



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: SEPTEMBER 20, 2024

[REDACTED]
Executive Director
Paul's Run, Inc.
9896 Bustleton Avenue
Philadelphia, Pennsylvania 19115

RE: Paul's Run
License #: 176991

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection May 14, 2024 and July 11, 2024 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 176990 dated July 24, 2024 to July 24, 2025 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated July 24, 2024 to July 24, 2025 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from September 20, 2024 to March 20, 2025.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Mr. William Hines

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
65f	III	97	\$3	\$291	15 calendar days from mailing date of this letter
65g	III	97	\$3	\$291	15 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

██████████, Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
██████████

Mr. William Hines

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [Redacted], Office of General Counsel
[Redacted], Director, Human Services Licensing
[Redacted], Director of Operations
[Redacted], Regional Director, Human Services Licensing

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

Facility Information

Name: PAUL'S RUN **License #:** 17699 **License Expiration:** 07/24/2024
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: Other **Date:** 09/08/1981 **Issued By:** City of Philadelphia

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 105 **Waking Staff:** 79

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 05/14/2024

Inspection Dates and Department Representative

05/14/2024 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 170 **Residents Served:** 90

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:** 89
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 15 **Have Physical Disability:** 0

Inspections / Reviews

05/14/2024 - Partial

Lead Inspector: Regina Prince **Follow Up Type:** POC Submission **Follow Up Date:** 06/09/2024

Inspections / Reviews (continued)

06/10/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 07/11/2024
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 06/15/2024

06/17/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 07/11/2024
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 06/20/2024

06/24/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 07/11/2024
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 07/11/2024

08/14/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 07/11/2024
Reviewer: [REDACTED] Follow Up Type: Enforcement

15a - Resident Abuse Report

1. Requirements

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 [redacted], at [redacted] am staff person A verbally abused Resident 1 and left the resident standing in the resident's room naked from the waist down with the bedroom door open. This incident was reported to staff person B on [redacted] at [redacted] pm and to the home's administration on [redacted] at approximately [redacted]. However, this allegation of abuse was not reported to the local area agency on aging.

Plan of Correction

Accept [redacted] - 06/24/2024)

- The Personal Care Administrator called staff Person B on [redacted] and spoke to Staff person B about Resident 1 reporting abuse to her, Staff person B was educated that any complaints made about the abuse of a resident, including if a resident feels mistreated, should be reported to [redacted] supervisor and the Personal Care Administrator immediately.
- The Personal Care Unit manager will conduct in-services to educate all staff on what is considered abuse and how and when abuse should be reported. The in-service started 6/9/24 and be completed 6/19/24.
- Training is conducted annually by the Unit Manager in the 2nd quarter of every year, per the Personal Care Training Plan and additionally there is annual abuse training on Relias in the 4th quarter of the year.
- Reviews will be held with all staff during monthly huddles, during the huddle questions will be asked to ensure staff understands the importance of recognizing abuse and abuse reporting. This will begin at the July 10th huddle and continue for 3 months.

Licensee's Proposed Overall Completion Date: 07/10/2024

Not Implemented ([redacted] - 08/14/2024)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted], at [redacted] staff person A verbally abused Resident 1 and left the resident standing in the resident's room naked from the waist down with the bedroom door open. This incident was reported to staff person B on [redacted] at [redacted] and to the home's administration on [redacted] at approximately [redacted]. The home did not develop and implement a plan of supervision or suspend staff person A until [redacted].

15b - Supervisor Plan (continued)

Plan of Correction

Accept [REDACTED] - 06/24/2024)

- The Personal Care Administrator called staff Person B on [REDACTED] and spoke to Staff person B about Resident 1 reporting abuse to [REDACTED], Staff person B was educated any complaints made about the abuse of a resident, including if a resident feels mistreated, should be reported to her supervisor and the Personal Care Administrator immediately.
- The Personal Care Unit manager will conduct in-service with all staff on abuse with an emphasis on the mandatory reporting of abuse. The Unit Manager will attempt to identify any staff that may need further instruction on this topic. This will be completed by 6/19/24.
- An email was sent to the resident's families, from the Personal Care Home Administrator. Attached in the email were the Resident's Rights, contact numbers for the PCHA, DHS, PCA and the Ombudsman. This occurred on 6/3/24.
- Reviews will be held with all staff during monthly huddles, during the huddle questions will be asked to ensure staff understands the importance of recognizing abuse and abuse reporting. This will begin at the July 10th huddle and continue for 3 months.

