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

August 11, 2026

[redacted]
HUGH ROBINSON
4104 WEST GIRARD AVENUE
PHILADELPHIA, PA, 19104

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

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/30/2026 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**: *10/29/2026*

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

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *NA* **Total Daily Staff**: *NaN* **Waking Staff**: *NaN*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *04/30/2026*

Inspection Dates and Department Representative

04/30/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *20* **Residents Served**: *15*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *15* **Are 60 Years of Age or Older**: *2*

Diagnosed with Mental Illness: *14* **Diagnosed with Intellectual Disability**: *NA*

Have Mobility Need: *NA* **Have Physical Disability**: *NA*

Inspections / Reviews

04/30/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/28/2026*

06/02/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/15/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/07/2026*

Inspections / Reviews *(continued)*

06/24/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/15/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/12/2026*

08/11/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/15/2026*

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

26b - Quality Management Plan Content

1. Requirements

2600.
26.b. The quality management plan shall address the periodic review and evaluation of the following:

Description of Violation

The home's quality management plan states that the home will hold resident council meetings every three months, the last resident council meeting was held on 12/16/2024.

Plan of Correction ***Accept (- 06/02/2026)***

The administrator will immediately resume resident council meetings in accordance with the home's quality management plan. A resident council meeting was scheduled and conducted on 5/18/2026, and a quarterly meeting schedule has been implemented to ensure meetings occur every three months. Documentation of all meetings will be maintained in the facility records. The administrator will monitor compliance quarterly.

Licensee's Proposed Overall Completion Date: *06/01/2026*

Implemented (- 08/11/2026)

51 - Criminal Background Check

2. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Person A was hired on , but the criminal background was not completed until

Plan of Correction ***Accept (- 06/02/2026)***

The home reviewed its hiring procedures to ensure all required criminal background checks are completed prior to an employee's start date. The administrator will maintain a hiring checklist to verify all required clearances are received before any staff person begins work. All future hires will be reviewed for compliance prior to scheduling.

Licensee's Proposed Overall Completion Date: *06/01/2026*

Implemented (- 08/11/2026)

64c - Annual Training

3. Requirements

2600.
64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

the home's administrator, completed only 15 hours of Department-approved training in training year 1/1-12/31/2025.

Plan of Correction ***Accept (- 06/24/2026)***

Due to medical reasons the administrator missed some of scheduled classes in fall 2025. Rescheduling these classes was unsuccessful due to class being full and no other availability for that year. The administrator schedule spring and fall classes in 2026 to prevent this issue from recurring. The administrator will ensure that 24 hours

64c - Annual Training (continued)

training is completed annually according to the regulation requirements. The administrator is registered with the Northampton college which is an approved credit facility by DHS for training requirements.

Licensee's Proposed Overall Completion Date: *06/16/2026*

Implemented ([redacted] - 08/11/2026)

65e - 12 Hours Annual Training

4. Requirements

2600.
65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person A received only 4.5 hours of annual training in training year 1/1-12/31/2025..

Direct care staff person C received only 4.5 hours of annual training in training year 1/1-12/31/2025..

Direct care staff person D received only 4.5 hours of annual training in training year 1/1-12/31/2025..

Direct care staff person E received only 4.5 hours of annual training in training year 1/1-12/31/2025..

Plan of Correction ***Accept ([redacted] - 06/02/2026)***

Direct care staff persons A, C, D, and E will complete the remaining annual training hours required to meet the 12-hour annual training requirement. The administrator implemented a training log and monthly review process to monitor staff training compliance and ensure all direct care staff complete required annual hours going forward. Please note that training was completed for 2025.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 08/11/2026)

65f - Training Topics

5. 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.
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, C, D, E did not receive training in medication self-administration training, instruction on

65f - Training Topics (continued)

meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, personal care service needs of the resident, safe management techniques , care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 1/1-12/31/2025.

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

The administrator immediately reviewed all direct care staff profile and scheduled for 6/16/2026 medication self-administration training for direct care persons A, C, D and E. Direct Care Staff Persons A, C, D, and E will receive training in all required annual training topics, including medication self-administration, resident care needs, dementia care, personal care services, safe management techniques, and care for residents with mental illness or intellectual disabilities. Training records and certificates will be maintained in employee files. The administrator will review training requirements annually to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 08/11/2026)

65g - Annual Training Content

6. Requirements

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, C, D, E did not receive training in 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, emergency preparedness procedures and recognition and response to crises and emergency situations, falls and accident prevention, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), resident rights during training year 1/1-12/31/2025.

Plan of Correction ***Directed ([redacted] - 06/24/2026)***

Direct care staff persons A, C, D, and E did complete annual training in fire safety on 10/20/2025 and 11/05/2025, emergency preparedness, resident rights, Older Adult Protective Services Act requirements, and falls and accident prevention. All future annual trainings will be tracked and documented by the administrator to ensure required topics are completed within the training year.

Proposed Overall Completion Date: 06/02/2026

65g - Annual Training Content (continued)

Directed POC:

The attached fire safety training is not complaint with this chapter.

Within 15 days of the receipt of the plan of correction: *Direct care staff persons A, C, D and E shall receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, emergency preparedness, resident rights, Older Adult Protective Services Act and falls and accident prevention. Documentation of training shall be kept in accordance with 2600.65i.*

Proposed Overall Completion Date: 07/10/2026

Directed Completion Date: *07/10/2026*

Implemented ([redacted] - 08/11/2026)

91 - Telephone Numbers

7. 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

There are no emergency telephone numbers to include the nearest hospital and fire department by the telephone located in the dining room or near the resident common areas.

