

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

April 22, 2026

[REDACTED], ADMIN
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 03/02/2026, 03/03/2026 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:** 05/13/2026
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: 0 **Total Daily Staff:** 103 **Waking Staff:** 77

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 03/03/2026

Inspection Dates and Department Representative

03/02/2026 - On-Site: [REDACTED]
03/03/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 170 **Residents Served:** 103

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:** 102
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

03/02/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/02/2026

04/03/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/20/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 04/21/2026

Inspections / Reviews *(continued)*

04/22/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/20/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 3/2/26, at 9:30am, several empty medication packages with residents' medication and other information were visible on top of an unattended medication cart on the 3rd floor.

Plan of Correction

Accept ([REDACTED] - 04/03/2026)

In response to the violation on 03/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/02/2026 by the Unit Manager to speak to the Med Tech and all medication packaging was removed from the top of the medication cart and shredded.

To enhance the currently compliant operations:

- 1. on 03/04/2026 the Unit Manager gave the Med Tech a Written Education, the Education explained the Regulation 2600.17 and the expectation is that the Med Tech must meet to comply with the Regulation, with a completion date of 04/01/2026.*
- 2. on 03/25/2026 the LPN Supervisor will review the updated Medication Container Disposal Procedure with staff who administer medications. Staff will sign off that they have been notified of the updated procedure, with a completion date of 04/01/2026.*

The overall completion date is 04/01/2026.

Effective 04/01/2026, the Personal Care Administrator will perform Med Tech medication administration observations, including verification of proper disposal of medication packaging, through 04/30/2026.. to maintain ongoing compliance with keeping resident records confidential, and, except in emergencies, to not allow access to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented ([REDACTED] - 04/22/2026)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 3/3/26 at approximately 9am, there was no sign on the front entrance of the main building indicating that the home permits smoking in designated areas only. According to the Clean Indoor Air Act (35 P.S. § 637.1 – 637.11),

18 Compliance With Laws (continued)

personal care homes must post a sign at each entrance that states "Smoking Permitted in Designated Areas Only" or No Smoking.

Plan of Correction**Accept ([REDACTED] - 04/03/2026)**

In response to the violation on 03/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/03/2026 by the Personal Care Administrator to upright the No Smoking sign that had been blown over by wind and a snowstorm.

To enhance the currently compliant operations:

1. On 04/01/2026, the Director of Facilities will order new, more durable "No Smoking" signs, with a completion date of 04/17/2026.
2. On 03/27/2026, the Director of Facilities will educate Security and Maintenance staff on the Clean Air Act and RCG 2600.18, with a completion date of 04/01/2026.

The overall completion date is 04/17/2026.

Effective 04/01/2026, Security and Maintenance staff will perform daily checks of the No Smoking signs for two weeks, through 04/17/2026, to ensure the signs are intact and clearly visible. to maintain ongoing compliance with complying with applicable Federal, State and local laws, ordinances and regulations. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented ([REDACTED] - 04/22/2026)**65g - Annual Training Content****3. 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 and Staff person B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year 2025.

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 2025.

65g - Annual Training Content (continued)

Plan of Correction

Accept () - 04/03/2026)

In response to the violation on 03/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/25/2026 by the Director of Facilities to scheduled Fire Safety Training for Staff members A and B for 3/30/26.

To enhance the currently compliant operations, On 04/01/2026, the Director of Facilities will schedule all fire safety training for Personal Care staff for April 2026, with a completion date of 04/17/2026

Effective 04/07/2026, the Personal Care Administrator will perform monthly audits of staff sign-in sheets for fire safety training through 04/17/2026, to maintain ongoing compliance with ensuring direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers are trained annually in, including fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert, and emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and falls and accident prevention, and new population groups that are being served at the home that were not previously served, if applicable, and fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert, and emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and falls and accident prevention, and new population groups that are being served at the home that were not previously served, if applicable, and fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert, and emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and falls and accident prevention, and new population groups that are being served at the home that were not previously served, if applicable, and fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert, and emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and falls and accident prevention, and new population groups that are being served at the home that were not previously served, if applicable. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented () - 04/22/2026)

85e - Trash Outside Home

4. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 3/2/2026 at approximately 10:20am, there were three full bags of trash piled outside of the trash compactor.