Licensee's Proposed Overall Completion Date: 07/10/2024

Not Implemented [REDACTED] - 08/14/2024)

15c - Supervision

3. Requirements

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

On [REDACTED] at [REDACTED] am Staff person A verbally abused Resident 1. This incident was reported to staff person B on [REDACTED]. A plan to suspend Staff person A was not submitted to the Department's personal care home regional office until [REDACTED].

Plan of Correction

Accept [REDACTED] - 06/24/2024)

- The Personal Care Administrator called staff Person B on [REDACTED] and spoke to Staff person B about Resident 1 reporting abuse to [REDACTED], Staff person B was educated that any complaints made about the abuse of a resident, including if a resident feels mistreated, should be reported to her supervisor and the Personal Care Administrator immediately.
- The Personal Care Unit Manger will educate the staff reporting abuse incidents to the regional office and the reporting should be done within 24 hours. This will be completed by 6/19/2024
On 6/9/24 The Unit Manager initiated in-services with the staff on Abuse, Types of abuse and when and how to report abuse. The in-service will be completed by 6/19/24.
- Abuse in-services are conducted annually in the first quarter by the Unit Manager and annually on Relias in the 4th quarter.
- Reviews will be held with all staff during monthly huddles, during the huddle questions will be asked to ensure staff understands the importance of recognizing abuse and abuse reporting. This will begin at the July 10th huddle and continue for 3 months.

15c Supervision (continued)

Licensee's Proposed Overall Completion Date: 07/10/2024

Not Implemented [REDACTED] - 08/14/2024)

16c - Written Incident Report

4. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], at [REDACTED] am staff person A verbally abused Resident 1. This incident was reported to staff person B on [REDACTED] and to the home's administration on [REDACTED] at approximately [REDACTED]. The home did not report this incident to the department until [REDACTED].

Plan of Correction

Accept [REDACTED] - 06/24/2024)

- The Personal Care Administrator called staff Person B on 5/30/24 and spoke to Staff person B about Resident 1 reporting abuse to her, Staff person B was educated any complaints made about the abuse of a resident, including if a resident feels mistreated, should be reported to her supervisor and the Personal Care Administrator immediately.
- The Personal Care Unit Manger will educate the staff reporting abuse incidents to the regional office and the reporting should be done within 24 hours. This will be completed by 6/19/2024
- On 6/9/24 The Unit Manager will conduct in services with the staff on Abuse, Types of abuse and when and how to report abuse. The in service will be completed by 6/19/24.
- Abuse in services are conducted annually in the first quarter by the Unit Manager and annually on Relias in the 4th quarter.
- Reviews will be held with all staff during monthly huddles, during the huddle questions will be asked to ensure staff understands the importance of recognizing abuse and abuse reporting. This will begin at the July 10th huddle and continue for 3 months.

Licensee's Proposed Overall Completion Date: 07/10/2024

Not Implemented [REDACTED] - 08/14/2024)

42b - Abuse

5. Requirements

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

Resident 1's family installed a hidden camera with video and audio recording in the resident's room. On [REDACTED], at [REDACTED], Staff Person A entered Resident 1's room to respond to the resident's call bell. Resident 1 was is lying on his/her side, facing the wall with head and shoulders lifted from pillow. Staff Person A leaned over to turn off call bell and in a very loud, aggressive tone stated "I'm getting really, really tired of this with you. There's no reason you can't get up and go to the bathroom. You sit there and get pads on bed and everything and you don't get up. This is

