*

Policy Update:
** The home's financial policy has been revised to explicitly prohibit the combining of resident funds with any business or operational funds.*
** Procedures now require that all resident income be directly deposited into the designated resident account.*

Completion Date: June 30, 2025
Responsible Party: Administrator and Designee

Licensee's Proposed Overall Completion Date: *06/13/2025*

20b5 - No Commingling *(continued)*

Evidence of Completion ***Implemented [redacted] - 07/21/2025)***

See attached.

85a - Sanitary Conditions

2. Requirements

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

Description of Violation

On 4/29/2025 at 9:08 AM, there was no method to dry hands in the second-floor bathroom. There were no paper towels, and the hand dryer was completely inoperable.

At 9:09 there was a decaying carcass of a bird on the second floor landing of the fire escape.

Plan of Correction ***Accept [redacted] - 05/27/2025)***

Immediate Corrective Actions:
** Paper towels were replenished in the second-floor bathroom immediately upon discovery.*
** A maintenance was notified immediately about the inoperable hand dryer, and repair is expected to be completed 7 days after delivery on June 10, 2025.*
** The bird carcass was safely and properly removed by maintenance staff using appropriate personal protective equipment (PPE) on April 29, 2025, immediately after inspection.*
** The area was disinfected using EPA-approved cleaning agents to ensure removal of any potential pathogens.*

Sanitation and Maintenance Monitoring Procedures:
** A daily restroom maintenance checklist has been implemented to ensure all hygiene supplies (soap, paper towels, functioning hand dryers) are present and in working order.*
** A weekly exterior inspection of all emergency exits, including fire escape landings, has been established to identify and address any cleanliness or safety issues promptly.*

Staff Training:
** All staff received refresher training on sanitation protocols and immediate reporting procedures for any health or safety hazards by May 24, 2025.*

Ongoing Oversight:
** The administrator or designee will review maintenance and sanitation checklists weekly to ensure compliance with cleanliness and hygiene standards.*
** Any deficiencies noted during internal audits will be corrected within 24 hours.*

Completion Date: June 10, 2025
Responsible Party: All Staff Members

Licensee's Proposed Overall Completion Date: *06/10/2025*

Evidence of Completion ***Implemented [redacted] - 07/21/2025)***

See attached. Working hand dryer in all bathrooms.

85e - Trash Outside Home

3. Requirements

2600.
85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 4/29/2025 at 9:14 AM there was a broom, plastic cups, used gloves and food wrappers jammed between the fence and cement stairs in the back yard.

Repeat violation: 5/9/2024

Plan of Correction ***Accept (- 05/27/2025)***

Immediate Action Taken:
** All debris, including the broom, plastic cup, used gloves, and food wrappers, was immediately removed and properly disposed of on the day of discovery.*
** The area was cleaned and sanitized to eliminate any lingering health hazards.*

Preventive Measures Implemented:
** A weekly outdoor inspection checklist has been created to ensure all common areas, including around fences, and stairs, are monitored and kept free of debris and hazards.*
** A designated staff member will complete and sign off on the checklist each week.*

Staff Training:
** All staff have been re-educated on maintaining sanitary and hazard-free grounds, including proper disposal of waste and the importance of reporting or removing any environmental concerns immediately.*
** Staff training was completed on May 24, 2025.*
** Any deficiencies identified will be addressed immediately.*

Completion Date: June 10, 2025
Responsible Party: All Staff Members

Licensee's Proposed Overall Completion Date: *05/25/2025*

Evidence of Completion ***Implemented - 07/21/2025)***

See attached.

88a - Surfaces

4. 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

On 4/29/2025 there was a small hole in the living room wall that gave a view into the kitchen.

