



Sent via e-mail lindac@paulsrun.org
Sent via e-mail danag@paulsrun.org
June 17, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 12 and 13, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

RECOMMENDATION FOR CERTIFICATE OF COMPLIANCE (RENEWALS ONLY)

INSTRUCTIONS: Regional Program Office completes form, makes two copies, keeps one copy and forwards the original and one copy to the Licensing Office. (This form is to be used for RENEWALS ONLY.)

REGION SOUTHEAST		COUNTY PHILADELPHIA	
NAME AND ADDRESS OF AGENCY/FACILITY PAUL'S RUN		FACILITY E-MAIL DANAG@PAULSRUN.ORG	
FLOORS 3 & 4; BUILDING B.			
9896 BUSTLETON AVENUE,			
PHILADELPHIA 19115			
MAILING ADDRESS OF FACILITY		LEGAL E-MAIL DANAG@PAULSRUN.ORG	
9896 BUSTLETON AVENUE			
PHILADELPHIA PA 19115		TELEPHONE NO: 215-934-3000	
NAME OF LEGAL ENTITY PAULS RUN INC		FEIN/SSN:	
CURRENT CERTIFICATE NUMBER ▶ 176990	TYPE OF CONTROL ▶ <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE		
EFFECTIVE DATE ▶ FROM [REDACTED] 02-13-20 TO [REDACTED] 02-13-21	IF PRIVATE ▶ <input type="checkbox"/> PROFIT <input checked="" type="checkbox"/> NON-PROFIT		

TYPE OF FACILITY & TYPE OF SERVICE PROVIDED	
ADULT RESIDENTIAL FACILITIES PERSONAL CARE HOMES	
DATE(S) OF INSPECTION ▶ 02-12-2020 and 02-13-2020	

RECOMMENDATIONS			
<input checked="" type="checkbox"/> CERTIFICATE RECOMMENDED	TYPE <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> PROVISIONAL	IF PROVISIONAL <input type="checkbox"/> FIRST <input type="checkbox"/> SECOND <input type="checkbox"/> THIRD <input type="checkbox"/> FOURTH	
		SCORE	PERIOD FROM _____ TO _____
<input type="checkbox"/> CERTIFICATE NOT RECOMMENDED	REASON <input type="checkbox"/> DENIAL <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> REVOCATION <input type="checkbox"/> VOLUNTARY CLOSURE <input type="checkbox"/> OTHER		
LIST REGULATION CHAPTER 2600		FIRE SAFETY APPROVAL ▶ <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		DATE 09-13-79	TYPE other
		LICENSED CAPACITY 170	CURRENT CENSUS 88

LIST ANY RESTRICTIONS TO OCCUPANCY OR WAIVERS OF REGULATION

Shawn Parker 06-16-2020

 SIGNATURE – PERSON MAKING RECOMMENDATION

 APPROVED BY

Violation Report

Facility Information

Name: PAUL'S RUN License Number: 17699
Address: 9896 BUSTLETON AVENUE,, FLOORS 3 & 4; BUILDING B,, PHILADELPHIA, PA 19115
County: PHILADELPHIA Region: SOUTHEAST

Administrator

Name: Dana Guyton Phone: 2159343000 Email: DANAG@PAULSRUN.ORG

Legal Entity

Name: PAULS RUN INC
Address: 9896 BUSTLETON AVENUE, PHILADELPHIA, PA, 19115

Certificate(s) of Occupancy

Type: Other Date: 09/03/1979 Issued By: Philadelphia L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 88 Waking Staff: 66

Inspection

Type: Full BHA Docket #: Notice: Unannounced
Reason: Renewal, Complaint, Incident

Inspection Dates and Department Representative

02/12/2020 - On-Site: Michele Swisher, Evelyn Perez
02/13/2020 - On-Site: Michele Swisher, Evelyn Perez

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 170 Residents Served: 88

Secured Dementia Care Unit

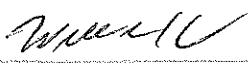
In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 88
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

 4/16/2020

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 1/2/2020, at 7:00am, resident 1 informed staff person A that staff person B grabbed them by the neck and forced them into a cold shower. This incident was reported to staff person C on 1/2/2020 immediately after being informed by resident. However, this allegation of abuse was was not reported to the local area agency on aging until 1/2/2020 at 3:30 pm.

