



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 15, 2015

Ms. Linda M. Curto, Administrator
Paul's Run, Inc.
9896 Bustleton Avenue
Philadelphia, Pennsylvania 19115

RE: Paul's Run
Floors 3 & 4 Building B
License # 176990

Dear Ms. Curto:

As a result of the Department of Human Services' licensing inspection on October 16, 2014 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in cursive script that reads "Roslyn Brewer".

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: PAUL S RUN		License Number: 17699
Address: 9896 BUSTLETON AVENUE, PHILADELPHIA, PA 19115		County: Philadelphia
Administrator: Linda Curto		Region: SOUTHEAST
Legal Entity Name: PAULS RUN INC		
Legal Entity Address: 9896 BUSTLETON AVENUE, PHILADELPHIA, PA 19115		
Certificate(s) of Occupancy nm nm		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 85	Waking Staff: 64
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 10/16/2014: Keelty, Jennifer; Braswell, Natasha		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 170 Number of Residents Served: 85 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 11		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 85 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0

Linda M Curto / Linda M Curto 1-11-14/11-15

Violation Report: 17699 - 10/16/2014 - Keely, Jennifer
 PCH Name: PAUL S RUN

1. REGULATION 65 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident # 1's records indicate a history of falls as well as a need for reminders to use a walker. Resident # 1's assessment and support plan, finalized 8/29/2014, did not indicate how the home will assist the resident with this need.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Steps to correct:

* All Nursing Staff were in-serviced on Regulation 2600.227d for understanding, compliance and accountability to ensure that each residents needs are met initially as well as when those needs change and that accountability for meeting those needs is firmly established.

Dates completed October 17, 2014 - October 21, 2014

* Audit was completed by Personal Care Nurse Manager to assure accuracy and compliance. Date completed October 23, 2014.

Steps to prevent:

A Quality Assurance Coordinator/Designee has been implemented to assure residents needs are being met initially as well as when the needs change. Nurses for each team are directly accountable to see that all residents needs are identified and met and reflected on the RASP. The Quality Assurance Coordinator will audit residents chart/RASP monthly to assure needs have been identified and met and nurses are monitoring accountability for compliance. Completion Date: ongoing.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Linda M Curtis*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Linda M Curtis* Date *1-11-15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/12/15
 (Date)

Plan of correction implementation status as of 1/12/15
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*
 (Initials)