

Department of Human Services
Bureau of Human Service Licensing

December 1, 2022

[REDACTED]

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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/31/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: PAUL'S RUN License #: 17699 License Expiration: 07/24/2023
Address: 9896 BUSTLETON AVENUE, FLOORS 3 & 4 BUILDING B, 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: 84 Waking Staff: 63

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 10/31/2022

Inspection Dates and Department Representative

10/31/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 170 Residents Served: 84

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 84
Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

10/31/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/17/2022

Inspections / Reviews (*continued*)

11/15/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/01/2022
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/20/2022

11/21/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/01/2022
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/02/2022

12/01/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 12/01/2022
Reviewer: [REDACTED] Follow-Up Type: Not Required

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home has not implemented its quality management plan as it has not conducted a quality management review since March 2021. During the Resident's council meeting for September and October 2022, residents raised concerns about seating arrangements, delayed serving of supper, and food temperature.

Plan of Correction

Accept (████) 11/18/2022)

The PCHA along with the Nursing supervisor, household coordinator, the residential; services coordinator and housekeeping and laundry manager will meet quarterly starting 12/21/22. Incident reports, complaint procedures, POC and resident council minutes will be reviewed.

The dates for each meeting will be kept on a calendar that the PCHA will keep and will send reminders to the meeting participants.

Licensee's Proposed Overall Completion Date: 12/21/2022

Implemented (████) - 12/01/2022)

65a - FS Orientation 1st Day

2. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was █████ 2022, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction

Accept (████) - 11/21/2022)

The Human Resources Director will ensure orientation of general fire safety and emergency will occur prior to the first day of a new hire first day of work. The recruiter ensures the new hire training is complete before signing on for the first day.

Attached is the training done prior to the first day by Staff person A.

Licensee's Proposed Overall Completion Date: 12/01/2022

65a - FS Orientation 1st Day (continued)

Implemented () - 12/01/2022)

85a - Sanitary Conditions

3. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] 22 at [redacted] am, a strong odor of urine was present in resident's room and on the resident's person. Resident #1's support plan does not address bladder management issue.

Plan of Correction

Accept () - 11/21/2022)

Resident #1 toilets [redacted] self, while awake during the day, prefers privacy when in the bathroom. [redacted]

The CNAs do rounds 2-3x a shift and will call housekeeping when an odor is noted in the resident's bathroom. The charge nurse will write on the CNAs assignment sheet to check the bathroom and apartment for any odor.

Licensee's Proposed Overall Completion Date: 11/17/2022

Implemented () - 12/01/2022)

141b1 - Annual Medical Evaluation

4. Requirements

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

Description of Violation

Resident #1s most recent medical evaluation was completed on [redacted]/2021.

Plan of Correction

Accept () 11/21/2022)

The LPN Supervisor will run a report from PointClickCare giving a list of residents at the beginning of each month, throughout the month they will audit those resident's charts to ensure compliance with the regulation. PointClickCare report and audit attached. This will begin 12/1/22 and be ongoing.

Licensee's Proposed Overall Completion Date: 12/01/2022

Implemented () - 12/01/2022)

183e - Storing Medications

5. Requirements

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 [redacted] 22 at [redacted] pm, an open [redacted] belonging to resident #2 was found in the refrigerator. This medication is prescribed to be administered every evening. The prescription is dated 8/17/22. The medication has

183e - Storing Medications (continued)

special instructions which states that the medication is to be discarded 28 days after opening and to keep the medication at room temperature after opening. The medication was opened and not labeled with the date that the medication was opened.

Plan of Correction

Accept ([redacted] - 11/21/2022)

The current medication has been discarded and replaced by the LPN supervisor, on 10/31/22. The LPN supervisor along with the med techs and charge nurses perform monthly medication cart audits, starting on 11/1/22 completed by 11/5/22. The charge nurse will check the medication refrigerator checks and insulin checked for date opened will be added to the medication audit checklist.

Licensee's Proposed Overall Completion Date: 11/15/2022

Implemented ([redacted] - 12/01/2022)

190a - Completion Medication Course

6. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B, who has not successfully completed the Department-approved medications administration course, administered medications to resident #2 to include the following:

On [redacted] /22, [redacted] /22 and [redacted] /22: [redacted], [redacted], and [redacted], and [redacted] and [redacted]

Plan of Correction

Accept ([redacted] - 11/21/2022)

The staff member B's training was completed by 11/2/22 by the medication administration trainer. The PCHA will initiate the audit of the medication administration, which started on 11/1/22 along with a calendar. The calendar will be completed by 11/18/22. The calendar has reminders to be shared by the medication administration trainers with due dates of medication administrator's observations, MAR review, and annual practicums for re-qualifications. The calendar will be ongoing.

Licensee's Proposed Overall Completion Date: 11/18/2022

Implemented ([redacted] 12/01/2022)

225c Additional Assessment

7. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 1. Annually.

Description of Violation

Resident #1's assessment, dated [redacted] /2021, does not include a current assessment of bladder management. On [redacted] /2022 at [redacted] m, a strong odor of urine emanated from the resident's person. The RASP indicates that the

225c - Additional Assessment (continued)

resident is independent with bladder management

Plan of Correction

Accept ([REDACTED] - 11/21/2022)

The unit manager will give the charge nurses an education on updating the Resident Assessment if their condition or needs change, by 11/18/22. The unit manager will read the nurses progress notes daily and when making rounds daily will give report and ask if RASPs have been updated with any changes, they have noted in the nurse's progress notes. This will be ongoing.

Licensee's Proposed Overall Completion Date: 11/18/2022

Implemented ([REDACTED] - 12/01/2022)

8. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

1. Annually.

Description of Violation

Resident #1's most recent assessment was completed on [REDACTED]/21.

Plan of Correction

Accept ([REDACTED] - 11/21/2022)

Resident #1's assessment was completed by the LPN charge nurse on [REDACTED]/22. The LPN supervisor will continue to audit charts monthly to ensure assessments are being completed annually. The chart audits will be ongoing, and will begin 12/1/22.

Licensee's Proposed Overall Completion Date: 12/01/2022

Implemented ([REDACTED] - 12/01/2022)