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.)

Please see attachment.

Legal Entity Representative



Signature

William Hines, Executive Director

Printed Name and Title

4/16/2020

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

06-16-2020
(Date)

Plan of correction implementation status as of

06-16-2020
(Date)

- Implemented
- Not Implemented

The above plan of correction was approved by

SP
(Initials)

Plan of Correction

Facility Information: Paul's Run

License #: 176990

Address: 9896 Bustleton Avenue, Floors 3 & 4, Building B, Philadelphia, PA 19115

County: Philadelphia

Region: Southeast

Regulation:

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Violation:

On 1/2/2020, at 7:00am, resident 1 informed staff person A that staff person B grabbed them by the neck and forced them into a cold shower. This incident was reported to staff person C on 1/2/2020 immediately after being informed by resident. However, this allegation of abuse was not reported to the local area agency on aging until 1/2/2020 at 3:30 pm.

POC:

Specific Change:

All staff will adhere to the Paul's Run Abuse or Neglected Resident Policy (Attachment A), supported by DHS regulation 2600.15 and 2600.16. Per this policy all staff are to report suspected abuse to their supervisor as soon as possible after an alleged incident occurs. The Nursing Supervisor will report to the Personal Care Nurse Manager and the Personal Care Home Administrator, who will in turn immediately report the suspected abuse to the Department of Human Services and the Area Agency on Aging (PCA).

Responsible Person:

All staff are responsible for reporting suspected abuse immediately. The Personal Care Home Administrator is responsible for reporting the suspected abuse to the DHS and PCA.

Target/Completion Date:

Training on recognizing and reporting abuse completed 1/31/2020. Training is ongoing, with two training sessions a year.

System to prevent violation from occurring again:

Ongoing training to ensure all staff including the Personal Care Administrator, understand and follow the reporting guidelines for suspected abuse.

Training:

Two trainings are completed internally for all staff on Abuse (See Attachment B, Staff Training Plan). Contacted PCA for additional training for staff. This is on hold until the COVID-19, social distancing restrictions are lifted.

 4/16/2020

15c - Supervision

Regulations

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

Staff person B was placed on suspension following an allegation of abuse on 1/2/2020. The home did not submit a plan of supervision for approval to the department and staff person returned to work on 1/3/2020.

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.)

Please see attachment.

Legal Entity Representative



Signature

William Hines, Executive Director

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4/16/2020

Date

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(Initials)

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Not Implemented

Plan of Correction

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License #: 176990

Address: 9896 Bustleton Avenue, Floors 3 & 4, Building B, Philadelphia, PA 19115

County: Philadelphia

Region: Southeast

Regulation:

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Violation:

Staff person B was placed on suspension following an allegation of abuse on 1/2/2020. The home did not submit a plan of supervision for approval to the department and staff person returned to work on 1/3/2020.

POC:

Specific Change:

A formal Plan of Supervision or suspension of staff will be submitted to the Department for approval. In compliance with the guidelines of the "Abuse and Abuse Reporting" section of the Regulatory Compliance Guide (55 Pa. Code Chapter 2600, April 2013), the plan of supervision/suspension will remain in effect until the home and the Department have concluded their investigations. These guidelines have been added to the Paul's Run Personal Care Abused or Neglected Residents Policy and Procedure (Attachment A) to ensure compliance.

Responsible Person:

Personal Care Home Administrator

Target/Completion Date:

March 2, 2020

System to prevent violation from occurring again:

All staff are required to take Abuse training twice a year which includes a review of the Paul's Run Personal Care Abused or Neglected Residents Policy and Procedure.

