



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to PAULS RUN INC  
LEGAL ENTITY

To operate PAUL'S RUN  
NAME OF FACILITY OR AGENCY

Located at FLOORS 3 & 4; BUILDING B, 9896 BUSTLETON AVENUE, PHILADELPHIA, PA 19115  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 170  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 13, 2025 until May 13, 2026,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **176990**

*Janette Biderup*  
ISSUING OFFICER

*Juliet Marsala*  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



Pennsylvania  
Department of Human Services

[REDACTED]  
[REDACTED]

Paul's Run, Inc.  
9896 Bustleton Avenue  
Philadelphia, Pennsylvania 19115

RE: Paul's Run  
License #: 176990

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on March 3 and 4, 2025, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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

May 1, 2025

[REDACTED]  
PAULS RUN INC  
[REDACTED]

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 03/03/2025, 03/04/2025 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]

**Legal Entity**

Name: PAULS RUN INC  
Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: Other Date: 09/08/1981 Issued By: City of Philadelphia

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 102 Waking Staff: 77

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 03/04/2025

**Inspection Dates and Department Representative**

03/03/2025 - On-Site: [REDACTED]  
03/04/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity: 170	Residents Served: 102		
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 2			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 101		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 1		
Have Mobility Need: 0	Have Physical Disability: 0		

**Inspections / Reviews**

03/03/2025 - Full  
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/04/2025

04/07/2025 - POC Submission  
Submitted By: [REDACTED] Date Submitted: 04/25/2025  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/05/2025

Inspections / Reviews *(continued)*

05/01/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 171b5 - First Aid Kit

**1. Requirements**

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

**Description of Violation**

*The first aid kit in the van used to transport residents does not include a thermometer.*

**Plan of Correction**

**Accept** [REDACTED] - 04/07/2025)

*In response to the violation on 03/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:*

- 1. On 03/04/2025 the Director of Facilities took Immediate action to add a thermometer to the first aid kit on the vehicle.*
- 2. On 03/26/2025 the Personal Care Administrator to The Personal Care Administrator gave the Facilities Director a list of required items for the first aid kit kept on the vehicle.*

*To enhance the currently compliant operations, on 04/01/2025 the Director of Facilities will attach a list of the regulatory requirements of which need to be included in the vehicle's first aid kit, with a completion date of 4/1/25.*

*Effective 04/04/2025 the Director of Facilities will perform monthly checks for 3 months through 07/04/2025 to maintain ongoing compliance with, including ensuring a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 04/21/2025**

**Evidence of Completion**

**Implemented** [REDACTED] - 05/01/2025)

*See attached.*

## 183e - Storing Medications

**2. 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 3/4/2025 Acetaminophen 325 Mg Tab blister pack prescribed to resident 1 was punctured on spot 13 and the pill was still in place.*

*Senna 8.6 Mg Tab blister pack prescribed to resident 2 was punctured on spot 10 and the pill was still in place.*

*Acetaminophen ER 650 Mg C blister pack prescribed to resident 3 was punctured on spot 7 and the pill was still in place.*

*Gericare Artificial Eye Drops prescribed to resident 4 expired on 11/30/2024 the medication was still in the home.*

183e - Storing Medications (continued)

Repeat Violation date: 12/23/24

**Plan of Correction**

Accept (████) - 04/07/2025)

In response to the violation on 03/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/04/2025 by the Unit Manager to dispose of the medications/pills that were still in place in the punctured blister pack. The expired eye drops were discarded and reordered from the pharmacy.

To enhance the currently compliant operations, on 04/03/2025 the Unit manager will start having huddles with staff who administer medications and are working from 4/4/25-4/20/25. The Unit Manager will instruct the staff, to ensure the integrity of the medication packaging is intact, if it is not intact to discard any pills still in place. The Unit Manger will instruct staff to check expiration dates on medications and discard and reorder medications that have expired. Staff will be instructed to do these checks before pouring and administrating medication, with a completion date of 04/21/2025.

Effective 04/04/2025 the Unit Manager will start performing monthly audits x3 months, on 2 medication carts, through 07/04/2025 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: 04/21/2025

**Evidence of Completion**

Implemented (████) - 05/01/2025)

See attached.

184a - Resident's Meds Labeled

**3. 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**

The pharmacy label for resident 5's Triamcinole 1% cream reads, "Apply to rash topically every day and evening shift for rash". The label does not match the prescribed dosage and instructions for administration written on the medication administration record (MAR) which read "Apply to rash topically every 12 hours as needed for rash."

