

Department of Human Services
Bureau of Human Service Licensing

June 30, 2021

██████████ ADMINISTRATOR
PAULS RUN INC
9896 BUSTLETON AVENUE
PHILADELPHIA, PA 19115

RE: PAUL'S RUN
9896 BUSTLETON AVENUE
FLOORS 3 & 4; BUILDING B
PHILADELPHIA, PA, 19115
LICENSE/COC#: 17699

Dear Ms. ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/17/2021, 05/18/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: PAUL'S RUN **Licen e #:** 17699 **Licen e Expiration Date:** 07/24/2021
Addr e : 9896 BUSTLETON AVENUE, FLOORS 3 & 4 BUILDING B, PHILADELPHIA, PA 19115
County: PHILADELPHIA **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 2159343000 **Email:** [REDACTED]

Legal Entity

Name: PAULS RUN INC
Address: 9896 BUSTLETON AVENUE, PHILADELPHIA, PA, 19115
Phone: 2159343000 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 09/08/1981 **Issued By:** Philadelphia L&I
Type: Other **Date:** 05/16/1995 **Issued By:** Philadelphia L&I

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 88 **Waking Staff:** 66

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 05/18/2021

Inspection Dates and Department Representative

05/17/2021 - On-Site: [REDACTED]
 05/18/2021 - On-Site: [REDACTED]

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 Re ident : 0

Number of Residents Who:

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

Inspections / Reviews

05/17/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *06/04/2021*

6/8/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/17/2021*

6/30/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

In accordance with the Carbon Monoxide Alarms Standards Act that went into effect in September 2016, a carbon monoxide detector shall be installed in close proximity of, but not less than 15 feet away from, any fossil fuel burning device or appliance.

The home's commercial laundry area has approximately 6 gas burning dryers. On 5/18/21, there are no carbon monoxide monitors located in the laundry area or in close proximity of the the dryers.

Plan of Correction

Accept

Paul's Run will upgrade our Fire Alarm System to include Carbon Monoxide Detectors in close proximity to, but not less than 15 feet away from the dryer room in our main facility laundry. The Director of Facilities is responsible for arranging for the installation, maintenance and monitoring of the Carbon Monoxide Detectors in conjunction with our Fire Prevention contractor.

Installation of Carbon Monoxide Detectors is scheduled for Thursday, June 17, 2021.

Completion Date: 06/17/2021

Document Submission

Implemented

Carbon Monoxide Detectors installed on 6/17/21. Please see attachment for supporting documentation.

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

- 107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed and submitted to the local emergency management agency since 4/9/2019.

Plan of Correction

Accept

The written emergency procedures have been reviewed, updated and submitted to the Office of Emergency Management. Please see attachment "107d OEM LETTER".

Completion Date 06/01/2021

Document Submission

Implemented

Completed and accepted.

184b - Resident's Meds Labeled

1. Requirements

2600.

- 184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident s name.

Description of Violation

On 5/18/21, a package of Vitamin K belonging to resident #1 is in the 4A medication cart and is not labeled with the resident's name.

184b - Resident's Meds Labeled (continued)

Plan of Correction

Accept

The LPN Charge Nurses will audit the med carts along with the Medication Technicians. This will occur monthly at the end of the month. The monthly audit will assist in ensuring accuracy of medication orders, correct labeling of medications and supply, and will be reviewed by the LPN Supervisor to ensure completion. Audits will be documented and maintained for department review.

Completion Date: 05/28/2021

Document Submission

Implemented

Completed and accepted.

185a - Implement Storage Procedures

1. Requirements

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 #1 is prescribed Acetaminophen 325mg- take two tablets by mouth every 4 hours as needed for mild to moderate pain. On 5/18/21 this medication is not present in the medication cart and not available to resident if needed.

Plan of Correction

Accept

The LPN Charge Nurses will audit the med carts along with the Medication Technicians. This will occur monthly at the end of the month. The monthly audit will assist in ensuring accuracy of medication orders, correct labeling of medications and supply, and will be reviewed by the LPN Supervisor to ensure completion. Audits will be documented and maintained for department review.

Completion Date: 05/28/2021

Document Submission

Implemented

Completed and accepted