Training:

Training on recognizing and reporting abuse is conducted twice a year (See Attachment B, Staff Training Plan).

 4/16/2020

24 - Personal Hygiene

Regulations

2600.

24. Personal Hygiene - A home shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:

- 1. Bathing.
- 2. Oral hygiene.
- 3. Hair grooming and shampooing.
- 4. Dressing, undressing and care of clothes.
- 5. Shaving.
- 6. Nail care.
- 7. Foot care.
- 8. Skin care.

Description of Violation

The Resident Assessment Support Plan (RASP) for resident #1 states they can bathe and take care of their own personal hygiene needs with no assistance. There was no need for Staff person B to assist them in the shower.

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.)

Please see attachment.

Legal Entity Representative

William Hines
Signature

William Hines, Executive Director 4/16/2020
Printed Name and Title Date

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(Date)

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(Date)

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(Initials)

Implemented
 Not Implemented

Plan of Correction

Facility Information: Paul's Run

License #: 176990

Address: 9896 Bustleton Avenue, Floors 3 & 4, Building B, Philadelphia, PA 19115

County: Philadelphia

Region: Southeast

Regulation:

24. Personal Hygiene - A home shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:

1. Bathing.
2. Oral hygiene.
3. Hair grooming and shampooing.
4. Dressing, undressing and care of clothes.
5. Shaving.
6. Nail care.
7. Foot care.
8. Skin care.

Violation:

The Resident Assessment Support Plan (RASP) for resident #1 states they can bathe and take care of their own personal hygiene needs with no assistance. There was no need for Staff person B to assist them in the shower.

POC:

Specific change:

Mandatory RASP updates will be implemented every three months for all residents to assess any changes in ADLs and mobility needs. These mandatory RASP updates are in addition to any changes for our residents that occur between these scheduled updates.

Responsible Person:

All full time and part time LPN Charge Nurses will update the RASPs every three months with input from the direct care staff. The LPN Nurse Supervisor will be responsible for ensuring the RASP updates are complete.

PC Nurse Manager is responsible for updating and maintain the DME and RASP Schedule.

Target/Completion Date:

5/1/2020, the DME and RASP Schedule will be completed for all residents so staff know when they are due. Please see Attachment C for an example of the schedule.

This schedule will be ongoing with no end date.

System to prevent violation from occurring again:

The implementation of the DME and RASP Schedule will assist us in ensuring we are accurately capturing the care needs of our residents.

Training:

Training on our updated process will be provided to all staff on Wednesday, 5/6/2020. In addition this will be added to our annual Pre-Admission Screening, DME and Support Plan Training.

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

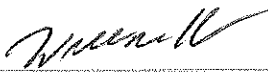
On 1/2/2020 at approximately 5:00am, staff person B grabbed resident 1 by the back of the neck and forced resident into the shower and began to shower resident with cold water after resident stated that they did not want to shower that morning. Resident 1 cried out and told staff person to stop it, but staff person continued to shower the resident. Resident 1 indicated that they are fearful of staff person B because the staff person is mean, rude and forceful with care.

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.)

Please see attachment.

Legal Entity Representative



Signature

William Hines, Executive Director 4/16/2020

Printed Name and Title

Date

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06-16-2020

(Date)

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06-16-2020

(Date)

Implemented

Not Implemented

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(Initials)

Plan of Correction

Facility Information: Paul's Run

License #: 176990

Address: 9896 Bustleton Avenue, Floors 3 & 4, Building B, Philadelphia, PA 19115

County: Philadelphia

Region: Southeast

Regulation:

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Violation:

On 1/2/2020 at approximately 5:00am, staff person B grabbed resident 1 by the back of the neck and forced resident into the shower and began to shower resident with cold water after resident stated that they did not want to shower that morning. Resident 1 cried out and told staff person to stop it, but staff person continued to shower the resident. Resident 1 indicated that they are fearful of staff person B because the staff person is mean, rude and forceful with care.

