

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

February 13, 2026

[REDACTED], OWNER/ADMINISTRATOR  
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 08/27/2025 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:** RICHARDSON GROUP, SENIOR CITIZENS LIVING QUARTERS**License #:** 10051**License Expiration:** 08/27/2026**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:** 08/27/2025

## Inspection Dates and Department Representative

08/27/2025 - 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

08/27/2025 Full

**Lead Inspector:** [REDACTED]**Follow-Up Type:** POC Submission**Follow-Up Date:** 09/26/2025

10/24/2025 - POC Submission

**Submitted By:** [REDACTED]**Date Submitted:** 02/12/2026**Reviewer:** [REDACTED]**Follow-Up Type:** Document Submission**Follow-Up Date:** 10/28/2025

Inspections / Reviews (*continued*)

02/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/12/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 17 - Record Confidentiality

### 1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

### Description of Violation

*On 8/27/2025, at 9:10 am, a list with resident names, date of admission, date of birth, and diagnoses were unlocked, unattended, and accessible hanging on the bulletin board in the dining area.*

### Plan of Correction

**Accept ( ) - 10/24/2025)**

*In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2025 by the Administrator to remove the personal information of all resident from the public bulletin board. The administrator removed the personal information on the date of inspection.*

*To enhance the currently compliant operations, on 08/27/2025 the Administrator removed All residents personal information and was placed into there personal file and stored in a locked office with a completion date of 08/27/2025.*

*Effective 08/27/2025, the Administrator will perform monthly checks to maintain ongoing compliance with keeping resident records confidential, and, except in emergencies, to not allow access to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure. Compliance monitoring activities will be implemented under the supervision of the administrator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.*

**Licensee's Proposed Overall Completion Date: 09/22/2025**

**Implemented ( ) - 02/13/2026)**

## 26b - Quality Management Plan Content

### 2. Requirements

2600.

- 26.b. The quality management plan shall address the periodic review and evaluation of the following:
1. The reportable incident and condition reporting procedures.
  2. Complaint procedures.
  3. Staff person training.
  4. Licensing violations and plans of correction, if applicable.
  5. Resident or family councils, or both, if applicable.

### Description of Violation

*The home does not have quality management meeting minutes from April 2025 to July 2025.*

**26b Quality Management Plan Content (continued)****Plan of Correction****Accept ( ) - 10/24/2025)**

*In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/29/2025 by the Administrator to immediately correct the staff notes of completion from April 2025 to September of 2025 in which are now current.*

*To enhance the currently compliant operations, on 08/29/2025 the Administrator/Designed Staff person has completed all notes during the meeting or training session and following up with review of notes every 30 days from the date of last meeting, with a completion date of 12/31/2025.*

*Effective 08/29/2025 the Administrator/Designed Staff Person will perform monthly checks through 09/24/2025 to maintain ongoing compliance with having a quality management plan that address the periodic review and evaluation of reportable incident and condition reporting procedures, complaint procedures, staff person training, licensing violations and plans of correction, if applicable, and resident or family councils, or both, if applicable. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 12/31/2025**

**Implemented ( ) - 02/13/2026)****103f - Refrigerator/Freezer Temps****3. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

*There was no thermometer in the freezer in the basement.*

**Plan of Correction****Accept ( ) - 10/24/2025)**

*In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2025 by the designed staff person and was corrected at the inspection timing.*

*To enhance the currently compliant operations, on 08/27/2025 the designated staff person will check weekly to make sure all thermometers are operating correctly and in good condition and the readings are operating properly with a completion date of 09/24/2025.*

*Effective immediately the designated staff person will perform checks throughout to maintain ongoing compliance with Department of Human Services and the Philadelphia Health Department. All deficiencies have been corrected on site and any findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 09/22/2025**

**Implemented ( ) - 02/13/2026)****105g - Lint Removal and Duct Cleaning**

#### 4. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

#### Description of Violation

*On 8/27/2025, there was an approximate 1-inch accumulation of lint in the lint trap of the dryer in the basement. There were no clothes in the dryer at the time.*

#### Plan of Correction

Accept ( ) - 10/24/2025)