85e - Trash Outside Home (continued)

Plan of Correction**Accept (█) - 04/03/2026)**

In response to the violation on 03/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/02/2026 by dining staff to throw away the three bags of trash into the trash compactor.

To enhance the currently compliant operations:

- 1. on 03/24/2026, the Director of Dining Services educated dining utility staff, dining managers, dining supervisors, and housekeeping staff on the proper disposal of trash and the use of the trash compactor and dumpster, with a completion date of 04/01/2026.*

Effective 04/01/2026, the Executive Chef, Production Manager, and Receiver will perform daily checks for four weeks, through 04/29/2026, to ensure trash is disposed of properly, to maintain ongoing compliance with keeping trash outside the home in covered receptacles that prevent the penetration of insects and rodents. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented (█) - 04/22/2026)

89b - Hot Water Temperature

5. Requirements

2600.

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

Description of Violation

On 3/2/2026 at 10:00am, the hot water temperature in the bathroom of room 413 measured 123.6 degrees Fahrenheit and at 11:50am it was 109 degrees Fahrenheit after the home adjusted the thermostat.

Plan of Correction**Accept (█) - 04/03/2026)**

In response to the violation on 03/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/02/2026 by Maintenance staff to adjust the water temperature in Room B413. Upon retesting, the water temperature was lowered to 109 degrees.

To enhance the currently compliant operations:

- 1. on 03/27/2026, the Director of Facilities revised the daily procedure for rotating water temperature testing in apartments to obtain a more accurate median of temperatures throughout Personal Care, with a completion date of 04/08/2026.*
- 2. On 03/30/2026, the Director of Facilities educated Maintenance staff on the procedure for obtaining water temperatures, with a completion date of 04/01/2026.*

The overall completion date is 04/17/2026.

Effective 04/01/2026, Maintenance staff will perform daily water temperature checks through 04/17/2026, to maintain ongoing compliance with ensuring hot water temperature in areas accessible to the resident does not exceed 120°F. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

89b - Hot Water Temperature (continued)

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented (█) - 04/22/2026

101j7 - Lighting/Operable Lamp

6. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident rooms 419, 413 and 333 did not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept (█) - 04/03/2026

In response to the violation on 03/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/02/2026 by the Unit Manager to check Apartments B419, B413, and B333. If no bedside lamp was available, the Unit Manager requested that the Marketing Department supply lamps. If lamps were available but not placed at the bedside, the Unit Manager requested that Maintenance staff move the lamp to the bedside, ensuring the electrical cord could safely reach the outlet.

To enhance currently compliant operations, on 03/25/2026, the Household Coordinators held a staff huddle to review apartment audits. The audit item for bedside lighting was reworded to ensure it is clearly understood by staff completing the audits, with a completion date of 04/01/2026.

Effective 04/01/2026, the DCS and Household Coordinators will perform monthly audits of five apartments for three months, through 06/05/2026, to maintain ongoing compliance with ensuring each resident has in their bedroom an operable lamp or other source of lighting that can be turned on at bedside. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented (█) - 04/22/2026

103c - Food Protected

7. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 3/2/2026 at approximately 10:20 am, there were 6 trays of fish on a cart in the main kitchen which were uncovered and unattended.

Plan of Correction

Accept (█) - 04/03/2026

In response to the violation on 03/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/02/2026 by the Executive Check to cook the fish.

103c - Food Protected (continued)

To enhance the currently compliant operations, on 03/26/2026, the Executive Chef and Dining Production Manager conducted an in-service for dining staff on what to do if you need to walk away from your food preparation station, with a completion date of 03/30/2026.

