



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 11 2017

Ms. Linda M. Curto,
PC Administrator
Paul's Run, Inc.
Floors 3 & 4, Building B
9896 Bustleton Avenue
Philadelphia, Pennsylvania 19115

RE: Paul's Run
License #: 176990

Dear Ms. Curto:

As a result of the Department of Human Services' annual licensing inspection on June 22, 2016 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in cursive script that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 17699 - 06/22/2016 - Gray, Dean
 PCH Name: PAUL S RUN

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The floor behind the television, located in the third floor dining room, was uneven.

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.

Specific change: Uneven tiles were removed and replaced with new tile flooring behind the television.

Change made by: Maintenance staff under the supervision of the Maintenance Supervisor.

Change made on: 6/22/2016 (Day of Survey)

System to assure that violation will not occur:

- Environmental rounds will include area floors, walls, ceilings, windows, doors, and other surfaces must be clean, in good repair, and free of hazards.
- Rounds will be done weekly in common areas by Supervisor and Household Coordinators. Documentation will be maintained in the Administration Office. (Audit form attached)
- Environmental Services Manager and Personal Care Administrator will monitor-ongoing.

Training:

- Staff was in-serviced on the importance of a hazard free environment and the responsibility to assure safety in the community. (attached)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Linda M. Curtzo PL Administrator</i>	Date <i>9-2-16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u><i>9/2/16</i></u> (Date)	Plan of correction implementation status as of <u><i>9/2/16</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 17699 - 06/22/2016 - Gray, Dean
 PCH Name: PAUL S RUN

1. REGULATION 65 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 Two drawers were missing from the cabinet located on the third floor dining room/activity area.

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.

Specific change: Cabinet drawers have been replaced with new cabinet drawers that were ordered 5/18/2016.
Change made by: 6/22/2016 (Day of Survey)- Maintenance Staff and Supervisor
 7/18/16- Maintenance Supervisor (instillation of new cabinet drawer)
Change made on: 6/22/2016 (Day of Survey) - Cabinet front panels were affixed on front of missing drawer to prevent a hazard.
 7/18/16- New cabinet drawers with front panels were installed.
 (Recent attached)

System to assure that violation will not occur:

- Environmental rounds will include area floors, walls, ceilings, windows, doors, and other surfaces must be clean, in good repair, and free of hazards.
- Rounds will be done weekly in common areas by Supervisor and Household Coordinators. Documentation will be maintained in the Administration Office. (Audit sheet attached)
- Environmental Services Manager and Personal Care Administrator will monitor-ongoing.

Training:

- Staff has been in serviced on how it is everyone's responsibility to report any environmental hazard and follow up to assure the safety of the community.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Linda M. Quato*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Linda M. Quato Administrator* Date *9-5-16*

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The above plan of correction is approved as of <i>9/6/16</i> (Date)	Plan of correction Implementation status as of <i>9/6/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 17689 - 06/22/2016 - Gray, Dean PCH Name: PAULS RUN	
1. REGULATION 55 Pa.Code §2600 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.	
2a. DESCRIPTION OF VIOLATION On 6/22/16, at 1:30 PM, there was no thermometer in the ice cream freezer, located in the main kitchen.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>3. Plan of Correction (POC) (attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be complete immediately, include dates by which steps will be completed.</i></p> <p>Specific change: Thermometer was placed in ice cream freezer in the main kitchen Change made by: Director of Dietary Services Change made on: 6/22/2016 (Day of Survey) – At the time of discovery System to assure that violation will not occur:</p> <ul style="list-style-type: none"> - Temperature Log Form was re-implemented by Dietary Management. Form will be kept on file for a year in the Manager's Office. (Log Form Attached) - Reviewed and monitored by Dietary Director – ongoing. <p>Training:</p> <ul style="list-style-type: none"> - Dietary staff has been in-serviced on refrigerator and freezer thermometers. (Training attached) 	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Linda M Courts</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Linda M Courts Administrator</i>	Date <i>6-2-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>6/6/16</i> (Date)	Plan of correction Implementation status as of <i>6/6/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 17699 - 06/22/2016 - Gray, Dean
 PCH Name: PAUL S RUN