Plan of Correction ***Do Not Accept - 05/27/2025)***

Immediate Action Taken:
** The affected area was assessed on April 30 ,2025 and temporarily sealed to prevent any further damage or safety risks.*

Preventative Measures:
** A full inspection of all common areas including floors, walls, ceiling, windows, doors and partitions was*

88a - Surfaces (continued)

conducted to identify any additional damage or wear that may require repair.
** Preventative maintenance checks for wall integrity in all areas have been added to the monthly building inspection checklist.*

Staff Training:
** All staff have been reminded to report any observed physical damage to the building immediately to the administrator/designee.*
** Refresher training on environmental safety and reporting procedures was provided on May 21, 2025.*

Ongoing Monitoring:
** The administrator or designee will conduct quarterly walk-throughs of all common areas to ensure timely identification and correction of any physical damage.*
** A maintenance log will be maintained to track all reported issues and resolutions quarterly.*

Completion Date: May 18, 2025
Responsible Party: All parties

Licensee's Proposed Overall Completion Date: *05/25/2025*

Update: *05/27/2025*

Please indicate when a permanent repair is expected to be completed.

Plan of Correction ***Accept [redacted] - 06/05/2025)***

Immediate Action Taken:
** The affected area was assessed on April 30 ,2025 and temporarily sealed to prevent any further damage or safety risks.*

Preventative Measures:
** A full inspection of all common areas including floors, walls, ceiling, windows, doors and partitions was conducted to identify any additional damage or wear that may require repair.*
** Preventative maintenance checks for wall integrity in all areas have been added to the monthly building inspection checklist.*

Staff Training:
** All staff have been reminded to report any observed physical damage to the building immediately to the administrator/designee.*
** Refresher training on environmental safety and reporting procedures was provided on May 21, 2025.*

Ongoing Monitoring:
** The administrator or designee will conduct quarterly walk-throughs of all common areas to ensure timely identification and correction of any physical damage.*
** A maintenance log will be maintained to track all reported issues and resolutions quarterly.*

**** Permanent repairs was done on 5/21/2025*

Completion Date: May 18, 2025

88a - Surfaces (continued)

Responsible Party: All parties

Licensee's Proposed Overall Completion Date: *06/03/2025*

Evidence of Completion ***Implemented [redacted] 07/21/2025)***

See attached.

95 - Furniture and Equipment

5. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 4/29/2025 at 9:01 AM the 3rd floor shower was not operational because the knob for the cold water was missing.

At 9:08 AM the hand dryer in the second-floor bathroom was not operational, the plug to the unit was missing prongs.

Plan of Correction ***Accept [redacted] - 05/27/2025)***

Immediate Repairs:
** A replacement cold water knob was installed on the third-floor shower on April 29, 2025. The shower was tested to ensure safe and functional operation.*
** The hand dryer with the damaged plug was immediately disconnected and removed from service on April 29, 2025. Repair is expected to be completed 7 days after delivery on June 10, 2025.*

Safety Assessment and Prevention:
** Maintenance staff will now include physical checks of plumbing knobs, handles, and electrical appliances in their Quarterly inspection checklist.*

Staff Reporting Protocol:
** Staff were reminded during a safety huddle started on April 29, 2025 to immediately report any damaged or missing fixtures or electrical equipment to the administrator or designee.*

Ongoing Oversight:
** The administrator or designee will conduct quarterly site walkthroughs to monitor facility conditions and ensure all fixtures and equipment remain in safe, working order.*
** Any identified issues will be logged and resolved within 48 hours when feasible.*

Completion Date: June 10, 2025
Responsible Party: All Staff Members

Licensee's Proposed Overall Completion Date: *06/10/2025*

Evidence of Completion ***Implemented [redacted] 07/21/2025)***

See attached.

101j3 - Bed/Linens/Pillows/Blankets

6. Requirements

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

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

On 4/29/2025 at 9:02 AM, the bed for the resident of room 6, on the 3rd floor, had stained sheets and a torn pillowcase.

At 9:05 AM the bed for the resident of room 4, with the bed closest to the door, had a tear and circular burn marks in the sheet.