The pharmacy label for resident 5's Deep Sea 0.65% nasal spray reads " Instill 1 spray in both nostrils one time a day for allergies." The label does not match the prescribed dosage and instructions for administration written on the MAR which reads " 1 spray in both nostrils every 24 hours as needed."

Repeat Violation Date: 12/23/24

184a - Resident's Meds Labeled (continued)

**Plan of Correction**

Accept ( [redacted] - 04/07/2025)

*In response to the violation on 03/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/04/2025 by the Unit Manager to immediately place change of direction stickers on both medications.*

*To enhance the currently compliant operations, on 04/04/2025 the Unit Manager will start having huddles with nurses and med techs working from 4/1/25-4/20/25 and instruct them: (1) To look at the label of the medication and the order on the eMAR to make sure the prescribed dosage and instruction match before administering the medication. (2) If the label and the order does not match, place a change of direction sticker on the medication label. (3) When the next supply of medication is received from the pharmacy make sure the medication label and instructions match the order in the Emar, if it doesn't return it to the pharmacy and request an updated label with the correct instruction be sent, with a completion date of 4/21/25.*

*Effective 04/04/2025 the Unit manager will start performing monthly audits for 3 months, 07/04/2025 on 2 medication carts per month, to maintain ongoing compliance with ensuring the original container for prescription medications will be labeled with a pharmacy label that includes, including the resident's name, and the name of the medication, and the date the prescription was issued, and the prescribed dosage and instructions for administration, and the resident's name, and the name of the medication, and the date the prescription was issued, and the prescribed dosage and instructions for administration, and the resident's name, and the name of the medication, and the date the prescription was issued, and the prescribed dosage and instructions for administration, and the name and title 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:** 04/21/2025

**Evidence of Completion**

Implemented ( [redacted] 05/01/2025)

*See attached.*

185a - Implement Storage Procedures

**4. 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**

*On 3/4/2025 at 7:40 am, the glucometer for resident 5 has a blood sugar reading of 70 but it was documented as 80 on the medication administration record (MAR).*

*On 3/3/2025 at 7:46 am, the glucometer for resident 5 has a blood sugar reading of 84 but it was documented as 85 on the MAR.*

**Plan of Correction**

Accept ( [redacted] - 04/07/2025)

*In response to the violation on 03/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:*

- 1. On 03/26/2025 by the Personal Care Administrator to immediately amended the Emar to reflect the correct*

185a - Implement Storage Procedures (continued)

blood sugars.

- 2. On 3/26/25 the personal Care Administrator identified the staff person, who incorrectly documented the blood sugars on the Emar.

To enhance the currently compliant operations:

- 1. The Unit manager will give a written education to the staff member who incorrectly documented the blood sugar for resident 5, with a completion date of 04/04/2025.
- 2. The Unit Manager will hold huddles with staff who preform glucose monitoring and are working from 4/1/25-4/21/25 and instruct on comparing the glucometer reading to what is being documented on the Emar, and if there is an error to correct it immediately it immediately, with a completion date of 04/21/2025.

The overall completion date is 04/21/2025.

Effective 03/04/2025 the LPN Supervisor will perform audits weekly for 4 weeks through 04/25/2025, for 5 residents to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/21/2025

Evidence of Completion

Implemented [redacted] 05/01/2025)

See attached.

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident 5 is prescribed blood sugar checks three times per day before meals at 7:30 am, 11:00 am and 4:00 pm. However, resident 5 had blood sugar checks completed at bedtime on several dates with no order for additional checks. The resident's glucometer shows a blood sugar reading of 201 on 2/24/2024 at 8:11 pm, a blood sugar reading of 201 on 3/1/2025 at 8:15 pm, and a blood sugar reading of 200 on 3/2/2025 at 8:43 pm.

Repeat Violation date: 12/23/24

Plan of Correction

Accept [redacted] - 04/07/2025)

In response to the violation on 03/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. On 03/26/2025 the Unit Manager obtained an order for a PRN (as needed) blood sugar check (glucose check) from resident's CRNP.
- 2. On 03/26/2025 the Unit manager identified the staff member who did not follow the directions of the prescriber.

