



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
July 30, 2018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
July 30, 2018

Ms. Katrina Kane Wise
Vice President/Executive Director
Paul's Run, Inc.
9896 Bustleton Avenue
Philadelphia, Pennsylvania 19115

RE: Paul's Run
License #: 176990

Dear Ms. Wise:

As a result of the Department's Bureau of Human Services Licensing inspection on June 20, 2018 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 "Kenneth L. Wilson".

Kenneth L. Wilson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

VIOLATION REPORT

PERSONAL CARE HOME – 55 Pa. Code Chapter 2600

Page 1 of 3

PCH Name: PAUL'S RUN		License Number: 17699
Address: 9896 Bustleton Avenue, Philadelphia, PA 19115		County: Philadelphia
Administrator: Dana Guyton		Region: SOUTHEAST
Legal Entity Name: PAULS RUN INC		
Legal Entity Address: 9896 Bustleton Avenue, Philadelphia, PA 19115		
Certificates of Occupancy Other 09/13/1979 PHILADELPHIA L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 93 Waking Staff: 70		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 06/20/2018: Braswell, Natasha; Carrion, David		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details Partial or Full Triggers: Random Indicators		
Resident Demographics Data as of Inspection Dates		
Licensed Capacity: 170	Number of Residents who:	
Number of Residents Served: 93	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 93	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, If applicable	Have a Mobility Need: 0	
Number of Current Hospice Residents: 1	Have a Physical Disability: 0	
Number of Hospice Residents in the past year: 3		

K.W. 7/30/18

VIOLATION REPORT

PERSONAL CARE HOME – 55 Pa. Code Chapter 2600

Page 2 of 3

Violation Report: 17699 – 06/20/2018-Brasswell, Natasha PCH Name: PAUL'S RUN			
1. Regulation 55 Pa.Code 2600 2600.66(b) – The plan must include training aimed at improving the knowledge and skills of the home’s direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following: (1) The name, position and duties of each direct care staff person. (2) The required training courses for each staff person. (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.			
2a. DESCRIPTION OF VIOLATION The home’s staff training plan does not include diabetic training for the nurses providing diabetic care for the residents.			
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: All nurses were given Diabetes Training. This training was open for all staff to attend.			
Change made by: PC Administrator [redacted] worked with [redacted] PC RN Nurse Manager and [redacted] RN Nurse Educator to develop Diabetes education for the nurses. Nurse Educator, Jasmine Forte educated the nurses on the Diabetes training.			
Change made on: Friday, July 6, 2018			
System to assure that violation will not occur again: Diabetes training will be added to the training plan for the upcoming year. Nurses will be required to complete Diabetes training annually. In addition, any new hires will complete the training upon hire.			
Training: Diabetes training will be added to the training plan for the upcoming year. Nurses will be required to complete Diabetes training annually. In addition, any new hires will complete the training within their orientation period. (Copy of training is attached)			
Repeat Violation: No	Date(s) of Previous Violations		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Katrina Kane Wise</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Katrina Kane Wise Vice President – Executive Director		Date: 7/25/18	
DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>7/30/18</u> (Date)		Plan of correction implementation status as of <u>7/30/18</u> (Date)	
The above plan of correction was approved as of <u>K.W.</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

Violation Report: 17699 – 06/20/2018 – Braswell, Natasha PCH Name: PAUL'S RUN	
1. Regulation 55 Pa.Code 2600 2600.187(a) – A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pre re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	
2a. DESCRIPTION OF VIOLATION The medication administration record for resident #1 does not include a meter reading of 151 checked on 06/18/18 at 7:59 am. The medication administration record for resident #2 does not include the meter reading listed as "HI" on 06/22/18 at 8:51 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. Specific change: PRN orders (provided by the residents' attending physicians) have been added to the medication record for all residents who require glucose monitoring. The orders provide a place to document additional accuchecks for status post fall and significant events. Change made by: PC RN Manager received the PRN orders and added them to the IMAR. Change made on: 6/29/18 System to assure that violation will not occur again: <ul style="list-style-type: none"> • Glucose monitoring policy and procedures was updated and will be followed by staff. • Accucheck audit tool was updated and will be completed weekly. To be reviewed by PC RN Nurse Manager weekly and monitored by the PC Administrator. Audits will be documented and maintained for department review. Training: <ul style="list-style-type: none"> • In-servicing on Glucometer Policy and Procedures by PC RN Nurse Manager. • Revised the Glucose Monitoring Weekly Audit and in-serviced nurses on the changes. 	
Repeat Violation: No	Date(s) of Previous Violations
Signature of Legal Entity Representative (Required on EVERY Page) <i>Katrina Kane Wise</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Katrina Kane Wise Vice President – Executive Director	Date: 7/25/18
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