POC:

Specific change:

The staff person was suspended immediately until investigation was concluded. When returned to work, the staff person is no longer assigned to that resident and can have no interaction with the resident.

Responsible Person:

Personal Care Nurse Manager and LPN Supervisor for 11-7 shift.

Target/Completion Date:

Staff member was suspended on 1/2/2020.

System to prevent violation from occurring again:

All staff are required to take Abuse training twice a year which includes a review of the Paul's Run Personal Care Abused or Neglected Residents Policy and Procedure and Resident Rights-PC.

Training:

Training on Recognizing and Reporting Abuse and Resident Rights is conducted twice a year (See Attachment B, Staff Training Plan).

 4/16/2020

91 - Telephone Numbers

Regulations

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

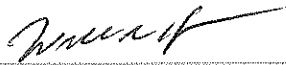
There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the 3rd and 4th floor hallway alcoves.

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.)

Please see attachment.

Legal Entity Representative



Signature

William Hines, Executive Director 4/16/2020

Printed Name and Title

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Plan of Correction

Facility Information: Paul's Run

License #: 176990

Address: 9896 Bustleton Avenue, Floors 3 & 4, Building B, Philadelphia, PA 19115

County: Philadelphia

Region: Southeast

Regulation:

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.

Violation:

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the 3rd and 4th floor hallway alcoves.

POC:

Specific change:

911 Stickers on the phones in the 3rd and 4th floor hallway alcoves have been replaced with Emergency Telephone number cards that list the specific phone numbers for the nearest hospitals, emergency management, poison control, personal care home complaint hotline, in addition to 911 for police, fire and ambulance.

Attachment D: Pictures of 3rd and 4th floor hallway alcoves with Emergency Telephone number card.

Responsible Person:

Personal Care Home Administrator

Target/Completion Date:

Completed: 2/18/2020

System to prevent violation from occurring again:

The Emergency Telephone Number cards will remain posted at all Wellness and Nurse's Stations.

Training:

Training is not needed for this correction. The cards will not be removed.



4/16/2020

103d - Storing Food Off Floor

Regulations

2600.
103.d. Food shall be stored off the floor.

Description of Violation

On 2/13/2020 at approximately 3:30, ten 5 gallon bottles of water was stored on the floor in the closet in the activity area on the 4th floor.

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.)

Please see attachment.

Legal Entity Representative



Signature

William Hines, Executive Director 4/16/2020

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Date

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Plan of Correction

Facility Information: Paul's Run

License #: 176990

Address: 9896 Bustleton Avenue, Floors 3 & 4, Building B, Philadelphia, PA 19115

County: Philadelphia

Region: Southeast

Regulation:

103.d. Food shall be stored off the floor.

Violation:

On 2/13/2020 at approximately 3:30, ten 5 gallon bottles of water was stored on the floor in the closet in the activity area on the 4th floor.

POC:

Specific change:

Pallets were added to the closet in the Dining Room for the 5 gallon bottles of water. All water was moved to the pallets. No water will be stored on the floor.

Attachment E: pictures of 4th floor storage closet with water stored on pallets

Responsible Person:

Director of Facilities

Target/Completion Date:

Completed: 2/25/2020

System to prevent violation from occurring again:

Pallets will remain in the storage closet for the purpose of storing the 5 gallon bottles of water.

Training:

No training need at this time.



4/16/2020

132f - Alternate Exit Routes

Regulations

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

Description of Violation

The home is using all emergency exits on all floors for every fire drill in 2019. The home is alternating the location of the simulated fire for each drill however they are not creating a simulated blocked exit for the drills therefore they are not alternating exits used for the drills.

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.)

Please see attachment.