To enhance the currently compliant operations:

187d - Follow Prescriber's Orders (continued)

1. On 04/04/2025 the Unit Manager give a written education to the staff member who administered resident 5's blood sugar checks without the prescriber's order, that they cannot complete glucose checks without an order and if they need additional glucometer checks, they need to call the practitioner for the additional order, with a completion date of 04/21/2025.
2. on 04/04/2025 the Unit Manager will have huddles with staff who are trained to check blood sugar with a glucometer, who are work form 4/1/25-4/21/25, and instruct the staff on following the prescriber orders. If there is a need for an additional order for a glucose meter check the nurse will have to call the practitioner and ask for the order., with a completion date of 04/21/2025.

The overall completion date is 04/21/2025.

Effective 04/04/2025 the Unit Manager will perform weekly for 4 weeks audits through 04/25/2025 for 5 residents to maintain ongoing compliance with 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: 04/21/2025

Evidence of Completion

Implemented [redacted] - 05/01/2025)

See attached.

225c - Additional Assessment

6. 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

The document of medical evaluation for resident 4, dated [redacted] 2025, indicates in the Special Health Needs section that resident 4 has a need to "Avoid changing positions abruptly, change positions from lying to sitting and standing very slowly. Wait 5 minutes before getting out of bed." The resident's support plan dated 1/11/2025 does not document how this need will be met.

Plan of Correction

Accept [redacted] - 04/07/2025)

In response to the violation on 03/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/26/2025 by the Personal Care Administrator added an addendum was added to resident 4 RASP. This stated the residents per the DME has a need to "Avoid changing positions abruptly, change positions from lying to sitting and standing very slowly. Wait 5 minutes before getting out of bed. Support Plan- DCS will assist resident 4 with sitting up slowly in bed and will wait with the resident as they sit on the side of the bed for 5 minutes, before assisting them to stand.

To enhance the currently compliant operations, on 04/04/2025 the Unit Manager will have huddles to educate nursing staff who complete RASPs, when completing the RASP to ensure to capture all needs on the DME, ex "Special Needs" section, and document on the RASP the need and how the resident's need will be met, with a completion date of 04/21/2025.

225c - Additional Assessment (continued)

Effective 04/04/2025 the Unit Manager will perform monthly audits for 3 months through 07/04/2025 for 10 residents, 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, and 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 reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/21/2025

Evidence of Completion

Implemented [redacted] - 05/01/2025)

See attached.

226a - Mobility Assessment

7. Requirements

2600.

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

Description of Violation

Resident 7 has a bedside mobility device that the resident uses to transfer in and out of bed. Resident 7's assessment, dated [redacted] 024, and support plan dated [redacted] /24 do not include an assessment or support plan of the resident's mobility needs related to the bedside mobility device.

Plan of Correction

Accept [redacted] /07/2025)

In response to the violation on 03/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/26/2025 by the Personal Care Administrator to add an addendum to resident 7's RASP, an assessment for transferring needs in/out of bed and the support plan on how DCS will meet the resident's need for transferring in and out of the bed.

To enhance the currently compliant operations, on 04/04/2025 the Unit Manager will have huddles with staff, who are assigned to complete RASPs, and educate those staff member on the importance of accurately identifying and documenting the resident's needs and creating a support plan to meet the resident needs, with a completion date of 04/21/2025.

Effective 04/04/2025 the Unit Manager will perform monthly audits for 3 months through 07/04/2025 for 5 residents, to maintain ongoing compliance with ensuring each resident is assessed for mobility needs as part of the resident's assessment. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/21/2025

Evidence of Completion

Implemented [redacted] 05/01/2025)

See attached.

227d - Support Plan Medical/Dental

**8. 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**

*The assessment for resident 6, dated [REDACTED] 025, indicates the resident has a need for toileting assistance. The resident's support plan dated 2/14/2025 does not document how this need will be met.*

**Plan of Correction**

**Accept [REDACTED] - 04/07/2025)**

*In response to the violation on 03/03/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/26/2025 by the Personal Care Administrator to add an addendum the resident 6's RASP, Resident Assessment- the resident needs assist with toileting hygiene Support Plan- DCS will assist resident 6 with toileting hygiene support.*

*To enhance the currently compliant operations, on 04/04/2025 the Unit Manager will start having huddles with staff assigned to complete RASP. When a resident is assessed, and a need is identified on the RASP, the support plan must address and document how this meet will be met, with a completion date of 04/21/2025.*

*Effective 04/04/2025 the Unit Manager will start performing monthly audits for 3 months through 07/04/2025 on 5 resident's RASP, to maintain ongoing compliance with documenting 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 04/21/2025**

**Evidence of Completion**

**Implemented [REDACTED] - 05/01/2025)**

*See attached.*