



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: MAR 13 2017**

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

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

Dear Ms. Curto:

As a result of the Department of Human Services' licensing inspection on December 28, 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.

Sincerely,

A handwritten signature in black ink, appearing to read 'Patricia Adams', written over a horizontal line.

Patricia Adams  
Human Services Licensing Supervisor

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<br>NM<br><br>NM  |   |                       |
| Staffing Hours<br>Resident Support: NM                      Total Daily Staff: 84                      Waking Staff: 63  |   |                       |
| Type of Inspection: Interim - POC                      BHA Docket Number:                      Notice: Unannounced   |   |                       |
| Reason(s) for inspection(s)<br>Interim   |   |                       |
| On-Site Inspections Dates and Department Representatives On-Site<br>12/28/2016: Thomas, Tahesia  |   |                       |
| Off-Site Inspection Dates and Inspectors, if Applicable  |   |                       |
| Other Details<br>Partial or Full Triggers:                      Random Indicators:   |   |                       |
| Resident Demographic Data as of Inspection Dates   |   |                       |
| Licensed Capacity: 170<br>Number of Residents Served: 84<br>Secured Dementia Care Unit in Home: No<br>Area:<br>Secured Dementia Unit Capacity, If Applicable:<br>Number of Residents Served in Secured Dementia Care Unit, If applicable:<br>Number of Current Hospice Residents: 1<br>Number of Hospice Residents in past year: 2 | Number of Residents who:<br>Receive Supplemental Security Income: 0<br>Are 60 Years of Age or Older: 84<br>Have Mental Illness: 0<br>Have an Intellectual Disability: 0<br>Have a Mobility Need: 0<br>Have a Physical Disability: 0 |                       |

*Linda M Curto - Administrator Linda M Curto 1-31-17*

Violation Report: 17699 - 12/28/2016 - Thomas, Tahesia

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**

- On 12/28/16, the home did not follow the prescriber's order that states to completed accu-checks twice a week on Mondays and Thursdays for Resident # 1. The home completed an accu-check at 7:00 am on 12/28/16, which is a Wednesday.

- The home received an order from the prescriber on 9/29/16 to complete accu-checks on Resident # 1 for twice a day for two weeks. The home did not discontinue the prescriber's order in the two week time frame. The home continued the accu-checks until 10/22/16. In addition, the home did not complete evening accu-checks for Resident # 1 on 10/01/16, 10/07/16 and 10/08/16.

- Resident # 2 is prescribed accu-checks daily at breakfast, lunch and dinner. Accu-checks were not completed at lunchtime on 12/08/16, 12/23/16 and 12/26/16; at dinnertime on 12/09/16, 12/13/16, 12/16/16 and 12/17/16.

**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.*

*See Attached*

Repeat Violation: No

Date(s) of Previous Violation(s):

06/22/2016

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Linda M. Curto*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Linda M. Curto - Administrator*

Date

*1-31-17*

**DEPARTMENT USE ONLY, HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of

*3/7/17*  
(Date)

Plan of correction implementation status as of

*3/7/17*  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

**Violation Report: 17699 – 12/28/2016 – Thomas, Tahesia**  
**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**

- On 12/28/16, the home did not follow the prescriber's order that states to completed accu-checks twice a week on Mondays and Thursdays for Resident #1. The home completed an accu-check at 7:00am on 12/28/16, which is a Wednesday
- The home received an order from the prescriber on 9/29/16 to complete accu-checks on Resident #1 for twice a day or two weeks. The home did not discontinue the prescriber's order in the two week time frame. The home continued the accu-checks until 10/22/16. In addition, the home did not complete evening accu-checks for Resident #1 on 10/01/16, 10/07/16 and 10/08/16.
- Resident #2 is prescribed accu-checks daily at breakfast, lunch and dinner. Accu-checks were not completed at lunchtime on 12/08/16,12/23/16 and 12/26/16; at dinnertime on 12/09/16 and 12/17/16.

**3. Plan of Correction (POC)**

**Specific change:** Glucose monitoring policy was updated (see attached). All orders to be checked on 11-7 on the day prescribed and re-checked weekly by supervisors as part of the updated Glucometer/Blood Glucose Weekly Audit Form.