Repeat violation: 5/9/2024

Plan of Correction ***Accept [redacted] - 05/27/2025)***

Immediate Action Taken:
** The stained and damaged linens for Rooms 4 and 6 were immediately removed and replaced with clean, undamaged linens on April 29, 2025.*
** A complete inspection of all resident linens in the facility was conducted, and any soiled or worn items were replaced.*

Updated Linen Maintenance Procedures:
** All resident bed linens will be inspected at each scheduled linen change (at least weekly or more often as needed).*
** Soiled or damaged linens must be reported to the administrator/designee for immediate replacement.*

Staff Training:
** All housekeeping and direct care staff will be retrained by May1, 2025 on proper linen care, replacement procedures, and documentation.*
** Training will emphasize the regulatory requirement and importance of maintaining clean, intact bedding for resident comfort and dignity.*

Administrative Oversight and Monitoring:
** The administrator or designee will conduct monthly spot-checks of at least five random resident rooms to verify linen quality and staff compliance.*

Sustainability Measures:
** An inventory of clean replacement linens will be maintained at all times to prevent shortages or delays in replacement.*

Date of Full Compliance: May 1, 2025
Responsible Party: All Staff Members

Licensee's Proposed Overall Completion Date: *05/25/2025*

Evidence of Completion ***Implemented [redacted] - 07/21/2025)***

See attached.

101j7 - Lighting/Operable Lamp

7. 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

Resident of room 6 does not have access to a source of light that can be turned on/off at bedside. The lamp at the bed side was inoperable.

Plan of Correction ***Accept [redacted] - 05/27/2025)***

Immediate Correction:
** The inoperable bedside lamp bulb was replacement, functional lamp on April 29, 2025.*

Assessment of Lighting in Other Rooms:
** A full inspection of all resident bedrooms was conducted on May 1, 2025 to ensure all required lighting is present and operable.*

Preventive Maintenance Procedure:
** A monthly lighting inspection checklist has been implemented for all resident bedrooms.*
** Maintenance staff will verify that all lighting fixtures, especially bedside lamps, are operable and provide adequate illumination.*

Staff Training:
** Direct care and maintenance staff will be retrained by May 1, 2025 on the importance of maintaining operable lighting in compliance with 2600.101(j)(7).*
** Staff will also be instructed to report and follow up on lighting issues during routine room checks.*

Ongoing Oversight:
** The administrator or designee will review the monthly lighting inspection reports and confirm that repairs are completed within 24 hours of discovery.*

Completion Date: May 1, 2025
Responsible Party: All Staff Members

Licensee's Proposed Overall Completion Date: *05/25/2025*

Evidence of Completion ***Implemented [redacted] - 07/21/2025)***

See attached.

101o - Walls, Floors, Ceilings

8. Requirements

2600.
101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The wall behind the door in bedroom 2 had a large handle shaped hole.

Plan of Correction ***Accept [redacted] - 05/27/2025)***

101o - Walls, Floors, Ceilings (continued)

Immediate Action Taken:
** The area was assessed for safety hazards.*
** Patching and reinforcing the hole was done on April 29, 2025 and inspected for safety hazards.*
** A doorstop has been installed to prevent future damage from the door handle.*

Preventive Measures:
** All bedrooms were inspected for similar damage on May 1, 2025 to ensure compliance throughout the home.*
** A quarterly room maintenance inspection schedule has been implemented to audit the home and report any safety issues.*

Staff Training:
** Maintenance and direct care staff will receive refresher training on promptly reporting and addressing physical site damage.*
** Training will emphasize compliance with 55 Pa. Code 2600.101(o) and the importance of maintaining a safe, well-repaired environment for residents.*

Ongoing Oversight:
** The administrator or designee will review all quarterly inspection reports and confirm timely completion of any identified repairs.*

Completion Date: May 21, 2025
Responsible Party: All Staff Members

Licensee's Proposed Overall Completion Date: *05/25/2025*

Evidence of Completion ***Implemented [redacted] - 07/21/2025)***

See attached.

