

Department of Human Services
Bureau of Human Service Licensing

June 23, 2022

[REDACTED], EXECUTIVE DIRECTOR

RE: PAUL'S RUN
9896 BUSTLETON AVENUE
PHILADELPHIA, PA, 19115
LICENSE/COC#: 17699

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/23/2022, 05/24/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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 License #: 17699 License Expiration: 07/24/2023
Address: 9896 BUSTLETON AVENUE, PHILADELPHIA, PA 19115
County: PHILADELPHIA Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: I-2 Date: 09/08/1981 Issued By: City of Philadelphia

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 78 Waking Staff: 59

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 05/24/2022

Inspection Dates and Department Representative

05/23/2022 - On-Site: [REDACTED]
05/24/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 170 Residents Served: 78

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 78
Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

05/23/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/17/2022

Inspections / Reviews (*continued*)

06/16/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/27/2022*

06/23/2022 - Document Submission

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

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 5/23/22 at 10:30am a copy of 55 Pa.Code § 2600, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

- On 5/23/22 The Nursing staff placed copies of 55 Pa. Code 2600, in a public conspicuous space, in the resident's common space.
- The Nursing management team will audit monthly for 3 months, that the copies of 55 Pa Code 2600, is kept in the resident's common area. Starting 6/1/22 and ending 9/1/22.
- A record of the audit will be kept in the Personal Care Unit manager's office.

Completion Date: 09/01/2022

Document Submission

Implemented

- On 5/23/22 The Nursing staff placed copies of 55 Pa. Code 2600, in a public conspicuous space, in the resident's common space.
- The Nursing management team will audit monthly for 3 months, that the copies of 55 Pa Code 2600, is kept in the resident's common area. Starting 6/1/22 and ending 9/1/22.
- A record of the audit will be kept in the Personal Care Unit manager's office.

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted] for resident #3 was not signed and dated by a administrator or a designee

Plan of Correction

Accept

- The designee signed resident #3's contract on [redacted].
- When resident's are admitted the Nursing staff will be given a checklist to ensure all admission paper work is filled out in it's entirety, including any necessary signatures. The checklist will be returned to the Personal Care administrator for review.
- The administrator will keep a file of the checklists.

Completion Date: 05/24/2022

Document Submission

Implemented

- The designee signed resident #3's contract on [redacted].
- When resident's are admitted the Nursing staff will be given a checklist to ensure all admission paper work is filled out in it's entirety, including any necessary signatures. The checklist will be returned to the Personal Care administrator for review.
- The administrator will keep a file of the checklists.

86b - Bathroom

1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom in room 303, does not have an operable window or ventilation fan. The fan is inoperable and there is no window in the bathroom.

Plan of Correction

Accept

- The bathroom fan in room 303 was replaced 5/23/22, by the maintenance mechanics.*
- The Director of Facilities instructed the maintenance mechanics to check bathroom fans when they enter the apartment to perform maintenance.*

Completion Date: 05/23/2022

Document Submission

Implemented

- The bathroom fan in room 303 was replaced 5/23/22, by the maintenance mechanics.*
- The Director of Facilities instructed the maintenance mechanics to check bathroom fans when they enter the apartment to perform maintenance.*
- Monthly Room Audit done by nursing staff attached.*

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 5/23/22 at 10:45am, the hot water temperature in room 311 measured 123.4 degrees Fahrenheit.

Plan of Correction

Accept

- The maintenance mechanics reduced the water temperature to under 120 degrees on 5/23/22.*
- The maintenance mechanics will perform, ongoing, morning hot water checks in 3 room, 1 room on each floor (2nd, 3rd, 4th floors)*
- A record of the hot water temperature checks will be kept in the maintenance mechanic 's office.*

Completion Date: 05/23/2022

Document Submission

Implemented

- The maintenance mechanics reduced the water temperature to under 120 degrees on 5/23/22.*
- The maintenance mechanics will perform, ongoing, morning hot water checks in 3 room, 1 room on each floor (2nd, 3rd, 4th floors)*
- A record of the hot water temperature checks will be kept in the maintenance mechanic 's office.*

91 - Telephone Numbers

1. Requirements

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.

