

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

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

To operate **THE RIDGEWOOD AT ST. PAUL HOMES**

Located at **339 EAST JAMESTOWN ROAD, GREENVILLE, PA 16125**

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**

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.

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**

and shall remain in effect from **September 18, 2012** until **September 18, 2013**,  
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



SEP 28 2012

Mr. Douglas D. Anderson, President  
St. Paul Homes, Inc.  
The Ridgewood at St. Paul Homes  
339 East Jamestown Road  
Greenville, Pennsylvania 16125

Dear Mr. Anderson:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 2, 2012 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 Human Services 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 read "Ronald Melusky". The signature is written in a cursive style with a long horizontal stroke extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 46748 - 08/02/2012 - Whitney, Diane  
PCH Name: THE RIDGEWOOD AT ST PAUL HOMES

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).  
Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 6-29-2012, resident #1's prescription for Torsemide 20mg was increased from one 1/2 tablet daily to one tablet daily. The resident was administered one 1/2 tablet on 8-1-2012 and 8-2-2012. The home did not submit a reportable incident form to the department for the medication error.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Upon discovery of medication error on 08/02/2012, an Incident Report was completed and submitted to DPW via fax at 04:42 p.m. (Please see attached copy of Incident Report and fax transmission report). Ongoing, Incident Reports will be completed within 24 hours.

By 9/20/12 - The administrator will ensure that proper procedures for incident reporting, including medication errors are followed.

J 9/20/12

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Jeri Trozke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *TERRI TROSKE, Administrator*      Date *09-18-2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *9/20/12* (Date)

Plan of correction implementation status as of *9/20/12* (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *J* (Initials)

Violation Report: 46748 - 08/02/2012 - Whitney, Diane  
PCH Name: THE RIDGEWOOD AT ST PAUL HOMES

1. REGULATION 55 Pa.Code §2600

2600.65(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Ancillary staff person A, who began work on 1-9-2012, did not receive general orientation to their job functions.

Ancillary staff person B, who began work on 6-11-2012, did not receive general orientation to their job functions.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Ancillary staff persons are given a general orientation to their job functions prior to working in that capacity. See attached job description signature for Ancillary Staff person B.

*Whitney, Diane*  
*09/18/2012*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Terri Troske*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Terri Troske, Administrator

Date 09-18-2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 46748 - 08/02/2012 - Whitney, Diane  
 PCH Name: THE RIDGEWOOD AT ST PAUL HOMES

RECEIVED

1. REGULATION 55 Pa.Code §2600  
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 On 8-2-2012, the interior courtyard garden had vines growing from the flower beds extending onto the sidewalk, posing a tripping hazard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The vines that were extending onto the sidewalk of the interior courtyard were trimmed back at the time of inspection. This location has been added to the daily inspection routine of the Ridgewood maintenance person to assure that vines will be kept trimmed and no tripping hazard will be present. (See attached photo)

|                      |                                   |  |  |  |
|----------------------|-----------------------------------|--|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): |  |  |  |
|----------------------|-----------------------------------|--|--|--|

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Terri Troske*

|  |                           |
|--|---------------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Terri Troske, Administrator</i> | Date<br><i>09-18-2012</i> |
|--|---------------------------|

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 9/20/12  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

Plan of correction implementation status as of 9/20/12  
 (Date)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 46748 - 08/02/2012 - Whitney, Diane  
PCH Name: THE RIDGEWOOD AT ST PAUL HOMES

1. REGULATION 55 Pa.Code §2600  
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.  
Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION  
On 8-2-2012, there was an accumulation of dryer sheets and an approximately a 2" ball of lint behind the middle dryer in the laundry room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The lint trap and drum of all clothes dryers are cleaned after each use and WERE CLEAN at the time of inspection. There was ONE dryer sheet and a small piece of lint on the floor of the laundry room in back of the middle dryer. The dryer sheet and piece of lint were picked up immediately at the time of the inspection. Although I do not believe that Regulation 55 was violated, housekeeping staff have begun to visually inspect the floor in the laundry room whenever clothes are put into the dryer, and will ensure no lint or other material is near dryer.

By 10/15/12 - The administrator will monitor the home at least monthly.