*In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2025 by the designed staff person to immediately remove the small amount of link from an out of order dryer that has not worked in several months. The designed staff person removed the link and put a out of order sign on the dryer.*

*To enhance the currently compliant operations, on 08/27/2025 the designated staff person made sure no electric was supplied to the dryer and made arrangements for the dryer to be repaired. Moving forward in all future, all washers and dryers that are not working will have out of order signs on them until the have been fixed or repaired/remove from the home, with a completion date of 09/24/2025.*

*Effective 08/27/2025 the Designated Staff Person will perform daily checks through 09/24/2025 to maintain ongoing compliance with reducing the risks of fire hazards, by removing lint from lint traps and drums of clothes dryers after each use, and to ensure lint is cleaned from vent ducts and internal and external ductwork of clothes dryers according to the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented ( ) - 02/13/2026)

### 132a - Monthly Fire Drill

#### 5. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

#### Description of Violation

*An unannounced fire drill was not held during the month of July 2025.*

#### Plan of Correction

Accept ( ) - 10/24/2025)

*In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/30/2025 by the Administrator to preform an unannounced fire drill for all residents and designed staff person.*

*To enhance the currently compliant operations, on 08/30/2025 the Designated Staff Person completed a fire drill and will be given monthly drills as assigned. All resident will evaluate the home in accordance with the Department of Human Services and Philadelphia fire department in a timely manner exiting from all egresses, with a completion date of 09/08/2025.*

**132a - Monthly Fire Drill (continued)**

*Effective 08/30/2025 the Designed Staff Person/Administrator will perform monthly checks through 09/08/2025 to maintain ongoing compliance with the home and will be holding an unannounced fire drill at least once a month for staff personnel and residents. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date:** 09/22/2025

**Implemented ( )** - 02/13/2026)

**183d - Prescription Current****6. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

On 8/27/2025, [REDACTED] prescribed to resident #1 was in the home's medication cabinet; however, the prescription was filled on 8/11/25. The medication was not on resident #1's medication administration record.

**Plan of Correction**

**Accept ( )** - 10/24/2025)

In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2025 by the Med Tech/Administrator. After reviewing the MAR it was found that the medication was discountenanced on August 20, 2025, but medication was not removed from resident #1 med draw. On inspection date the medication was removed.

To enhance the currently compliant operations, on 08/27/2025 the Med Tech will review all residents draws daily for any discontinued medications and upon finding any discontinuations will document and remove medications from residents med draws and notify the Administrator, with a completion date of 09/24/2025.

Effective 08/27/2025 the Med Tech will perform daily checks through 09/24/2025 to maintain ongoing compliance with ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

**Licensee's Proposed Overall Completion Date:** 09/23/2025

**Implemented ( )** - 02/13/2026)

**183e - Storing Medications****7. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

On 8/27/2025, an opened and undated [REDACTED] prescribed to resident #1 was available in the

**183e Storing Medications (continued)**

home's medication cabinet. According to the manufacturer's instructions, the medication should be discarded 6 weeks after opening the foil tray or [REDACTED]

**Plan of Correction****Accept ( [REDACTED] - 10/24/2025)**

In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2025 by the Med Tech/Administrator review resident #1 med draw and discarded the unmarked [REDACTED] and opened a new [REDACTED] putting an opening date of 8/27/25 thru 10/9/25.

To enhance the currently compliant operations, on 08/27/2025 the Med Tech will review all resident medications for dated purposes and document were applicable and opening date or discard/expiration date, with a completion date of 09/24/2025.

Effective 08/27/2025 the Med Tech will perform daily checks through 09/24/2025 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/23/2025

**Implemented ( [REDACTED] - 02/13/2026)****184a - Resident's Meds Labeled****8. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

**Description of Violation**

The pharmacy label for resident #2's [REDACTED] does not include the date the prescription was issued, the prescribed dosage and instructions for administration and the name and title of the prescriber.

**Plan of Correction****Accept ( [REDACTED] - 10/24/2025)**

In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/28/2025 by the Administrator/Med Tech to reviewed the MAR with the Med Tech and located the [REDACTED] sheet which had the prescriber and instructions for administration for the medication. The medication was [REDACTED] with resident #2 [REDACTED] and the med tech proceeded to follow the instructions from [REDACTED] for the administration of medication.