91 - Telephone Numbers *(continued)***Description of Violation**

On 5/23/22 at 10:30am, There were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephones in the 3rd and 4th floor kitchens.

Plan of Correction**Accept**

- The administration team placed emergency telephone numbers next to the telephones in the 3rd and 4th floor kitchens, on 5/23/22.*
- The dining service staff will ensure emergency telephone numbers are placed next to the kitchen phones at all times.*

Completion Date: *05/23/2022*

Document Submission**Implemented**

- The administration team placed emergency telephone numbers next to the telephones in the 3rd and 4th floor kitchens, on 5/23/22.*
- The dining service staff will ensure emergency telephone numbers are placed next to the kitchen phones at all times.*

103f - Refrigerator/Freezer Temps

1. Requirements

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.

Description of Violation

On 5/23/22 at 10:30am the temperature in the 3rd floor freezer was 20 degrees Fahrenheit and contained resident food.

On 5/23/22 at 10:50am the temperature in the 4th floor freezer was 28 degrees Fahrenheit and contained resident food.

Plan of Correction**Accept**

- Food was removed from the freezer on 3rd and 4th floors, by the dining services supervisor, on 5/23/22, and placed in a freezer that was at 0 degrees.*
- Food stored in freezers will be held at 0° F (-18°C), or below during stable times.*
- The dining service team will check the temperature of the freezers on 3rd and 4th floor, twice a day, and record the temperature on a log sheet, ongoing.*

Completion Date: *05/23/2022*

Document Submission**Implemented**

- Food was removed from the freezer on 3rd and 4th floors, by the dining services supervisor, on 5/23/22, and placed in a freezer that was at 0 degrees.*
- Food stored in freezers will be held at 0° F (-18°C), or below during stable times.*
- The dining service team will check the temperature of the freezers on 3rd and 4th floor, twice a day, and record the temperature on a log sheet, ongoing.*

132f - Alternate Exit Routes

1. Requirements

2600.

132f - Alternate Exit Routes (continued)

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

Description of Violation

The home's fire drills from 12/28/21 to 4/6/22 all used the same exit routes.

Plan of Correction**Accept**

- *The Director of Facilities contacted, [REDACTED], 6/13/22, and instructed them to alternate blocking fire towers every month.*
- *The Director of Facilities and the Personal Care administrator will review the documentation after each fire drill to ensure alternating exits were used.*

Completion Date: 06/13/2022

Document Submission**Implemented**

- *The Director of Facilities contacted, [REDACTED], 6/13/22, and instructed them to alternate blocking fire towers every month.*
- *The Director of Facilities and the Personal Care administrator will review the documentation after each fire drill to ensure alternating exits were used.*

144b - Policy on Smoking**1. Requirements**

2600.

144.b. The home rules shall specify whether the home is designated as smoking or nonsmoking.

Description of Violation

The home states that is is no smoking, however the home's policy indicates there are designated smoking areas.

Plan of Correction**Accept**

- *The Personal Care Administrator will amend and update the smoking policy to reflect the non-smoking status of Personal Care.*
- *The Personal Care Administrator will check policies yearly to ensure policies are still appropriate and meet the community needs.*

Completion Date: 07/01/2022

Document Submission**Implemented**

- *The Personal Care Administrator will amend and update the smoking policy to reflect the non-smoking status of Personal Care.*
- *The Personal Care Administrator will check policies yearly to ensure policies are still appropriate and meet the community needs.*

181d - Storing Medication**1. Requirements**

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #1 self-administers medications and stores medications in [REDACTED] bedroom [REDACTED] On 5/23/22, resident #1 stated

181d - Storing Medication (continued)

they do not lock their room or lock up [redacted] medications when they leave the room.

