

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

December 29, 2025

[REDACTED], OWNER/ADMINISTRATOR
RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTER, INC.
[REDACTED]

RE: RICHARDSON GROUP SENIOR
CITIZENS LIVING QUARTER
1754 BRIDGE STREET,BUILDING II
PHILADELPHIA, PA, 19124
LICENSE/COC#: 13306

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/22/2025 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 QUARTER License #: 13306 License Expiration: 08/25/2026
 Address: 1754 BRIDGE STREET,BUILDING II, PHILADELPHIA, PA 19124
 County: PHILADELPHIA Region: SOUTHEAST

Administrator

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

Legal Entity

Name: RICHARDSON GROUP SENIOR CITIZENS LIVING QUARTER, INC.
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 10/08/2008 Issued By: Phila L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 10 Waking Staff: 8

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 10/29/2025

Inspection Dates and Department Representative

10/22/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 16 Residents Served: 9
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 9
 Diagnosed with Mental Illness: 8 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

10/22/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/22/2025

11/21/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/17/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/27/2025

Inspections / Reviews *(continued)*

12/03/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 12/17/2025

12/29/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 10/22/2025, the designated smoking area on the side of the home facing Mulberry Street was not marked with a sign. There was no sign in the home indicating that smoking is permitted in the designated area only.

Plan of Correction

Accept (█ - 11/21/2025)

In response to the violation on 10/22/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on the following day (10/23/25) by the ADMINISTRATOR to a prepare and make a sign to indicate the designated smoking area location in the rear back of Mulberry Street only. This sign was prepared by the administrator for residents, family and staff. The home is a smoke free building.

To enhance the currently compliant operations, on 10/23/2025 the Administrator and staff will observe the sign daily to make sure all residents, family and staff follow the smoking location with a completion date of 11/17/2025.

Effective immediately the staff will perform checks to maintain ongoing compliance with complying with applicable Federal, State and local laws, ordinances and regulations. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/17/2025

Implemented (█ - 12/18/2025)

95 - Furniture and Equipment

2. Requirements

2600.

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

Description of Violation

On 10/22/2025 at 9:30 am, the closet door in room 6 was off its track and leaning slanted in front of the closet.

Plan of Correction

Accept (█ - 11/21/2025)

In response to the violation on 10/22/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/22/2025 by the Direct Care Staff to place the resident closet door back on its track for proper movement.

To enhance the currently compliant operations, on 10/23/2025 the direct care staff will daily check to make sure the sliding door stays on it track for proper use for the resident, with a completion date of 11/17/2025.

Effective immediately all direct care staff will perform daily checks throughout to maintain ongoing compliance with any deficiencies in the residents room and if any will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/17/2025

95 - Furniture and Equipment *(continued)*

Implemented (█) - 12/18/2025)

102h - Toilet Paper

3. Requirements

2600.

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

Description of Violation

On 10/22/2025 at 9:25 am, there was no toilet paper for the toilet in the bathroom on the first floor between rooms 6 and 7.

Plan of Correction

Accept (█) - 11/21/2025)

In response to the violation on 10/22/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/22/2025 by the Direct Care Staff to refill the toilet paper in the bathroom on the inspection date.

To enhance the currently compliant operations, on 10/22/2025 the Direct Care Staff will check often all bathrooms to make sure proper equipment is located for use of residents, with a completion date of 11/17/2025.

Effective 10/22/2025 the direct care staff will perform daily checks through 11/17/2025 to maintain ongoing compliance with providing toilet paper for every bathroom and will be check frequently for supplies. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/17/2025

Implemented (█) - 12/29/2025)

103f - Refrigerator/Freezer Temps

4. 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

On 10/22/2025 at 9:19 am the temperature in the main kitchen refrigerator was 50 degrees Fahrenheit, and it was approximately the same temperature at 1:25 pm.

Plan of Correction

Accept (█) - 11/21/2025)

In response to the violation on 10/22/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/23/2025 by the Administrator/Direct Care Staff to reviewed the temperature reading in the refrigerator and monitored the Fahrenheit until the temperature went down to 40 degrees.

To enhance the currently compliant operations, on 10/23/2025 the Direct Care Staff/Administrator will continue to monitor the temperature in the refrigerator/Freezers daily for any changes for low or highness with a completion date of 11/17/2025.

103f - Refrigerator/Freezer Temps (continued)

Effective 10/23/2025 the Direct Care Staff will perform daily checks through 11/17/2025 to maintain ongoing compliance with ensuring food requiring refrigeration is stored at or below 40°F, and frozen food is kept at or below 0°F, and thermometers are present in refrigerators and freezers at all times. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/17/2025

Implemented () - 12/29/2025)

121a - Unobstructed Egress

5. 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 10/22/2025 at 9:16 am, the side door was stuck and required significant force to actually push open, which is blocking egress from the home to Mulberry Street. At approximately 1:45 pm, the door was still stuck.

Plan of Correction

Accept () - 11/21/2025)

In response to the violation on 10/22/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/27/2025 by the Administrator towards looking for a contractor to come out and fixed the door. As of 11/17/25 administrator located a contractor to repair the door and indicated had to get a replacement part for the frame of the door.