**184a Resident's Meds Labeled (continued)**

*To enhance the currently compliant operations, on 08/28/2025 the Administrator/Med Tech will in the future review all instructions sheets and pharmacy labels to make sure the proper information of the residents name, the medication name, date of the prescription issued, prescribed dosage, instructions and the name and title of the prescriber, with a completion date of 09/24/2025.*

*Effective 08/28/2025 the Administrator/Med Tech will perform daily checks through 09/24/2025 to maintain ongoing compliance and moving forward the Med Tech/Administrator will be ensuring the original container for prescription medications will be labeled with a pharmacy label, including the resident's name, and the name of the medication, and the date the prescription was issued, and the prescribed dosage and instructions for administration, and the name and title of the prescriber. Any deficiencies were corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date:** 09/23/2025

**Implemented ( ) - 02/13/2026)**

**187a - Medication Record****9. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

*Resident #1 is prescribed the medication listed below. However, resident #1's medication administration record for August 2025 does not indicate the following medication:*

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

**187a - Medication Record (continued)****Plan of Correction**

Accept ( ) - 10/24/2025)

*In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2025 by the Med Tech/Administrator. The pharmacy was contacted to reissue an up-to-date MAR to indicate the [REDACTED] medications that has been discontinued.*

*To enhance the currently compliant operations, on 08/28/2025 the Administrator/Med Tech review all monthly MAR's to check all prescription and OTC medications. Med Tech verified that medications listed on the MAR are completed and in residents med draw and to assure that there are no discontinued medications present, with a completion date of 09/24/2025.*

*Effective 08/28/2025 the Med Tech/Administrator will perform daily checks through 09/24/2025 to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered, that includes, including resident's name, and drug allergies, and name of medication, and strength, and dosage form, and dose, and route of administration, and frequency of administration, and administration times, and duration of therapy, if applicable, and special precautions, if applicable, and diagnosis or purpose for the medication, including pro re nata (PRN), and date and time of medication administration, and name and initials of the staff person administering the medication. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date:** 09/24/2025

Implemented ( ) - 02/13/2026)

**227e - Self Administer Medication****10. Requirements**

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

**Description of Violation**

*Resident #2's assessment, dated [REDACTED], does not address the resident's ability to self-administer medications. Resident #2 self-administers [REDACTED] with the supervision of staff.*

**Plan of Correction**

Accept ( ) - 10/24/2025)

*In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2025 by the Med Tech/Administrator proceed to have resident #2 discontinue self administration [REDACTED]. Med Tech will continue to [REDACTED]. A note from PCP was requested at next office visit of the resident #2 where as resident #2 can self administer [REDACTED].*

**227e - Self Administer Medication (continued)**

To enhance the currently compliant operations, on 08/28/2025 the Med Tech/Administrator has implemented procedure for Med Tech to administer [REDACTED] until authorization comes from PCP with a updated note of approval for resident #2 to administer [REDACTED], with a completion date of 09/24/2025.

Effective 08/28/2025 the Med Tech/Administrator will perform daily reviews through 09/24/2025 to maintain ongoing compliance with ensuring each resident's support plan documents the ability of the resident to self-administer medications or the need for medication reminders or medication administration. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/24/2025

Implemented ( [REDACTED] ) - 02/13/2026)

**227g -Support Plan Signatures****11. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

Resident #1 participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident did not sign the support plan.

**Plan of Correction**

Accept ( [REDACTED] ) - 10/24/2025)

In response to the violation on 08/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2025 by the Administrator to correct the support plan with resident #1 and immediately had resident #1 sign and date the assessment and support plan.

To enhance the currently compliant operations, on 08/27/2025 the Administrator at the conclusion of the inspection had resident #1 sign and review the assessment and support plan. Moving forward the Administrator has reviewed all assessment and support plans to make sure all documents were signed with a completion date of 09/24/2025.

Effective 08/27/2025 the Administrator will perform annual reviews through 09/24/2025 to maintain ongoing compliance with ensuring individuals, who participate in the development of the support plan, sign and date the support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/24/2025

Implemented ( [REDACTED] ) - 02/13/2026)