

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

February 7, 2025

[REDACTED]  
PAULS RUN INC  
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/23/2024 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

**Facility Information**

Name: PAUL'S RUN License #: 17699 License Expiration: 03/20/2025  
 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: [REDACTED]  
 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: 101 Waking Staff: 76

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 12/23/2024

**Inspection Dates and Department Representative**

12/23/2024 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 170 Residents Served: 101  
 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: 100  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

12/23/2024 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/24/2025

01/24/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 01/31/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/03/2025

Inspections / Reviews *(continued)*

02/07/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

183e - Storing Medications

1. 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], resident [redacted] was in the medication's cart with no open date. According to the manufacturer's instructions medication must be discarded after 90 days.

Plan of Correction

Accept [redacted] - 01/24/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the Unit Manager to discard the undated, open [redacted] and ordered a replacement.

To enhance the currently compliant operations:

- 1. on 12/17/2024 the Unit Manager checked medication carts for open medication and their manufacturer's instructions to ensure medications were labeled correctly with the open date, with a completion date of 12/20/2024.
- 2. on 01/21/2025 the Personal Care Administrator/ Unit Manager will have huddles with the Nurses and Med Tech on the working from 1/21/25-1/31/25, on the topic of Storing Medications in an organized manner under proper conditions and sanitation, temperature, moisture and lighting accordance with the manufacture instructions. Paying special attention to medication with manufacturer's instructions attached, including expirations dates and if the medication should be dated when opened, with a completion date of 01/31/2025.

The overall completion date is 01/31/2025.

Effective 01/21/2025 the Unit Manager will perform monthly audits for 3 months through 3/31/2025 for 10 residents per month to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented [redacted] - 02/07/2025)

184a - Resident's Meds Labeled

2. Requirements

2600.

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

Description of Violation

The pharmacy label for resident [redacted] with a prescribed administration time of 7 am and 7 pm does not match the time listed on the medication administration record of 9 am and 9 pm.

Plan of Correction

Accept [redacted] - 01/24/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate

184a Resident's Meds Labeled (continued)

action was taken on [redacted] by the Personal Care Administrator who called the pharmacy and requested [redacted] label match the prescriber's administration order to be administered 9a and 9pm. The pharmacy tech checked the order and confirmed it is in Masonic Pharmacy's system to be administered at 9am and 9pm. The pharmacy tech stated she would have the label corrected.

The CNRP gave a telephone order to the charge nurse for resident [redacted] on [redacted] and ordered [redacted] administration times to be changed to 8am and 8pm. The charge nurse made a call to the pharmacy to ensure the label would match the prescriber's directions.

To enhance the currently compliant operations, starting on 01/21/2025 the Unit manager will have huddles with Nursing and Med Tech staff who worked from 1/21/25 1/31/25 will educate those staff that medication labels must match the prescriber's orders, with a completion date of 01/31/2025.

Effective 01/22/2025 the LPN Supervisor, Nurses and med techs will perform monthly audits for 10 residents for 3 months starting 1/22/25 through 03/31/2025 to maintain ongoing compliance with ensuring the original container for prescription medications will be labeled with a pharmacy label that matches the prescriber's directions. Audits will be done for 3 months. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented [redacted] - 02/07/2025)

187d - Follow Prescriber's Orders

3. Requirements

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] with an administration time of 9 am and 9 pm. However, resident [redacted] was administered [redacted] on [redacted] at 11:03 pm, [redacted] at 11:16 am, [redacted] at 10:25 pm, [redacted] at 10:40 pm, and on [redacted] at 10:35 pm.

Plan of Correction

Accept [redacted] - 01/24/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the Personal Care Administrator to identify staff who administered medication and did not follow the prescriber's order.

To enhance the currently compliant operations:

1. on 01/21/2025 the Unit Manager, LPN Supervisor will will give the staff members who did not follow the prescriber's direction individual educations, with a completion date of 01/31/2025.
2. on 01/22/2025 the Unit manager will will have huddles with staff who administer medications about following prescriber directions, with a completion date of 01/31/2025.

The overall completion date is 01/24/2025.

187d - Follow Prescriber's Orders (continued)

Effective 01/21/2025 the Personal Care Administrator will perform monthly audits for 10 residents through 03/31/2025 to maintain ongoing compliance with will audit monthly for 3 months the prescribers orders and eMar ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented [REDACTED] - 02/07/2025)

225c - Additional Assessment

4. Requirements

- 2600.
- 225.c. The resident shall have additional assessments as follows:
  1. Annually.

Description of Violation

Resident [REDACTED] most recent assessment was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 01/24/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 12/16/2024 by the Unit Manager to verbally educated the nurse responsible for completing the Resident Assessment and Support Plan, that the annual date for finalization of the resident assessment has to be finalized within 1year and 15 days from the previous resident assessment. The annual date for the resident support plan has to be 1 year and 15 days from the previous date of the last support plan.
2. on 12/16/2024 by the Charge Nurse to after being educated by the unit manager the charge nurse completed resident [REDACTED] assessment.

To enhance the currently compliant operations, on 01/30/2025 the Unit Manager, LPN Supervisor will educate nursing staff assigned to completing RASPs on the Guidelines for the finalization dates for resident assessment and support plan, with a completion date of 01/30/2025.

Effective 01/27/2025 the Unit Manager and LPN Supervisor will perform monthly audits to maintain ongoing compliance, 10 residents RASPs will be audited for 3 months, beginning 1/27/25 and ending 3/31/25, to ensure the finalization dates for the resident assessment is completed and dates are finalized annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented [REDACTED] - 02/07/2025)