42b - Abuse (continued)

ridiculous, really is." Staff Person A exited the room and Resident 1 laid his/her head back down on the pillow. At am, Staff Person A re-entered Resident 1's room and stood by Resident 1's bed (not assisting) as Resident 1 used a walker to attempt to transfer out of the bed and into a standing position. After Resident 1 stood up, Staff Person A stated "unbelievable. You sat here and just pissed on everything. I'm sick of changing this bed every day". Resident 1 was visibly upset by this interaction and began to pull the brief down without assistance from Staff Person A. Staff Person A pulled bed pads off the resident's bed and walked out of the room. The resident was left standing beside the bed, naked from the waist down, and the resident's bedroom door was left open. The resident was left standing directly in the line of vision of the door and hallway. Staff Person A did not return to assist Resident 1.

Plan of Correction

Accept () - 06/24/2024)

- Staff person A was suspended by the Personal Care Administrator immediately after the Personal Care Administrator was aware on () and then terminated on ()
- On 6/9/24 The Unit Manager will start to conduct in-services with the staff on Abuse, Types of abuse and when and how to report abuse. The in-service will be completed by 6/19/24.
- Abuse in-services are conducted annually in the first quarter by the Unit Manager and annually on Relias in the 4th quarter.
- Reviews will be held with all staff during monthly huddles, during the huddle questions will be asked to ensure staff understands the importance of recognizing abuse and abuse reporting. This will begin at the July 10th huddle and continue for 3 months.

Licensee's Proposed Overall Completion Date: 07/10/2024

Not Implemented () - 08/14/2024)

42s - Privacy

6. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On (), during the period of verbal abuse, Staff Person A walked out of Resident 1's room twice, leaving the door to the room wide open to the hallway, while the resident was standing in the room, naked from the waist down with their adult brief located just above their knees.

Plan of Correction

Accept () - 06/24/2024)

- On () Staff member A was suspended by the Personal Care Administrator and on () was terminated by the Personal Care Administrator.
- On 6/9/24 The Unit Manager initiated in-services for all staff on residents' rights. The in-service will be completed 6/19/24.
- Annual in-services are given on Resident Rights by the Director of Concierge Services in the first Quarter annually and a Relias is training on Resident's Rights is due in the 4th quarter annually.
- Reviews will be held with all staff during monthly huddles, during the huddle questions will be asked to ensure staff understand Resident Rights. This will begin at the July 10th huddle and continue for 3 months.

Licensee's Proposed Overall Completion Date: 07/10/2024

Not Implemented () - 08/14/2024)

42s - Privacy (continued)

65f - Training Topics

7. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year 2023.

Direct care staff person C did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year 2023.

Repeat violation: 12/4/23 et al.

Plan of Correction

Accept () - 06/24/2024)

- *On 5/30/24 Relias trainings were checked for completion for Staff member A, Medication self-administration Relias title, Medication Management Assistance, was completed on 1/5/24. Meeting the needs of our residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan; Relias title; Meeting the needs of our residents, was completed on 1/3/24.*
 - *This was completed after violation was cited on 12/4/23 annual inspection.*
- *On 5/30/24 Relias trainings were checked for Staff member C; Medication self-administration Relias title, Medication Management Assistance, was completed on 9/3/23. Meeting the needs of our residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan; Relias title; Meeting the needs of our residents, was completed on 12/23/24. These trainings were completed during 2023.*
- *On 6/5/24 The Personal Care Administrator reviewed with Human Resource Director to ensure all training topics are included and available to staff by 6/7/24.*
- *The Personal Care Administrator and Unit Manager will in-service staff on the required Training Topics that must be completed annually, and how to access the training. Training has begun 6/9/24 and will be completed by 6/19/24*
- *The Personal Care Administrator will audit the completion of trainings monthly starting June 30, 2024, for 3 months.*

65f - Training Topics (continued)

Licensee's Proposed Overall Completion Date: 06/30/2024

Not Implemented [redacted] - 08/14/2024)

65g - Annual Training Content

8. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive training in falls and accident prevention, fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert during training year 2023.