To enhance the currently compliant operations, on 11/17/2025 the administrator is waiting for the contractor to replace the door frame once parts come in to do the repair, with a completion date of 12/05/2025.

Effective 11/17/2025 the administrator will perform daily checks through 12/30/2025 to maintain ongoing compliance with ensuring stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented () - 12/18/2025)

124 - Notice to Fire Department

6. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

124 - Notice to Fire Department (continued)

Plan of Correction

Accept (█ - 11/21/2025)

In response to the violation on 10/22/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/23/2025 by the Administrator to review the letter sent in regards to the presents of a Fire Inspector. A letter was sent to Tri-State Fire Protection Company for the in house training instead of the Philadelphia Fire Department who witnessed and approved the fire inspection.

To enhance the currently compliant operations, on 10/23/2025 the Administrator will make sure that each company will get a proper letter to preform the training that is require by the Department of Human Service. Moving forward for 2026, said letter will go out for inhouse training of Fire Safety and inspections by the City of Philadelphia Fire Department, with a completion date of 05/19/2026.

Effective 06/19/2026 the Administrator will have performance of annual inspections through 06/19/2026 to maintain ongoing compliance with notifying the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency, and to keep documentation of notification. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented (█ - 12/29/2025)

132b - Safety Inspection/Fire Drill

7. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire drill observed by a fire safety expert was conducted on 6/13/2024.

Plan of Correction

Accept (█ - 11/21/2025)

In response to the violation on 10/22/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/23/2025 by the Administrator to review the fire drill log and saw the last fire drill by a fire safety expert was performed on June 19, 2025. Administrator had the paper work in the binder but was not located in the dividing area. See attached drill log.

To enhance the currently compliant operations, the direct care staff and administrator conduct monthly reviews of all documentation of fire drill records with the completion date of 11/18/25.

The administrator/direct care staff will maintain ongoing compliance with any deficiencies and will correct them immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/18/2025

Implemented (█ - 12/29/2025)

132b - Safety Inspection/Fire Drill (continued)

183d - Prescription Current

8. 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 10/22/2025 at 12:37 pm, [REDACTED], prescribed for resident #1, was stored with resident #1's medications. However, the medication was discontinued on 8/18/25.

Plan of Correction

Accept ([REDACTED] - 12/03/2025)

In response to the violation on 10/22/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/24/2025 by the Train the Trainer [REDACTED] to remediate all qualified staff that administer medication by having the staff complete documentation excises for discontinuations of medications on 11/24/25.

To enhance the currently compliant operations, on 11/24/2025 the Direct Staff will check medications and documentation daily being sure there are no discontinuations of medications, with a completion date of 11/24/2025.

Effective 11/24/2025 the Direct Staff will perform daily checks through 11/24/2025 to maintain ongoing compliance with direct staff will check daily 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: 11/24/2025

Implemented ([REDACTED] - 12/29/2025)

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:

Description of Violation

Resident #1 is prescribed [REDACTED] However, resident #1's medication administration record (MAR) for October 2025 does not indicate that [REDACTED] are not being logged.

Prior to September 2025, resident #1 was prescribed [REDACTED] The medication was listed on resident #1's October 2025 MAR and was initialed on the MAR as if given each day from 10/1-10/22/25, even though the prescription expired and the resident had apparently not taken the medication for at least a month prior to October.

187a - Medication Record (continued)

Plan of Correction

Accept ([redacted] - 12/03/2025)

In response to the violation on 10/22/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/24/2025 by the Train the Trainer [redacted] to remediate training of Direct Staff on documentation by having the staff conduct documentation exercises on filling out MAR boxes for administrations of medications and being sure that medications are in house and correct.

To enhance the currently compliant operations, on 11/24/2025 the Direct Staff will conduct this procedure daily during administration of medications. Reviewing the MAR and checking the residents medication drawers, with a completion date of 11/24/2025.

Effective 11/24/2025 the Direct Staff/Train the Trainer [redacted] will perform weekly audits through 11/24/25 to maintain ongoing compliance with the Train the Trainer will be conducting weekly checks keeping a medication record, for each resident for whom medications are administered, that may include audits of MARS. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented ([redacted] - 12/29/2025)

190a - Completion Medication Course

10. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, who has not completed the annual practicum training in the past year, administered medications to residents, including [redacted] to resident #1 at 8:00 am on 10/2, 10/3, 10/5, 10/6, 10/10, 10/11, and 10/12/2025.

Plan of Correction

Accept ([redacted] - 12/03/2025)

In response to the violation on 10/22/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/24/2025 by the Train the Trainer [redacted] is the trainer and is the person that conducted the hands on training on October 30, 2025 and November 24, 2025.

To enhance the currently compliant operations, on 10/30/2025 the Train the Trainer/Direct Staff will have practicum training within the designated time frame by the qualified personnel i.e. train the trainer, with a completion date of 11/24/2025.

Effective as of 10/30/25 the practicum training was performed. A remediation was reviewed and hands on training was conducted on 11/24/25. This training was to maintain ongoing compliance with medication administration. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

190a - Completion Medication Course (*continued*)

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented (█ - 12/29/2025)