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

Emergency telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management agency, and personal care home complaint hotline were posted near the dining room telephone and resident common area telephones. Beginning 6/15/2026 the administrator will conduct and document monthly checks to ensure postings remain current and visible. Staff training was completed an 5/26/2026 for all staff members.

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented ([redacted] - 08/11/2026)

101j7 - Lighting/Operable Lamp

8. 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

The 3rd floor back bedroom does not have access to a source of light that can be turned on/off at bedside.

Repeat Violation: 4/29/2025

101j7 - Lighting/Operable Lamp *(continued)*

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

An operable bedside lamp was placed in the 3rd floor back bedroom immediately to ensure the resident has access to lighting that can be turned on and off at bedside. Beginning 5/26/2026 all direct Staff care will inspect resident bedrooms daily to ensure all required lighting remains operable and available.

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented ([redacted] - 08/11/2026)

103i - Outdated Food

9. Requirements

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

Description of Violation

There was an unlabeled, undated smoked sausage and jar of Hellman's Avocado and Lemon Mayonnaise in the refrigerator located in the kitchen.

Repeat Violation: 4/29/2025

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

The unlabeled and undated food items were immediately discarded from the refrigerator. Staff were re-educated on proper food labeling, dating, and storage procedures. Beginning 06/03/2026 weekly kitchen inspections will be conducted by the administrator or designee to ensure outdated, spoiled, or unlabeled food items are not present.

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented ([redacted] - 08/11/2026)

132f - Alternate Exit Routes

10. Requirements

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The front door was the primary exit route used during the fire drills held on 1/23/2025, 2/20/2025, 3/20/2025, 4/22/2025, 5/21/2025, 6/20/2025, 7/18/2025, 8/17/2025, 10/16/2025, 11/18/2025, 12/16/2025,1/19/2026, 2/18/2026, 3/10/2026 and 4/12/2026.

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

The administrator re-educated staff on the requirement to use all alternate exit routes during fire drills. Future fire drills will rotate between all approved exits to ensure residents and staff are familiar with all alternate evacuation routes. Fire drill documentation will reflect the exit route used for each drill. Fire drill using all alternate exit was done on 5/27/2026. The administrator/designee will review the fire drill log every 3 months for ongoing compliance.

Licensee's Proposed Overall Completion Date: *06/16/2026*

Implemented ([redacted] - 08/11/2026)

132g - Fire Drills Days/Times

11. Requirements

2600.
132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills between the 16th-23rd of every month as evidenced by the following drills 1/23/2025 at 8:56a, 2/20/2025 at 2:18a, 3/20/2025 at 9:45a, 4/22/2025 at 10:15a, 5/21/2025 at 9:30p, 6/20/2025 at 11:25a, 7/18/2025 at 5:30a, 8/17/2025 at 8:30p, 9/19/2025 at 10a, 10/16/2025 at 2:20[, 11/18/2025 at 12:30p, 12/16/2025 at 4:15p, 1/19/2026 at 2:30a and 2/18/2026 at 10:15a.

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Plan of Correction ***Accept ([redacted] - 06/24/2026)***

The administrator reviewed fire drill scheduling requirements with staff. Future fire drills will be conducted on varying days and at varying times to ensure compliance with regulations. Staff training was done with all staff as a reminder to ensure to use alternative exits during any fire drill/emergency. The administrator will ensure a quarterly audit is done starting 5/27/26 to ensure that there will be no predictable dates and time of fire drills.

Licensee's Proposed Overall Completion Date: *06/09/2026*

Implemented ([redacted] - 08/11/2026)

185a - Implement Storage Procedures

12. Requirements

2600.
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 [redacted] as needed. On 4/30/2026 this medication was not available in the home.

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

Resident 2's prescribed [redacted] medication was obtained and made available in the home on 5/27/2026. Medication inventory procedures were reviewed with staff to ensure all prescribed medications are available and properly maintained at all times. The Administrator/designee will put in place a quarterly audit to ensure that all PRN medications are checked and said medication is in the facility at all times. Audit date 5/27/26.

Licensee's Proposed Overall Completion Date: *06/09/2026*

Implemented ([redacted] - 08/11/2026)

187a - Medication Record

13. 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 4 is prescribed [redacted] This medication was administered on 4/30/2026 at 8am; however, it is not included on resident 4's April medication administration record.

187a Medication Record (continued)

Resident 4 is prescribed [redacted] *This medication was administered on 4/30/2026 at 8am; however, it is not included on resident 4's April medication administration record.*

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

Resident 4's medication administration record was updated to accurately include all prescribed medications administered. Staff responsible for medication administration were re educated on proper MAR documentation procedures. Monthly audit was done on 6/3/2026 and will be completed monthly by the administrator or designee to ensure accuracy and completeness.

Licensee's Proposed Overall Completion Date: *06/09/2026*

Implemented ([redacted] - 08/11/2026)

252 - Record Content

14. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:
3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Residents 1,2, and 3's records do not include a photograph of each resident that is no more than 2 years old.

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

The administrator immediately took pictures of resident 1, 2 and 3 and develop photos at nearby print shop. As of 5/27/2026 all resident record has a verified Updated photographs placed in their resident records. The administrator implemented a record review process to ensure resident photographs remain current and will spot check quarterly to ensure all photos are updated at least every two years.

Licensee's Proposed Overall Completion Date: *06/09/2026*

Implemented ([redacted] - 08/11/2026)