Plan of Correction

Accept

- The nursing staff check to ensure medications were locked and in a safe location 5/24/22.
- The nursing staff gave the resident an written education, stating the resident understands medication being stored in her apartment for self-administration, must be kept in a locked, safe and secure location in [redacted] room, on 5/24/22. The resident signed the education.
- The nursing staff will give residents who are evaluated to be safe to self administer medication, a written education, stating they are aware medication will must be locked in a safe and secure location in their apartment.

Completion Date: 05/24/2022

Document Submission

Implemented

- The nursing staff check to ensure medications were locked and in a safe location 5/24/22.
- The nursing staff gave the resident an written education, stating the resident understands medication being stored in her apartment for self-administration, must be kept in a locked, safe and secure location in her room, on 5/24/22. The resident signed the education.
- The nursing staff will give residents who are evaluated to be safe to self administer medication, a written education, stating they are aware medication will must be locked in a safe and secure location in their apartment.

183d - Prescription Current

1. Requirements

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

On 5/24/22, [redacted] tablet prescribed for resident #6, was in the home's medication cart; however, the medication was discontinued on 5/21/22.

Plan of Correction

Accept

- The discontinued medication was removed from the medication carts on 5/24/22, by the med tech.
- Staff administering medications will be in-serviced, by nursing management, to educate the staff only current medications may be kept on the medication cart.
- Monthly cart audits will be done by the med techs and nurses, monthly. The LPN supervisor will review the audits monthly.

Completion Date: 06/01/2022

Document Submission

Implemented

- The discontinued medication was removed from the medication carts on 5/24/22, by the med tech.
- Staff administering medications will be in-serviced, by nursing management, to educate the staff only current medications may be kept on the medication cart.
- Monthly cart audits will be done by the med techs and nurses, monthly. The LPN supervisor will review the audits monthly.

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #5 is prescribed [redacted] tablet give .5 tablet by mouth every 8 hours as needed. However, the med label reads give 3 times a day.

Resident #7 is prescribed [redacted] in both nostrils as needed. However, the medication label reads administer 1 spray into the left nostril once as needed.

Plan of Correction

Accept

- The order for [redacted] was entered in to the medication administration record, as written by the prescriber, which matched the pharmacy label, by the LPN supervisor.
- The order for [redacted] was changed to match the pharmacy label and the prescribers order.
- Nursing staff entering orders into the medication administration record, will be in-serviced to enter prescribers orders, exactly how they are written, including times and route.
- Staff administering medication, will be in-serviced, by nursing management, to compare orders in the medication administration record to the pharmacy label to ensure they match exactly.

Completion Date: 07/01/2022

Document Submission

Implemented

- The order for [redacted] was entered in to the medication administration record, as written by the prescriber, which matched the pharmacy label, by the LPN supervisor.
- The order for [redacted] was changed to match the pharmacy label and the prescribers order.
- Nursing staff entering orders into the medication administration record, will be in-serviced to enter prescribers orders, exactly how they are written, including times and route.
- Staff administering medication, will be in-serviced, by nursing management, to compare orders in the medication administration record to the pharmacy label to ensure they match exactly.

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #5 is prescribed [redacted] tablet give .5 tablet by mouth every 8 hours as needed. Resident #5's medication administration record does not include the initials of the staff person who administered 5/21/22, 5/20/22, 5/18/22, 5/10/22, 5/6/22, 5/5/22 and 5/4/22.

Plan of Correction

Accept

- The staff member administering the PRN medication, was informed, 5/24/22, by the LPN Supervisor, the medication was not signed out in the medication administration record correctly.
- The staff member was given a written education, by The LPN supervisor on the correct procedure on signing out PRN medication in the MAR.

187b - Date/Time of Medication Admin. (continued)

- An in-service will be given to the staff administering medication, by the LPN supervisor on the correct procedure for signing out PRN medication on the MAR.

