

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

July 21, 2025

[REDACTED]  
HUGH ROBINSON  
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/03/2025, 06/05/2025 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] Phone: [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: *Philadelphia L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *13* Waking Staff: *10*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *06/03/2025*

**Inspection Dates and Department Representative**

06/03/2025 - On-Site: [REDACTED]  
 06/05/2025 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *20* Residents Served: *11*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *0*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *11* 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**

06/03/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/27/2025*

Inspections / Reviews (*continued*)

## 07/07/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/16/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 07/10/2025

## 07/11/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/16/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/25/2025

## 07/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/16/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 187c - Refusal of Medication

**1. 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**

At 8:00 AM, from [REDACTED] to [REDACTED] Resident [REDACTED] refused their scheduled dose of [REDACTED] patch. The home did not report the refusals to the prescriber within 24 hours.

**Plan of Correction****Accept** [REDACTED] - 07/11/2025)

The home notified the PCP of the refusal after the inspection. To prevent reoccurrence of this violation the home reviewed the home's medication refusal policy, and the administrator determined that the policy on refusal of medication shall be reviewed quarterly or as needed. In addition, a reminder was placed on the front of the medication administration record (MAR) to call PCP of any refusal of medication and document accordingly. The Administrator shall be responsible in maintaining the document and this document shall be readily available upon request.

Attached please see Medication refusal In-service training for all Direct Care Staff.

The administrator will ensure a bi-weekly medication refusal Audit is done and PCP informed, this document shall be readily available upon request from the Department of Human Services.

Licensee's Proposed Overall Completion Date: 07/11/2025

**Implemented** [REDACTED] - 07/21/2025)