

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2025
NAME OF PROVIDER OR SUPPLIER Paul's Run		STREET ADDRESS, CITY, STATE, ZIP CODE 9896 Bustleton Avenue Philadelphia, PA 19115	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical record, facility documentation, and interviews with staff, it was determined that the facility failed to report a resident's fall incident and bruise to the local State agency as required for one of four residents reviewed for falls (Resident R14). Findings include: Review of facility policy Investigating Incident Reports and Adverse Events, not dated, revealed all adverse events occurring to residents will be investigated for root cause and to rule out abuse and neglect. An adverse event includes falls, both witnessed and unwitnessed. Clinical record review revealed Resident R14 was admitted to the facility on [DATE] with a diagnosis that included Cerebrovascular Accident (known as stroke, disruption of blood flow to brain, which can lead to brain damage), hemiplegia and hemiparesis affecting right dominant side (affect movement/sensation on one side of body). Review of Resident R14's Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) dated August 11, 2024 revealed the resident require required two or more persons physical assists for transfers. Review of Resident R14's nursing note, dated August 18, 2025, revealed Resident R14 was in the middle of transfer from wheelchair to bed when she/he lost her/his balance and fell on the floor. Resident observed to have a new bruise on right forearm after the fall occurred. Resident is an assist of 2 staff but was being assisted by 1 nurse aide during time of fall. Review of facility incident report, dated August 19, 2025, revealed on August 18, 2025, at 7:22 p.m. Resident R14 lost her/his balance during transferring from wheelchair to bed and fell down on the floor. Review of facility reported information to the State agency for August 2025 revealed no evidence that the facility reported to the State Agency the fall sustained by the resident while being transferred by one nurse aide and not two nurse aides as required. Interview on August 29, 2025 at 10:50 a.m. with Director of Nursing, Employee E3, confirmed the facility failed to report Resident R14's incident to the State agency. 28 Pa. Code:201.14(a)(c) Responsibility of licensee. 28 Pa. Code:201.18(b)(1)(e)(1) Management.		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, facility documentation, and staff interview, it was determined that the facility failed to ensure adequate assistance was provided during transfer for one resident which resulted in a fall incident for one of three residents reviewed for falls (Resident R14). Findings include: Review of facility policy Fall Prevention Protocol, not dated, revealed each resident residing at this facility will be provided services and care that ensures that the resident's environment remains as free from accident hazards as possible and each resident receives adequate supervision and assistive devices to prevent accidents. Clinical record review revealed Resident R14 was admitted to the facility on [DATE] with a diagnosis that included Cerebrovascular Accident (known as stroke, disruption of blood flow to brain, which can lead to brain damage), hemiplegia and hemiparesis affecting right dominant side (affect movement/sensation on one side of body). Review of Resident R14's Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs), dated August 11, 2025, revealed transfers required two or more persons physical assists. Review of Resident R14's nursing progress note, dated August 18, 2025, revealed Resident R14 was in the middle of transference from wheelchair to bed when she/he lost her/his balance and fell on the floor. Resident observed to have a new bruise on right forearm after the fall occurred. Resident is assist of 2 staff but was being assisted by 1 nurse aide during time of fall. Review of facility incident report, dated August 19, 2025, revealed on August 18, 2025 at 7:22 p.m. Resident R14 lost her/his balance during transferring from wheelchair to bed and fell down on the floor. Interview on August 29, 2025 at 10:45 a.m. with Director of Nursing, Employee E3, confirmed Resident R14 required a two person assist at time of transfer. 28 Pa. Code 201.14 (a) Responsibility of licensee. 28 Pa. Code 211.10 (d) Resident Care Policies. 28 Pa. Code 211.12 (d)(5) Nursing Services.		

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, facility policy, and interviews with staff, it was determined that the facility failed to ensure the resident was assessed after a significant weight loss for one of three residents reviewed for weight loss (Resident R75). Review of facility policy Recording the Weight of Each Resident, dated 2024, revealed if the resident's weight has 5% or greater change from the previous month the nursing staff is responsible to re-weigh the resident within 48 hours. If after the re-weight is completed, the resident shows a 5% weight gain or loss, the dietitian will notify the IDT and complete proper documentation. The nursing staff or designee will alert the appropriate individuals of significant changes. Clinical record review revealed Resident R75 was admitted to the facility on [DATE] with a diagnosis that included congestive heart failure (CHF-affects your heart's ability to pump blood), malnutrition (diet does not provide enough nutrients or the right balance for optimal health) and depression. Review of Resident R75's clinical record revealed physician's order, dated July 25, 2025, for CHF: check weight daily, notify doctor if gain of 2-3#/day or 5#/week or if heart failure symptoms present. Perform standing in the morning. Further review of Resident R75's clinical record revealed the following notable weights documented:- 8/12/25: 178.6 pounds (lbs) standing- 8/13/25: 176.0 lbs standing- 8/15/25: 176.0 lbs wheelchair- 8/20/25: 175.6 lbs wheelchair- 8/21/25: 174.0 lbs wheelchair- 8/22/25: 153.6 lbs standing- 8/23/23: 151.4 lbs standing- 8/24/25: 152.7 lbs standing- 8/25/25: 151.4 lbs wheelchair- 8/26/25: 153.6 lbs standing- 8/28/25: 153.0 lbs standing Review of Resident R75's clinical record revealed no assessment or documentation related to Resident R75's significant weight loss. Interview on with Employee E5, Dietician, confirmed Resident R75 was not assessed related to the resident documented weight loss. 28 Pa. Code 211.12(d)(1)(5) Nursing Services		