



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**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

(MAXIMUM CAPACITY)

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

**Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 24**

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 November 9, 2015 until July 2, 2016,

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 424570

*Robert E. Robinson*

ISSUING OFFICER

*Matthew J. [Signature]*

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.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 09 2015

Mr. G. Bryan Oros, Executive Director  
St. Paul Homes  
339 East Jamestown Road  
Greenville, Pennsylvania 16125

RE: The Heritage at St. Paul Homes  
License #: 424570

Dear Mr. Oros:

As a result of your facilities recent adjustment of the use of physical space, we are issuing a revised license under the authority of 55 Pa.Code Ch. 2600 (relating to Personal Care Home Licensing). The revised license indicates a secured dementia care unit licensed capacity of 24 for your facility. The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

*Matthew Jones*  
Matthew J. Jones  
Director

Enclosures  
License  
Licensing Inspection Summary

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

PCH Name: THE HERITAGE AT ST PAUL'S		License Number: 42457
Address: 339 EAST JAMESTOWN ROAD, GREENVILLE, PA 16125		County: Mercer
Administrator: MS. ROBIN KNIGHT		Region: WEST
Legal Entity Name: ST PAUL HOMES		
Legal Entity Address: 339 EAST JAMESTOWN ROAD, GREENVILLE, PA 16125		<b>RECEIVED</b>
Certificate(s) of Occupancy I-2 10/06/2015 West Salem Township		OCT 8 0 2015 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 58	Waking Staff: 44
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Interim		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 10/22/2015: Hultquist, Cliff		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 101 Number of Residents Served: 56 Secured Dementia Care Unit In Home: Yes Area: 4th Floor (North and South Wing) Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 0 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 4		<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 56 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 1

OCT 30 2015

Violation Report: 42457 - 10/22/2015 - Hultquist, Cliff  
PCH Name: THE HERITAGE AT ST PAUL'S

1. REGULATION 55 Pa.Code §2800  
2600.41(c) - The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION  
The Department's poster of the list of resident's rights was not posted in a conspicuous and public place in the secure dementia care unit (SDCU).

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.

- 1) Bulletin board was hung by maintenance staff in public area on 10-29-15 See photo #1
- 2) On 10-29-15 Resident Rights poster was hung on bulletin board by Asst. Administrator See photo #2
- 3) Weekly monitoring by life enrichment staff to ensure poster is in place.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Robin Knight*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Robin Knight Administrator* Date *10-29-15*

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

The above plan of correction is approved as of 11-2-15  
(Date)

Plan of correction implementation status as of 11-2-15  
(Date)

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

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

Violation Report: 42457 - 10/22/2015 - Hullquist, Cliff  
PCH Name: THE HERITAGE AT ST PAUL'S

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.90(a) - The home shall have a working, noncoin operated, landline telephone that is accessible in emergencies and accessible to individuals with disabilities.

2a. DESCRIPTION OF VIOLATION

There was no working, non-coin operated, landline telephone in the SDCU.

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.

1) Landline telephones were installed by  
IT department on 10-23-15  
See photo 3, 4 + 5

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Robin Knight*

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

Robin Knight, Administrator

Date

10-29-15

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

The above plan of correction is approved as of

11-2-15  
(Date)

Plan of correction implementation status as of

11-2-15  
(Date)

The above plan of correction was approved by

SRP  
(Initials)

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

Violation Report: 42457 - 10/22/2015 - Hultquist, Cliff  
PCH Name: THE HERITAGE AT ST PAUL'S

WEST REGION FIELD OFFICE:  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home has not notified the local fire department in writing of the address of the home, the location of resident bedrooms and the assistance needed to evacuate in an emergency.

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.

1) The West Salem Fire Chief, [REDACTED] toured the SDCU on 10-29-15, a letter including the floor plan was provided at that time

See Attachment #6, #7

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Robin Knight*

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

Robin Knight, Administrator

Date

10-29-15

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

The above plan of correction is approved as of 11-2-15  
(Date)

Plan of correction implementation status as of 11-2-15  
(Date)

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

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

RECEIVED

OCT 30 2015

Violation Report: 42457 - 10/22/2015 - Hultquist, Cliff  
PCH Name: THE HERITAGE AT ST PAUL'S

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

There were no directions for operating the home's locking mechanism conspicuously posted near the door to the SDCU.

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.

1) Directions to Keypad at entrance was posted on 10-27-15 by Asst. Administrator  
See photo # 8

2) A picture with the code contained within picture were hung at each exit.  
See photo #9, #10, #11

3) Weekly monitoring by life enrichment to ensure pictures with codes remain in place.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Robin Knight*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Robin Knight, Administrator*      Date *10-29-15*

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

The above plan of correction is approved as of 11-2-15 (Date)

Plan of correction implementation status as of 11-2-15 (Date)

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

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