

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ST. PAUL HOMES, INC.

LEGAL ENTITY

To operate THE RIDGEWOOD 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 52
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 September 18, 2011 until September 18, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 467480

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

SEP 21 2011

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

Mr. Jeffrey A. Wallace, President
St. Paul Homes, Inc.
The Ridgewood 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 9, 2011 and August 12, 2011 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.

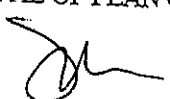
Sincerely,

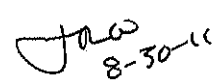
A handwritten signature in black ink, appearing to be 'R Melusky'.

Ronald Melusky
Director


Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE RIDGEWOOD AT ST PAUL HOMES, 339 EAST JAMESTOWN ROAD GREENVILLE, PA 16125		CURRENT LICENSE NUMBER 467480
INSPECTION DATES (Include all dates of the inspection) 08/09/2011 ; 8/12/11	REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Joseph Phillips, Lisa V. Flinner-Alman, Joseph Phillips	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		
SIGNATURE OF LEGAL ENTITY <i>Terri Groske</i>	DATE 8-29-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 8-30-11


REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual	Western Region Adult Residential Licensing		Unsupervised ADL's.  8-30-11	


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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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INSPECTION DATES (Include all dates of the inspection) 08/09/2011 , 8/12/11	REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Joseph Phillips, Lisa V. Flinner-Alman, Joseph Phillips	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		
SIGNATURE OF LEGAL ENTITY <i>Terri Trozke</i>	DATE 8-29-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 8-30-11


REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.	Western Region Adult Residential Licensing			

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

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Serri Seeske</i>		DATE 8-29-2011	
		REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	
		DATE 8/30/11	

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
103F Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	On 8/12/11, there was no thermometer in the refrigerator freezer located in the resident kitchen. <p style="text-align: center; font-size: 1.2em;">Western Region</p>	08/12/2011	A thermometer was placed in the resident refrigerator freezer on 08/12/2011 and the Administrator or Designee will audit this weekly to be sure that thermometers are maintained in the resident's refrigerator and freezer, and that temperatures are within the required range. <p style="text-align: right;"><i>Ja 8-30-11</i></p>	 8/30/11

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


NAME AND ADDRESS OF PERSONAL CARE HOME THE RIDGEWOOD AT ST PAUL HOMES, 339 EAST JAMESTOWN ROAD GREENVILLE, PA 16125		CURRENT LICENSE NUMBER 467480
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		
SIGNATURE OF LEGAL ENTITY <i>Serri Crooke</i>	DATE 8-29-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 8/30/11

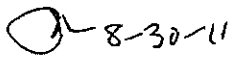
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION <small>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)</small>	DATE COMPLIANCE VERIFIED BY
186a Each prescription medication shall be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.	A blister pack of Bisacodyl EC 5mg prescribed to Resident #2 was stored on the medication cart. There was not a physicians order for the medication. Observed on 8/9/11. Western Region	08/09/2011 9/30/11 9/30/11	Blister pack of Bisacodyl was removed from the medication cart on 08/09/2011. Nurse and med techs will audit med cart to be sure that a physician order is in place for all medications in the med cart. Audit will take place weekly for one month, and at least monthly thereafter. In the event of a discrepancy between medication's available and the physician's orders, the physician shall be contacted for clarification. Documentation will be kept.	 Steps have been taken to correct violation; full compliance is not verifiable. 8/30/11 Date Initials (DPV):

Adult Residential Licensing


Documentation will be kept.
xv 230-11

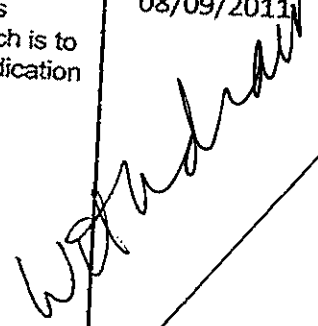

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Seri Troake</i>	DATE 8-29-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 8/30/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	Western Region	9/30/11	In the event of a discrepancy between the MAR and physician's orders, the physician will be contacted for clarification. Documentation of physician contact will be kept.  8-30-11	

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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		DATE 8/30/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187d The home shall follow the directions of the prescriber.	The home has an automatic dispensing system for medications. Resident #2 is prescribed Mirtazapine Tab 15mg which is to be given at 9:00pm. However, the medication was in the 5:00 pm packet. Observed on 8/9/11. <p align="center">Western Region</p>	08/09/2011 	Med Tech found the 9pm med in the 5pm packet and did not give the med per Med Admin protocol of checking meds prior to administration. The med was given at the PROPER time, 9pm. Med Techs will CONTINUE to check meds prior to administration as taught in the DPW Med Administration Course.	 8/30/11