J. Troske

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Terri Troske*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Terri Troske, Administrator*      Date *09-18-2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/20/12 (Date)

The above plan of correction was approved by J (Initials)

Plan of correction implementation status as of 9/20/12 (Date)

- Fully Implemented *J*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 46748 - 08/02/2012 - Whitney, Diane  
PCH Name: THE RIDGEWOOD AT ST PAUL HOMES

1. REGULATION 55 Pa.Code §2600  
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.  
Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION  
The fire extinguisher located in the kitchen has not been inspected by a fire safety expert since January/February 2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The fire safety expert inspected the fire extinguisher in the kitchen on 08/07/2012. (Please see attached Service invoice). Maintenance has been reeducated on the importance of fire extinguisher inspection. Ridgewood maintenance staff will check the dates on ALL fire extinguishers monthly.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)      Terri Troske

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Terri Troske, Administrator      Date      09-18-2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/20/12  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

Plan of correction implementation status as of 9/20/12  
(Date)

Fully Implemented [Mark]  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 46748 - 08/02/2012 - Whitney, Diane  
PCH Name: THE RIDGEWOOD AT ST PAUL HOMES

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.  
Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 8-2-2012, at 9:30am, resident #2 was administered aspirin 81mg, Amlodipine 5mg, BenGay cream 5%, Fluticasone spray 50mcg, Lisinopril 20mg, Metformin 500mg, Paroxetine HCL 20mg, Pravastatin 20mg, and Ritalin 5mg & 10mg. Staff person C did not recorded as administered until 11:43am.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff person C stated that she was called to assist another resident and "forgot" to chart the medication she gave to Resident 2. Medication procedures were reviewed with Staff person C Specifically: Module 5: "How to Administer Medications Step by Step" and Module 8: "Documentation, Recording and Storage" in DPW's "Administering Medications the Right Way" Student Manual. Importance of following procedures was discussed with Staff person C, especially recording medication at the time it is administered and following medication directions to be given as prescribed. Supervised Medication Administration Observation done by Certified Trainer. Any further medication error occurring with Staff person C will result in termination of medication administration duties until the DPW "Administering Medications the Right Way" course is passed again.

By 10/15/12 - The administrator or designee will monitor the MAR at least weekly to ensure proper documentation of med administration.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Terri Troske

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Terri Troske, Administrator Date 09-18-2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/20/12 (Date)

Plan of correction Implementation status as of 9/20/12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by [Signature] (Initials)

Violation Report: 46748 - 08/02/2012 - Whitney, Diane  
PCH Name: THE RIDGEWOOD AT ST PAUL HOMES

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

Western Field Office  
Administration of Public Accounting

2a. DESCRIPTION OF VIOLATION

Resident #1's order for Torsemide 20mg was changed from one 1/2 tablet daily to one tablet daily on 6-29-2012. The home did not have the new prescription order filled until 7-31-2012. The resident was not given the correct dosage of one tablet daily until 8-2-2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Resident, family and physician were notified of the incorrect dosage given to the Resident, a DPW Incident Report was filed and a "Change of Direction" sticker was placed on the medication packet. Medication procedures were reviewed with Staff person C, specifically: Module 5: "How to Administer Medications Step by Step" and Module 8: "Documentation, Recording and Storage" in DPW's "Administering Medications the Right Way" Student Manual. Importance of following procedures was discussed with Staff person C, especially following medication directions as prescribed. Supervised Medication Administration Observation was done by Certified Trainer. Any further medication error occurring with Staff person C will result in termination of medication administration duties until DPW "Administering Medication the Right Way" course is taken and passed again.

Ongoing, ALL medication changes will be noted by Charge nurse to be sure that appropriate steps are taken to notify Med Tech of change in orders. (i.e. "change of direction" label on Medication.)

*By 9/30/12 - The charge nurse will monitor prescription orders and the MAR at least weekly to ensure proper medication administration. By 10/15/12 - The administrator will monitor medication orders and MAR at least monthly.*

Repeat Violation: No      Date(s) of Previous Violation(s):      *9/20/12*

Signature of Legal Entity Representative  
(Required on EVERY Page)      *Terri Troske*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      *Terri Troske, Administrator*      Date      *09-18-2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/12/12  
(Date)

Plan of correction implementation status as of 9/20/12  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *d*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*  
(Initials)