Legal Entity Representative



William Hines, Executive Director 4/16/2020
Printed Name and Title Date

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(Date) Implemented (Date)
The above plan of correction was approved by SP Not Implemented
(Initials)

Plan of Correction

Facility Information: Paul's Run

License #: 176990

Address: 9896 Bustleton Avenue, Floors 3 & 4, Building B, Philadelphia, PA 19115

County: Philadelphia

Region: Southeast

Regulation:

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

Violation:

The home is using all emergency exits on all floors for every fire drill in 2019. The home is alternating the location of the simulated fire for each drill however they are not creating a simulated blocked exit for the drills therefore they are not alternating exits used for the drills.

POC:

Specific change:

The use of fire exits will be alternate each fire drill, to ensure our resident and staff can evacuate safely if their normal route of egress is blocked.

Responsible Person:

Director of Facilities, PC Administrator

Target/Completion Date:

On-going

System to prevent violation from occurring again:

The Director of Facilities will remind the Fire Safety Expert who conducts our fire drills before each drill. Copies of fire drills will be kept for review by the Department.

Training:

Safe evacuation will be practiced using alternating fire stairways at each fire drill.



4/16/2020

141b1 - Annual Medical Evaluation

Regulations

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 2's most recent medical evaluation was completed on 10/17/19. The resident's previous medical evaluation was completed on 11/29/2017.

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.)

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Legal Entity Representative



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License #: 176990

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County: Philadelphia

Region: Southeast

Regulation:

141.b.1. A resident shall have a medical evaluation: At least annually.

Violation:

Resident 2's most recent medical evaluation was completed on 10/17/19. The resident's previous medical evaluation was completed on 11/29/2017.

POC:

Specific change:

Charts will be reviewed by the LPN Supervisor after chart thinning to ensure required information and regulatory paperwork is still present in the chart.

Responsible Person:

LPN Supervisor

Target/Completion Date:

On-going

System to prevent violation from occurring again:

A list of thinned charts will be provided to the LPN Supervisor for her chart review.

Training:

All staff are required to complete annual training on Pre-Admission Screening, DME and Support Plans (Attachment B).

Challenge:

The DME was provided to the surveyor at the time of the Annual Renewal Inspection. The DME was mistakenly removed when the chart was thinned. At the time of the survey we were told this would not be a violation because we were able to provide the DME to the surveyor.

 4/16/2020

181c - Self-administration Assessment

Regulations

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident 8 has an order for - Desitin Rapid Relief Cream- apply to buttocks as needed, Hydrocortisone Cream 1% Apply to affected areas twice a day as needed, and Triamcinolone 0.1% cream- Apply to buttocks twice daily as needed. Medications are not present on the medication cart on 2/13/2020. Medications were located in residents self administer medications lock box in residents room, however, Resident does not have an order to self administer these medications.

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.)

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Plan of Correction

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License #: 176990

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County: Philadelphia

Region: Southeast

Regulation:

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Violation:

Resident 8 has an order for - Desitin Rapid Relief Cream- apply to buttocks as needed, Hydrocortisone Cream 1% Apply to affected areas twice a day as needed, and Triamcinolone 0.1% cream- Apply to buttocks twice daily as needed. Medications are not present on the medication cart on 2/13/2020. Medications were located in residents self administer medications lock box in residents room, however, Resident does not have an order to self administer these medications.

POC:

Specific change:

The LPN Charge Nurses will audit the med carts along with the Medication Technicians. This will occur monthly at the end of the month.

Attachment F: Sample Monthly Med Cart Audit sign off log.

Responsible Person:

The LPN Charge Nurses and Medication Technicians

Target/Completion Date:

On-going, to be audited monthly at the end of the month

System to prevent violation from occurring again:

The monthly audit is being implemented to ensure accuracy of medication orders and medication supply. Audits will be documented and maintained for department review.

Training:

No additional training is needed at this time. We are adding the extra step of having the LPN Charge Nurses audit with the Medication Technicians to ensure accuracy and completion of audits.