Developed a Physician Notification Missed Medication Form , Glucometer/Blood Glucose Weekly Audit Form was updated (see attached)

**Change made by:** Personal Care Administrator Personal, Care Nurse Manager and Nurse Educator

**Change made on:** January 30, 2017

**System to assure that violation will not occur:**

1. Orders to be verified prior to Accurate Glucometer Blood/Glucose Weekly Audit -- On Wednesdays by Nurse Supervisor, Reviewed by PC Nurse Manager and a weekly outcome audit reported to PC Administrator
2. Nurse Manager to review all missed medication/treatment forms
3. All Nurses to be held accountable for accuracy and following policies

**Training:**

In-service held on updated Glucose monitoring Policy and updated Glucometer/Blood Glucose weekly Audit form as well as introduction to new Physicians Notification Missed Medication/Treatment Form.

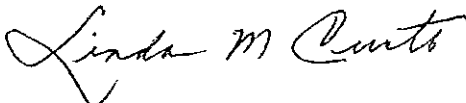
In-service for accountability of supervisors to accurately follow regulations and policies.

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)**

Linda M Curto - Administrator

Date

1-31-17

Violation Report: 17699 - 12/28/2016 - Thomas, Tahesia  
 PCH Name: PAUL S RUN

1. REGULATION 55 Pa.Code §2600  
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION  
 - On 10/01/16, 10/07/16, and 10/08/16, an error in Resident # 1's medication administration occurred involving missing prescribed accu-checks. The error was not reported to the Resident's designated person and / or prescriber.  
 - On 10/15/16, 10/16/16, 10/17/16, 10/18/16, 10/19/16, 10/22/16, and 12/28/16, an error in Resident # 1's medication administration occurred involving additional accu-checks that were not prescribed. The error was not reported to the Resident's designated person and / or prescriber.  
 - On 12/08/16, 12/09/16, 12/13/16, 12/16/16, 12/17/16, 12/23/16, and 12/26/16, an error in Resident # 2's medication administration occurred involving missing prescribed accu-checks. The error was not reported to the Resident's designated person and / or prescriber.

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.

See Attached

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

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

|  |                        |
|--|------------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Linda M Curto - Administrator</i> | Date<br><i>1-31-17</i> |
|--|------------------------|

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

|   |   |
|---|---|
| The above plan of correction is approved as of <u>3/7/17</u><br>(Date)        | Plan of correction implementation status as of <u>3/7/17</u><br>(Date)  |
| The above plan of correction was approved by <i>[Signature]</i><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

**Violation Report:** 17699 – 12/28/2016 – Thomas, Tahesia

**PCH Name:** Paul's Run

**1.Regulation 55 Pa. Code §2600**

2600.188(b) – A Medication error shall be immediately reported to the resident, the resident's designated person and the prescriber

**2a. Description of Violation**

- On 10/01/16, 10/07/16 and 10/08/16, an error in Resident #1's medication administration occurred involving missing prescribed accu-checks. The error was not reported to the Resident's designated person and / or prescriber.
- On 10/15/16, 10/16/16, 10/17/16, 10/18/16, 10/19/16, 10/22/16 and 12/28/16, an error in Resident #1's medication occurred involving additional accu-checks that were not prescribed. The error was not reported to the Resident's designated person and / or prescriber.
- On 12/08/16, 12/09/16, 12/13/16,12/17/16,12/23/16, and 12/26/16, an error in Resident #2 medication administration occurred involving missing prescribed accu-checks. The error was not reported to the Resident's designated person and / or prescriber.

**3. Plan of Correction (POC)** (attach pages as necessary. Remember that you must sign and date any attached pages.)

**Specific change:** Development of Physician Notification Missed Medication/Treatment (which includes Accu-check Form) to effectively document immediate notification to resident, physician and resident representative

**Change made by:** Personal Care Administrator, Personal Care Nurse Manager and Nurse Educator

**Change made on:** January 30, 2017

**System to assure that violation will not occur:**

All resident orders are to be checked accurately by 11-7 nursing staff daily and documented to be monitored by PC Nurse Manager.

New Physician notification form for missed medications /treatments was put into place and to be reviewed by RN Nurse Manager.

Nursing staff will be held accountable for reporting immediately an error to resident, resident representative and physician and/or identification of another staff person's error to avoid resident injury as a result of the error. Monitored by PC Nurse Manager.

PC Administrator to be notified for all error & reportables.

**Training:**

Nursing staff on 11-7 was reinforced on accurate daily chart checks on all orders.

In-service on New Physician Notification Missed Medication/Treatment Form.

Nursing Staff in-serviced on the importance of accuracy and accountability of medications, Treatments and Accu-checks.

Repeat Violation: No

Dates(s) of Previous Violations(s)

**Signature of Legal Entity Representative**

**(Required on EVERY Page)**

*Linda M Curto*

**Printed Name and Title of Legal Entity Representative**

**(Required on EVERY Page)**

*Linda M Curto, PC Administrator*

**Date**

*1-31-17*