

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ST. PAUL HOMES

LEGAL ENTITY

To operate THE HERITAGE AT ST. PAUL HOMES

NAME OF FACILITY OR AGENCY

Located at 339 EAST JAMESTOWN ROAD, GREENVILLE, PA 16125

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 101
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare 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 October 25, 2010 until October 25, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **424570**

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

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.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

OCT 26 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

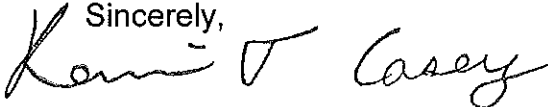
Mr. Jeffrey Wallace, President
St. Paul Homes
The Heritage at St. Paul Homes
339 East Jamestown Road
Greenville, Pennsylvania 16125

Dear Mr. Wallace:

As a result of the Department of Public Welfare's licensing inspection on August 27, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,


Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME THE HERITAGE AT ST PAUL HOMES, 339 EAST JAMESTOWN ROAD GREENVILLE, PA 16125	CURRENT LICENSE NUMBER 424570
---	----------------------------------

Western Region

INSPECTION DATES (Include all dates of the inspection) 08/27/2010	REGIONAL REPRESENTATIVE Alden Linhart, Joe Phillips, Brenda McAfee SEP 29 2010
--	---

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)
 St. Paul Homes

Adult Residential Licensing

SIGNATURE OF LEGAL ENTITY 	DATE 9-27-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10-8-10
-------------------------------	-----------------	---	-----------------

63d A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with his training, unless the resident has a do not resuscitate order.	The DNR (Do not resuscitate order) in the record for resident #13 was signed by a physician on 08/26/09 but it is not signed by the resident.	DNR order has been signed by resident. See attached DNR order. Attachment "A" 9-27-10	Audit will be conducted by Administrator and/or designee by 9-30-10. This will be reviewed at quarterly quality assurance committee in October 2010. Ongoing audits will be conducted by Administrator and/or designee, reviewed by quality assurance committee, and staff will be educated on to ensure compliance procedures for DNR orders.	Steps have been taken to correct violation; full compliance is not verifiable 10-8-10 Date Initials (DPW)
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	Resident 14 's assessment, completed on 06/18/2010 , includes an assessment of the resident as "mobile". The medical evaluation for resident dated 05/26/2010 indicates that the resident is "unable to move from one location to another without oral prompting from others" which designates the resident as "cognitively immobile"	MA-55 corrected. Resident walks without assistance. See attached MA-55. Attachment "B" 9-27-10	Audit will be conducted on all residents MA-55 (MEDICAL EVALUATION) by Administrator or designee to ensure mobility needs are appropriate, and all documentation with mobility needs follows assessment documentation. This will be reviewed at quarterly quality assurance committee in October 2010 and ongoing to ensure compliance. Staff will be educated at next staff meeting on 9-30-10 on documentation for resident	10-8-10 Initials (DPW)

mobility needs on MA-55.