Effective 03/27/2026, the Executive Chef, Chef Managers, and Production Manager will conduct daily walk-through inspections of the main kitchen to ensure all food is handled properly, through 04/17/2026, to maintain ongoing compliance with will do daily walk-throughs in the main kitchen. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented (█) - 04/22/2026

103f - Refrigerator/Freezer Temps

8. 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 3/2/2026 at 9:37am the temperature in the standalone freezer on the 4th floor kitchenette was 36 degrees Fahrenheit and at 2:30pm it was 11 degrees Fahrenheit.

Plan of Correction

Accept (█) - 04/03/2026

In response to the violation on 03/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/02/2026 by the Dining Supervisor and Dining aids to throw away all the food in the freezer.

To enhance the currently compliant operations:

1. on 03/26/2026, the Director of Dining Services ordered new refrigerators without attached freezers. All frozen food will be stored in the commercial freezer in each pantry, with a completion date of 04/30/2026.
2. on 03/25/2026, the Dining Manager provided an in-service to dining staff instructing that the freezer in the household refrigerator/freezer units is not to be used. All frozen food items will be stored in the commercial reach-in freezer located in the back pantry, with a completion date of 03/02/2026.

Effective 03/27/2026 the Dining Manager will perform daily checks to ensure there is no food stored in the household freezer, through 04/30/2026 to maintain ongoing compliance with ensuring food requiring refrigeration is stored at or below 40°F, and frozen food is kept at or below 0°F, and thermometers are present in refrigerators and freezers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented (█) - 04/22/2026

103i - Outdated Food

9. Requirements

103i Outdated Food (continued)

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 3/2/26, there were trays of red sauce, cooked pasta and cooked cabbage that were uncovered, unlabeled and undated in the main kitchen refrigerator.

Plan of Correction**Accept (█ - 04/03/2026)**

In response to the violation on 03/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/02/2026 by the Director of Dining Service to throw away all food that was uncovered, unlabeled and undated in the main kitchen.

To enhance currently compliant operations, on 03/27/2026, the Director of Dining Services educated Dining Managers, Supervisors, and the Executive Chef on the food safety walk-through form and the schedule for each team member to complete the walk-throughs, with a completion date of 04/17/2026.

Effective 03/27/2026, Dining Managers and Supervisors will perform daily checks, through 04/17/2026, to ensure all food is properly covered, labeled, and dated, and to maintain ongoing compliance by preventing the use of outdated or spoiled food and dented cans. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented (█ - 04/22/2026)**123b Emergency Procedures Posted****10. Requirements**

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction**Accept (█ - 04/03/2026)**

In response to the violation on 03/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/02/2026 by the Personal Care Administrator to post the emergency procedure plan in a public area in a conspicuous place- 2nd floor outside of the nurse's office. -3rd floor across from the elevator-4th floor across from the elevator.

To enhance the currently compliant operations:

- 1. On 03/24/2026, the Personal Care Administrator will designate a location on each floor for the emergency procedure plan, with a completion date of 03/31/2026.*
- 2. On 03/25/2026, the Household Coordinators held a staff huddle to inform team members of the location of the emergency procedure plan on each floor, with a completion date of 03/25/2026.*

The overall completion date is 03/31/2026.

123b - Emergency Procedures Posted (continued)

Effective 03/23/2026, the Personal Care Administrator will perform monthly checks for three months, through 05/31/2026, to ensure the emergency procedure plan is in the proper location, to maintain ongoing compliance with ensuring copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) are posted in a conspicuous and public place in the home and to keep a copy. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented (█) - 04/22/2026)

131f - Fire Extinguisher Inspection

11. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in 3rd floor kitchenette has not been inspected by a fire safety expert. There is no service or inspection tag on the extinguisher.

Plan of Correction

Accept (█) - 04/03/2026)

In response to the violation on 03/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/02/2026 by the Director of Facilities, who contacted a licensed fire protection company to re-tag the fire extinguisher in the third-floor kitchenette.

To enhance the currently compliant operations, on 03/27/2026, the Director of Facilities will re-educate Security staff responsible for fire extinguisher inspections on proper inspection procedures, with a completion date of 04/01/2026.