102h - Toilet Paper

9. Requirements

2600.
102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 4/29/2025 at 9:08 AM, there was no toilet paper for the toilet in the bathroom on the second floor.

Plan of Correction ***Accept [redacted] - 05/27/2025)***

Immediate Action Taken:
** Toilet paper was promptly restocked in the second-floor bathroom upon discovery of the deficiency.*

Revised Monitoring Procedures:
** A daily bathroom checklist has been updated to include a specific line item for checking and restocking toilet paper in each bathroom.*
** Housekeeping staff are now required to initial and the checklist once supplies have been verified in each location.*

Staff Training:

102h - Toilet Paper (continued)

** All housekeeping and direct care staff will receive a refresher training by May 24, 2025, on hygiene supply requirements under 2600.102(h), including the necessity of maintaining essential bathroom supplies like toilet paper at all times.*
** The training will also cover proper reporting procedures for low or missing supplies.*

Ongoing Oversight:
** Continued compliance will be monitored through daily/weekly audits, and findings will be reported for immediate correction.*

Completion Date: May 24, 2025
Responsible Party: All Staff Member

Licensee's Proposed Overall Completion Date: *05/25/2025*

Evidence of Completion ***Implemented [redacted] - 07/21/2025)***

See attached.

103g - Storing Food

10. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 4/29/2025, there was half of an orange pepper unsealed in the pantry area refrigerator, an unsealed half of plantain on the pantry shelf, and a bucket of sugar that was unsealed in the main kitchen.

Plan of Correction ***Accept [redacted] - 05/27/2025)***

Immediate Corrective Action Taken:
** The unsealed orange pepper was discarded.*
** The plantain was discarded.*
** The sugar was immediately transferred into a sealed, food-grade container with a tight-fitting lid.*

Policy Reinforcement:
**The home's food storage policy has been reviewed and updated to clearly require that all perishable and non-perishable food items must be kept in sealed containers or packaging once opened.*

Staff Training:
** All staff were retrained on proper food storage requirements on May 1, 2025.*
** Training emphasized the importance of preventing contamination and complying with 55 Pa. Code 2600.103(g). Attendance and training materials have been documented and will be kept on file.*

Ongoing Monitoring:
** The administrator or designee will conduct random weekly audits of food storage areas to ensure continued compliance.*

Completion Date: May 1, 2025
Responsible Party: All Staff Members

103g - Storing Food (continued)

Licensee's Proposed Overall Completion Date: *05/25/2025*

Evidence of Completion ***Implemented [redacted] - 07/21/2025)***

See attached.

103i - Outdated Food

11. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 4/29/2025 there was a metal bowl of rotting green, orange, and yellow peppers in the pantry kitchen.

There was an open container of 1% milk with a sell by date of 4/3/2025 in the main refrigerator that was not dated with the day it was opened, and a pitcher of pink liquid that was not labeled or dated.

In the main kitchen there was an unlabeled bucket of sugar with a plastic cup sitting in it.

Plan of Correction ***Accept [redacted] - 05/27/2025)***

Immediate Action Taken:
** The bowl of spoiled peppers and the expired milk were immediately discarded on April 29, 2025.*
** The refrigerator was cleaned and sanitized to prevent contamination.*

Revised Food Storage Procedures:
** All perishable food items will now be labelled not only with the date opened, but also with a clearly marked "use by" or "discard by" date.*
** A weekly refrigerator and pantry check will be performed and documented by staff members to identify and remove expired or spoiled items.*

Staff Training:
** All dietary and kitchen staff will receive retraining by May 1, 2025, on proper food storage, labelling, and discard procedures in accordance with 55 Pa. Code 2600.103(i).*

Ongoing Monitoring:
** The administrator or designee will conduct bi-weekly food storage audits for three months, monthly thereafter.*

Completion Date: May 1, 2025
Responsible Party: All Staff Members

Licensee's Proposed Overall Completion Date: *05/25/2025*

Evidence of Completion ***Implemented [redacted] - 07/21/2025)***

See attached.