Completion Date: 07/01/2022

Document Submission

Implemented

- The staff member administering the PRN medication, was informed, 5/24/22, by the LPN Supervisor, the medication was not signed out in the medication administration record correctly.
- The staff member was given a written education, by The LPN supervisor on the correct procedure on signing out PRN medication in the MAR.
- An in-service will be given to the staff administering medication, by the LPN supervisor on the correct procedure for signing out PRN medication on the MAR.

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed [redacted] as per sliding scale : If blood glucose level is 151-200 give 6 units with meal. On 5/12/22 at 12:30PM the blood glucose level was 171, however the resident was given 0 units of insulin.

Plan of Correction

Accept

- The nurse responsible for administering the resident's insulin was educated, by the nursing management team, to follow the prescribers orders when administering medications and insulin.
- Nursing staff will be in-in-serviced on insulin sliding scales and the correct procedure on administering insulin and documenting the glucometer results and insulin given.

Completion Date: 07/01/2022

Document Submission

Implemented

- The nurse responsible for administering the resident's insulin was educated, by the nursing management team, to follow the prescribers orders when administering medications and insulin.
- Nursing staff will be in-in-serviced on insulin sliding scales and the correct procedure on administering insulin and documenting the glucometer results and insulin given.

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2's preadmission screening form, dated [redacted], does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept

- On 5/23/22 the designee documented on the preadmission screening form the resident's need can be met

224a - Preadmission Screen Form (continued)

by the home.

- The administrator will ensure when a new resident is admitted, the preadmission screening form is completed and correct.

Completion Date: 05/23/2022

Document Submission

Implemented

- On 5/23/22 the designee documented on the preadmission screening form the resident's need can be met by the home.
- The administrator will ensure when a new resident is admitted, the preadmission screening form is completed and correct.

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #4 participated in the development of his/her support plan on [redacted] However, the resident did not sign and the Assessor did not date the support plan. Additionally, it is not marked for unable or refusal to sign.

Plan of Correction

Accept

- The assessor signed and dated the RASP.
- The LPN supervisor will do monthly audits on 4 different charts a month to ensure support plans are signed by the assessor., to start 7/1/22.

Completion Date: 07/01/2022

Document Submission

Implemented

- The assessor signed and dated the RASP.
- The LPN supervisor will do monthly audits on 4 different charts a month to ensure support plans are signed by the assessor., to start 7/1/22.

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

The Glucometer reading for resident #1 on 5/23/22 at 10:23pm was 215 but was documented in the Medication Administration Record as [redacted]

The Glucometer reading for resident #1 on 5/23/22 at 3:00pm was 139 but was documented in the Medication Administration Record as [redacted]

The Glucometer reading for resident #1 on 5/18/22 at 10:09pm was 340 but was documented in the Medication Administration Record as [redacted]

185a - Implement Storage Procedures (continued)

The Glucometer reading for resident #1 on 5/12/22 at 10:33pm was 197 but was documented in the Medication Administration Record as [REDACTED]

On 5/24/22 at 11:20am, Resident #1's Glucometer was set to 5/24/22 at 11:02 AM.

The following readings for resident #1 were recorded on the medication administration record but were not in Glucometer:

[REDACTED]

Repeat from 5/18/21

Plan of Correction

Accept

- Nursing staff was informed by the nursing management team, glucose results were recorded in the MAR, but were not found on the glucometer, and instructed to check to make sure they are documenting the correct results in the MAR. 5/24/22
- Weekly glucometer audits will be done by the LPN Supervisor, to ensure results are documented correctly and on time. The time on the glucometer will also be checked to make sure its a correct.

Completion Date: 06/01/2022

Document Submission

Implemented

- Nursing staff was informed by the nursing management team, glucose results were recorded in the MAR, but were not found on the glucometer, and instructed to check to make sure they are documenting the correct results in the MAR. 5/24/22
- Weekly glucometer audits will be done by the LPN Supervisor, to ensure results are documented correctly and on time. The time on the glucometer will also be checked to make sure its a correct.