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- Resident #1 is prescribed blood glucose testing twice a week on Monday and Thursday before breakfast and dinner. Blood glucose testing was administered on 6/2/16 at 2:08 pm; 6/13/16 at 4:00 am and 2:48 pm; 6/16/16 at 2:00 pm and 6/20/16 at 2:30 pm. Glucometer readings were missing for before breakfast on 6/2/16, 6/8/16, 6/9/16, 6/18/16 and 6/20/16. Glucometer readings before dinner were missing on 6/2/16, 6/8/16, 6/9/16, 6/13/16 and 6/20/16. Breakfast is served 7:00 am - 9:00 am and dinner is served at 5:00 pm daily.
- Resident #2 is prescribed blood glucose testing before breakfast on Monday and before dinner on Wednesday. Glucose testing was administered on 6/1/16 at 1:52 pm; 6/8/16 at 2:45 pm; 6/13/16 at 3:49 pm and 6/15/16 at 2:10 pm. There were no glucometer readings on 6/6/16 and 6/20/16. Breakfast is served 7:00 am - 9:00 am and dinner is served at 5:00 pm daily.
- Resident #3 is prescribed blood glucose testing three times daily before meals. Glucometer reading were missing on 6/11/16, 6/12/16, 6/15/16, 6/16/16 and 6/17/16. Blood glucose testing was administered on 6/5/16 at 2:39 pm and 9:45 pm; 6/6/16 at 2:23 pm; 6/7/16 at 4:06 am and 1:51 pm; 6/8/16 at 2:23 pm; 6/9/16 at 9:49 am and 2:01 pm; 6/10/16 at 10:03 am; 6/14/16 at 3:46 am; 6/18/16 at 4:06 am and 9:29 am; 6/19 at 3:13 pm and 6/20/16 at 2:09 pm. Breakfast is served at 7:00 am - 9:00 am, lunch is served at 12:00 pm and dinner is served at 5:00 pm.

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.

Plan of Correction Response attached

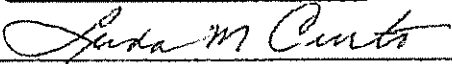
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Linda M. Cucko*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Linda M. Cucko Administrator* Date *9-2-16*

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The above plan of correction is approved as of <i>10/28/16</i> (Date)	Plan of correction implementation status as of <i>10/28/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 17699- 06/22/2016- Gray, Dean	
PCH Name: Paul's Run	
1.Regulation 55 Pa. Code §2600 2600.187(d) - The home shall follow the directions of the prescriber.	
2a. Description of Violation	
<p>-Resident #1 is prescribed blood glucose testing twice a week on Monday and Thursday before breakfast and dinner. Blood glucose testing was administered on 6/2/16 at 2:08pm; 6/13/16 at 4:00 am and 2:48pm; 6/16/16 at 2:00pm and 6/20/16 at 2:30pm. Glucometer readings were missing for before breakfast on 6/2/16, 6/6/16, 6/9/16, 6/16/16, and 6/20/16. Glucometer readings before dinner were missing on 6/2/16, 6/6/16, 6/9/16, 6/13/16, and 6/20/16. Breakfast is served 7:00 am -9:00am and dinner is served at 5:00pm daily.</p> <p>-Resident #2 is prescribed blood glucose testing before breakfast on Monday and before dinner on Wednesday. Glucose testing was administered on 6/1/16 at 1:52pm; 6/8/16 at 2:45pm; 6/13/16 at 3:49 and 6/15/16 at 2:10pm. There were no glucometer readings on 6/6/16 and 6/20/16. Breakfast is served 7:00am-9:00 am and dinner is served at 5:00pm daily.</p> <p>-Resident #3 is prescribed blood glucose testing three times daily before meals. Glucometer reading were mission on 6/11/16, 6/12/16, 6/15/16, and 6/17/16. Blood glucose testing was administered on 6/5/16 at 2:39pm and 9:45pm; 6/6/16 at 2:23pm; 6/7/16 at 4:06am and 1:51pm; 6/8/16 at 2:23pm; 6/9/16 at 9:49am and 2:01pm; 6/10/16 at 10:03am; 6/14/16 at 3:45am; 6/18/16 at 4:06am and 9:29am; 6/19/16 at 3:13 pm and 6/20/16 at 2:09pm. Breakfast is served at 7:00am- 9:00am, lunch is served at 12:00pm and dinner is served at 5:00pm.</p>	
3. Plan of Correction (POC) (attach pages as necessary. Remember that you must sign and date any attached pages.)	
<i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be complete immediately, include dates by which steps will be completed.</i>	
<p>Specific change: All Glucometers audited and adjusted to reflect accurate date and time in order to be able to follow the directions of the prescriber</p> <p>Change made by: Personal Care Nurse Manager</p> <p>Change made on: 6/23/2016</p> <p>How was it changed: Glucometers were adjusted to correct date and time to ensure all residents, receiving prescribed blood glucose testing receive this service as prescribed by the physician.</p> <p>System to assure that violation will not occur: Weekly Glucometer blood glucose audits will be done by nursing supervisors and reviewed by manager and monitored by PC Administrator. (Form attached)</p> <p>Training:</p> <ul style="list-style-type: none"> - In servicing of all Personal Care Nursing on Glucose Monitoring Policy and Procedures by RN Nurse Educator (P/P attached) - Developed Glucose Monitoring (Accucheck) Flow Sheet. All Nurses in-service by RN Nurse Educator. - Blood Glucose Monitoring Competency was done by RN Nurse Educator on all nurses. Competencies will be done on all new hires. 	
Repeat Violation: No	Dates(s) of Previous Violations(s)
Signature of Legal Entity Representative (Required on EVERY Page)	
	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Linda M Curto PC Administrator	9-2-16