 4/16/2020

183d - Prescription Current

Regulations

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

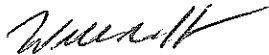
Resident 7 had an order for - Mucinex 600mg- take one by mouth every 12 hours as needed for congestion. This medication was discontinued on 1/15/2020. The medication was present on the medication cart on 2/13/2020.

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.)

Please see attachment.

Legal Entity Representative



William Hines, Executive Director 4/16/2020

Signature

Printed Name and Title

Date

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(Date)

Plan of correction implementation status as of 06-16-2020
(Date)

The above plan of correction was approved by SP
(Initials)

Implemented
 Not Implemented

Plan of Correction

Facility Information: Paul's Run

License #: 176990

Address: 9896 Bustleton Avenue, Floors 3 & 4, Building B, Philadelphia, PA 19115

County: Philadelphia

Region: Southeast

Regulation:

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Violation:

Resident 7 had an order for - Mucinex 600mg- take one by mouth every 12 hours as needed for congestion. This medication was discontinued on 1/15/2020. The medication was present on the medication cart on 2/13/2020.

POC:

Specific change:

The LPN Charge Nurses will audit the med carts along with the Medication Technicians. This will occur monthly at the end of the month.

Attachment F: Sample Monthly Med Cart Audit sign off log.

Responsible Person:

The LPN Charge Nurses and Medication Technicians

Target/Completion Date:

On-going, to be audited monthly at the end of the month

System to prevent violation from occurring again:

The monthly audit is being implemented to ensure accuracy of medication orders and medication supply. Audits will be documented and maintained for department review.

Training:

No additional training is needed at this time. We are adding the extra step of having the LPN Charge Nurses audit with the Medication Technicians to ensure accuracy and completion of audits.

 4/16/2020

183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 2/13/2020 Resident 5's Tramadol blister package has one blister taped closed on the back side. One tablet matching the description of the medication is present in the taped blister space. This is an improper storage process for any medication.

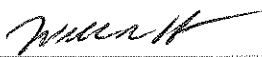
On 2/13/2020 Resident 6's Tramadol- blister package has tape along the left side- bottom of the package- the package appears to have peeled open and been re-taped closed. The medication present in the blisters matches the description of the pill on the pharmacy label and the counts are correct.

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.)

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Legal Entity Representative



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Regulation:

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Violation:

On 2/13/2020 Resident 5's Tramadol blister package has one blister taped closed on the back side. One tablet matching the description of the medication is present in the taped blister space. This is an improper storage process for any medication.

On 2/13/2020 Resident 6's Tramadol- blister package has tape along the left side- bottom of the package- the package appears to have peeled open and been re-taped closed. The medication present in the blisters matches the description of the pill on the pharmacy label and the counts are correct.

POC:

Specific change:

We are no longer accepting medication packs from the pharmacy that have been opened and taped.

Responsible Person:

LPN Charge Nurses and Medication Technicians

Target/Completion Date:

2/14/2020

System to prevent violation from occurring again:

Our contracted pharmacy was notified that any medications that were opened and taped closed will no longer be accepted.

As medications are being checked in, the LPN Nurse/Med Tech is checking for any opened medication packages that have been opened and taped closed by the pharmacy and returning them.

Training:

LPN Charge Nurses and Medication Technicians were in-serviced.

Challenge:

In this situation the pharmacy altered the blister package due to a machine packaging issue. The pharmacy verified the medication was correct and put their label on the package to prove the issue occurred onsite at the pharmacy. The medication was verified by the surveyor, the PC Nurse Manager and PC Nurse Supervisor as being the correct medication.

Attachments G1,2: Letters from contracted pharmacy

 4/16/2020

183f - Discontinued Medications

Regulations

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Resident 3 and Resident 4 were transferred out of the home to another level of care in January 2020. Medication roll packs for both resident 3 and resident 4 were present on the medication cart on 2/13/2020

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.)