Repeat violation: 12/4/23 et al.

Plan of Correction

Accept [redacted] - 06/24/2024)

- On 5/30/24 Training was checked for Staff member A; Accident Prevention was completed on 1/3/24 for 2023 (Title of training in Relias: Minimizing, Slips, Trips and Falls) and Fire safety training was completed by a fire safety expert on 3/13/24 for 2023.
 - This was completed after violation was cited on 12/4/23 annual inspection.
- 6/5/24 The Personal Care Administrator reviewed trainings with Human Resource Director to ensure all training topics are included and available to staff by 6/7/24.
- The Personal Care Administrator and Unit Manager will in-service staff on the required Training Topics that must be completed annually, and how to access the training. Training has begun 6/9/24 and will be completed by 6/19/24
- The Personal Care Administrator will audit the completion of trainings monthly starting June 30, 2024, for 3 months.

Licensee's Proposed Overall Completion Date: 06/30/2024

Not Implemented [redacted] - 08/14/2024)

225a - Assessment 15 Days

9. Requirements

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.

225a - Assessment 15 Days (continued)

Description of Violation

Resident 1's assessment, dated [REDACTED], is incomplete for the following personal care needs: transferring in/out of bed/chair, bladder management and ambulating; each of these needs are assessed as independent, however include a description of service need for the resident.

Plan of Correction

Accept [REDACTED] - 06/17/2024)

- On [REDACTED] resident 1's RASP was completed and corrected to indicate the resident is independent with transferring in/ou of chair, bladder management and ambulating.
- On [REDACTED] The monthly RASP audit has been amended to start June 1, 2024, to include to a check for completion of all sections in the Resident's RASP.
- The RASP audit is done monthly by the LPN Supervisor.

Licensee's Proposed Overall Completion Date: 06/30/2024

Not Implemented [REDACTED] - 08/14/2024)

226a - Mobility Assessment

10. Requirements

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

Resident 1's assessment, dated [REDACTED] does not include an accurate assessment of the resident's mobility needs. The resident's mobility assessment is marked as independent, however, the description of mobility needs states resident "requires verbal assistance in an emergency".

Plan of Correction

Accept [REDACTED] - 06/17/2024)

- 5/30/24 Resident's RASP was corrected to reflect the accurate mobility status by the Personal Care Administrator.
- 5/30/24 The monthly RASP audit has been amended by the Personal Care Administrator to include to check for completion and accuracy of all sections in on the Resident's RASP. The mobility on the DME should reflect the mobility on the RASPThe audit will be completed monthly by the LPN supervisor.
- The RASP audit is completed monthly by the LPN Supervisor.

Licensee's Proposed Overall Completion Date: 06/30/2024

Not Implemented [REDACTED] - 08/14/2024)

227d - Support Plan Medical/Dental

11. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

227d Support Plan Medical/Dental (continued)

Description of Violation

The assessment for resident 1, dated [REDACTED], indicates the resident has a need for a bedside assistive device. The resident's support plan, dated [REDACTED] does not specify the need for the device, the intended use and any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, and identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

The assessment for resident 2, dated [REDACTED], indicates the resident has a need for bedside mobility device. The resident's support plan, dated [REDACTED] does not specify the intended use and any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, and identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Plan of Correction

Accept [REDACTED] - 06/17/2024)

- On [REDACTED] an amendment was added to Resident 1 & Resident 2's RASP, by the LPN Supervisor, the information including the reason for the bedside assistive device, the intended use, the resident's ability to use it safely for its intended purpose and whether the specific device is required to have a cover to meet FDA guidelines.
- On [REDACTED] The Personal Care Administrator added bed mobility assistive devices to the monthly RASP audit.
- The RASP audit is completed monthly by the LPN supervisor.