Effective 04/01/2026, Security staff will perform monthly fire extinguisher inspections through 04/17/2026, to maintain ongoing compliance with ensuring fire extinguishers are inspected and approved annually by a fire safety expert, and to ensure the date of the inspection is on each extinguisher. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented (█) - 04/22/2026)

132d - Evacuation

12. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home has a designated safe evacuation time of 13 minutes, as indicated in the Fire Safety letter dated 5/20/25. Evacuation of residents from the home took 22min 13sec during the fire drill on 2/17/26 at 10:15am.

132d Evacuation (continued)

Plan of Correction**Accept (█ - 04/03/2026)**

In response to the violation on 03/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/03/2026 by the Director of Facilities to review fire drill results and evacuation times with Security staff responsible for leading the evacuation process, in order to identify any delays that occurred.

To enhance the currently compliant operations, on 04/01/2026, the Director of Facilities will ensure staff receive ongoing fire safety training to understand their assigned roles during an emergency and to assist residents safely and efficiently, with a completion date of 04/17/2026.

Effective 04/01/2026 the Director of Facilities will perform monthly reviews of Fire drills, through 05/31/2026 to maintain ongoing compliance with ensuring residents are able to evacuate the entire building to a public thoroughfare, or to a fire safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert, and for purposes of this subsection, ensure the fire safety expert is not a staff person of the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented (█ - 04/22/2026)

162c - Menus Posted

13. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 3/2/2026 at approximately 9:40am, the menus posted outside of the dining room did not have dates on them; the menu posts were labeled as "week 1" and "week 5" with no indication as to what week was the current week.

Plan of Correction**Accept (█ - 04/03/2026)**

In response to the violation on 03/02/2026 by the Pennsylvania Bureau of Human Service Licensing, Immediate action was taken on 03/02/2026 by the Director of Dining Services to replace menus that were not labeled with the current date, with menus labeled with the current date.

To enhance the currently compliant operations, the Director of Dining Services conducted an in service for dining staff on the proper posting of menus, including ensuring the current date is displayed, with a completion date of 03/27/2026.

Effective 03/30/2026, Dining Managers and Supervisors will perform biweekly checks, through 04/13/2026, to ensure menus are posted with the correct date, to maintain ongoing compliance with preparing menus, stating the specific food being served at each meal for 1 week in advance and to follow the menu, and to post weekly menus 1 week in advance in a conspicuous and public place in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

162c - Menus Posted (*continued*)

Licensee's Proposed Overall Completion Date: 03/27/2026

Implemented (█) - 04/22/2026)

181d - Storing Medication

14. 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 their medications. On 3/2/26 the resident had two bottles of eye drops on their nightstand unattended and unlocked. The resident stated they do not lock their apartment door and the rest of their medications are in an unlocked lockbox in their kitchen.

Plan of Correction

Accept (█) - 04/03/2026)

In response to the violation on 03/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/03/2026 by the Unit Manager, who spoke with Resident 1 and instructed █ to keep medications in a lockbox or ensure █ apartment door remains locked. The Unit Manager confirmed that all medications were secured in a lockbox before leaving the apartment.

To enhance the currently compliant operations, on 03/24/2026, the LPN Supervisor had Resident 1 sign a medication agreement to ensure █ understood the importance of storing █ medications correctly and safely, with a completion date of 03/31/2026.

Effective 03/24/2026, the LPN Supervisor or Charge Nurse will perform weekly audits, through 05/31/2026, to ensure Resident 1's medications are secured in a lockbox or that her apartment door is locked. maintain ongoing compliance with ensuring that if the resident does not need assistance with medication, medication will be stored in a resident's room for self-administration. Medications stored in the resident's room will be kept locked in a safe and secure location to protect against contamination, spillage and theft. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented (█) - 04/22/2026)

185a - Implement Storage Procedures

15. 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

3/3/26, Resident 2's glucometer was not calibrated to the correct date. The glucometer date was set to 3/2/26.