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Regulation:

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Violation:

Resident 3 and Resident 4 were transferred out of the home to another level of care in January 2020. Medication roll packs for both resident 3 and resident 4 were present on the medication cart on 2/13/2020

POC:

Specific change:

Medications for residents who are temporarily out of the home in the hospital or rehab for more than 72 hours will be destroyed.

Responsible Person:

LPN Charge Nurses and Medication Technicians

Target/Completion Date:

2/14/2020

System to prevent violation from occurring again:

Monthly cart audits will serve to verify the accuracy of medication supply for our residents.

Audits will be documented and maintained for department review.

Training:

No additional training is needed at this time.

Challenge:

Both Residents 3 and 4 were still residents of the Personal Care Home at the time of the Annual Licensing Survey on 2/12 and 2/13/2020. They were in our short term rehab at the time of the survey, and the date of their return was undetermined. Both residents were discharged from the Personal Care Home after the Annual License Renewal Survey was concluded, on 2/21/2020.

Warrick

4/16/2020

185a - Implement Storage Procedures

Regulations

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 5 has an order for Acetaminophen 352 mg take 2 tabs every 4 hours as needed for pain or increase in temp. Medication is not present on the med cart on 2/13/2020.

Resident 9's glucometer has a reading of 210 on 2/4 at 6:33 am. The glucose log has a recorded level of 110.

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.)

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Legal Entity Representative

William Hines

Signature

William Hines, Executive Director

Printed Name and Title

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Regulation:

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.

Violation:

Resident 5 has an order for Acetaminophen 352 mg take 2 tabs every 4 hours as needed for pain or increase in temp. Medication is not present on the med cart on 2/13/2020.

Resident 9's glucometer has a reading of 210 on 2/4 at 6:33 am. The glucose log has a recorded level of 110.

POC:

Specific change:

Resident 5: The LPN Charge Nurses will audit the med carts along with the Medication Technicians. This will occur monthly at the end of the month.

Resident 9: Glucometer audits are completed weekly.

Attachments F, H: Monthly Med Cart Audit sign off, Glucometer Weekly Audit

Responsible Person:

Resident 5: The LPN Charge Nurses and Medication Technicians

Resident 9: LPN Supervisor

Target/Completion Date:

Resident 5: On-going, to be audited monthly at the end of the month

Resident 9: On-going, to be audited weekly

System to prevent violation from occurring again:

Resident 5: The monthly audit is being implemented to ensure accuracy of medication orders and medication supply and will be reviewed by the LPN Supervisor to ensure completion.

Resident 9: The weekly Glucometer audit will be reviewed by PC Nurse Manager to ensure completion.

Audits will be documented and maintained for department review.

Training:

No additional training is needed at this time.

 4/16/2020

225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 10 was admitted on 9/27/2019; however, the resident's assessment was not completed until 10/14/2019.

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.)

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Region: Southeast

Regulation:

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Violation:

Resident 10 was admitted on 9/27/2019; however, the resident's assessment was not completed until 10/14/2019.

POC:

Specific change:

All LPN Charge Nurses will be provided with the DME and RASP Schedule (which will be updated regularly) to ensure they have the appropriate time frame information within which they need to complete the residents' assessment and support plan.

Attachment C: DME and RASP Schedule

Responsible Person:

RASP Completion: LPN Charge Nurses

DME and RASP Schedule Update: PC Nurse Manager

Target/Completion Date:

5/1/2020, the DME and RASP Schedule will be completed for all residents so staff know when they are due. This schedule will be ongoing with no end date.

System to prevent violation from occurring again:

The implementation of the DME and RASP Schedule will assist us in ensuring we are meeting regulatory timelines.

Training:

Training on our updated process will be provided to all staff on Wednesday, 5/6/2020. In addition this will be added to our annual Pre-Admission Screening, DME and Support Plan Training.

 4/16/2020