Licensee's Proposed Overall Completion Date: 06/30/2024

Not Implemented [REDACTED] - 08/14/2024)

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

Facility Information

Name: PAUL'S RUN **License #:** 17699 **License Expiration:** 07/24/2025
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: Other **Date:** 09/08/1981 **Issued By:** City of Philadelphia

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 97 **Waking Staff:** 73

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 07/11/2024

Inspection Dates and Department Representative

07/11/2024 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 170 **Residents Served:** 97

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:** 97
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

07/11/2024 - Partial

Lead Inspector: Joshua Eisenberg **Follow Up Type:** POC Submission **Follow Up Date:** 08/08/2024

Inspections / Reviews (*continued*)

08/13/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 08/31/2024
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 08/18/2024

08/29/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 08/31/2024
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 09/01/2024

09/03/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 08/31/2024
Reviewer: [REDACTED] Follow Up Type: Enforcement

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 #1 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 08/13/2024

In response to the violation on 07/11/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/11/2024 the Personal Care Administrator's Immediate action was taken to speak to the marketing manager to change the way a resident is entered into the EMR to indicate the resident's actual admission into the community vs taking possession of the apartment.

To enhance the currently compliant operations, on 07/11/2024 the Marketing Coordinator will enter the resident into the EMR as not active until the resident physically moves into the community, with a completion date of 08/06/2024.

Effective 8/6/24 the Personal Care Administrator will perform Admission Checklists for new admissions it will be continuous to maintain ongoing compliance with ensuring a determination is 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. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Personal Care Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 08/06/2024

Not Implemented [REDACTED] - 09/03/2024

225c - Additional Assessment

2. Requirements

2600.

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

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #2's most recent assessment was completed on [REDACTED]. It states that resident #2 requires minimal supervision in the home. On [REDACTED], resident #2's designated person signed a permission form for resident #2 to wear a Roam Alert bracelet on their ankle, sounding an alarm when the resident begins to leave the facility. This decision was made after resident #2 began a pattern of wandering off the premises. No new assessment was done despite this change in condition.

Plan of Correction

Accept [REDACTED] - 08/29/2024

In response to the violation on 07/11/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

225c - Additional Assessment (continued)

1. on 08/05/2024 by the Personal Care Administrator to New RASP completed to include the ROAM alert.
2. To enhance the currently compliant operations, on 08/09/2024 the Personal The Personal Care administrator will add any residents with a change of condition to the monthly RASP audit, with a completion date of 08/06/2024.

Effective 08/06/2024 the Personal Care Administrator will perform monthly RASP Audit through 08/31/2024 to maintain ongoing compliance with ensuring each resident has additional assessments, including annually, and if the condition of the resident significantly changes prior to the annual assessment, and at the request of the Department upon cause to believe that an update is required. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Personal Care Administrator for further review and continuous improvement. The Unit Manager will conduct an in-service to educate the nursing staff on situations that indicate a RASP for significant change: Changes in health, care, or behaviors. This will be conducted 8/21/24

Licensee's Proposed Overall Completion Date: 08/21/2024

Not Implemented ([REDACTED] 09/03/2024)

227d - Support Plan Medical/Dental

3. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

[REDACTED]

The support plan for resident #3, dated 6/10/24, states that the resident "uses bedside mobility device for assist with bed mobility. Any use of such devices induces the risk of strangulation, suffocation, and entrapment." The support plan does not include the resident's ability to use the device safely for its intended purpose, and an identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

[REDACTED]

251b Record Entries Legible (continued)

To enhance the currently compliant operations, on 08/07/2024 the Nursing Unit Manager will in service nursing staff on documenting in the resident's record and entries must be legible and correction fluid is not acceptable. The correct process to amend the record is to strike the entry out with a line, so the previous entry is still legible and initial and date the change, with a completion date of 08/08/2024.

Effective 08/07/2024 the Unit Manager will perform monthly reviews through 10/9/24 to maintain ongoing compliance with ensuring the entries in a resident's record are permanent, legible, dated and signed by the staff person making the change to the entry. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Personal Care Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 08/08/2024

Not Implemented [REDACTED] - 09/03/2024)