185a - Implement Storage Procedures (*continued*)**Plan of Correction**

Accept (█) - 04/03/2026)

In response to the violation on 03/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/03/2026 by the LPN Supervisor to calibrate the glucometer to the correct date.

To enhance the currently compliant operations:

- 1. on 03/05/2026, the Unit Manager and LPN Supervisor educated staff on the importance of ensuring glucometers have the correct date and time, with a completion date of 04/01/2026.*
- 2. On 03/05/2026, the LPN Supervisor added written instructions, "How to Change the Date and Time on the Glucometer," to the storage box for each resident's glucometer, with a completion date of 03/05/2026.*

The overall completion date is 04/01/2026.

Effective 03/27/2026, the LPN Supervisor will perform weekly glucometer audits for four weeks, through 04/17/2026. 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: 04/17/2026

Implemented (█) - 04/22/2026)

190c - Record of Training

16. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person A does not include documentation of successful completion of the initial training.

The home's medication administration training record for staff person B does not include documentation of successful completion of the initial training.

Plan of Correction

Accept (█) - 04/03/2026)

In response to the violation on 03/02/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on On 03/03/2026, the Unit Manager/Medication Administration Trainer attempted to locate documentation of initial medication administration training for Staff Persons A and B.

To enhance the currently compliant operations:

- 1. On 03/25/2026, the Personal Care Administrator, Recruiter, and Director of Human Resources will require newly hired Med Tech employees to submit their initial medication administration training documentation to the Recruiter. The documentation will then be forwarded to the Personal Care Administrator, a Medication Administration Trainer, prior to the employee's first day of orientation. If the documentation is not*

190c - Record of Training (continued)

submitted, the offer of employment will be rescinded, with a completion date of 04/17/2026.

- 2. On 03/31/2026, the Personal Care Administrator will have Staff Member A retake medication administration training to obtain proper documentation. Staff Member B obtained initial medication administration training from their primary employer, with a completion date of 04/17/2026.*

The overall completion date is 04/17/2026.

Effective 04/01/2026, the Personal Care Administrator will perform monthly audits of staff medication administration training records through 04/17/2026, to maintain ongoing compliance with ensuring A record of the training must be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented (█) - 04/22/2026)

252 - Record Content**17. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.

252 Record Content (*continued*)

23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident 3's record does not include a photograph of the resident that is no more than 2 years old.

Plan of Correction

Accept (█ - 04/03/2026)

In response to the violation on 03/02/2026 by the Pennsylvania Bureau of Human Service Licensing, Immediate action was taken on 03/03/2026 by the Unit Manager to take a new photograph, which was then placed in Resident 3's chart.

To enhance the currently compliant operations, on 03/30/2026, the Personal Care Administrator will educate staff on the required contents of a resident's record, with an emphasis on the resident's photograph, with a completion date of 04/01/2026.

Effective 03/25/2026, the Personal Care Administrator will perform monthly audits of five charts per month for three months, through 04/17/2026, to maintain ongoing compliance with ensuring each resident's record includes, including name, gender, admission date, birth date and Social Security number, and race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks, and a photograph of the resident that is no more than 2 years old, and language or means of communication spoken or used by the resident, and the name, address, telephone number and relationship of a designated person to be contacted in case of an emergency, and the name, address and telephone number of the resident's physician or source of health care, and the current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms, and a list of prescribed medications, OTC medications and CAM, and dietary restrictions, and a record of incident reports for the individual resident, and list of allergies, and the documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies, and the preadmission screening, initial intake assessment and the most current version of the annual assessment, and a support plan, and applicable court order, if any, and the resident's medical insurance information, and the date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity, and an inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated, and an inventory of the resident's property entrusted to the administrator for safekeeping, and the financial records of residents receiving assistance with financial management, and the reason for termination of services or transfer of the resident, the date of transfer and the destination, and copies of transfer and discharge summaries from hospitals, if available, and if the resident dies in the home, a copy of the official death certificate, and signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures), and a copy of the resident home contract, and a termination notice, if any. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented (█ - 04/22/2026)