



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 25 2016

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 the Department of Human Services' annual licensing inspections on May 10, 2016 and May 11, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

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

PCH Name: THE HERITAGE AT ST PAUL HOMES		License Number: 42457
Address: 339 EAST JAMESTOWN ROAD, GREENVILLE, PA 16125		County: Mercer
Administrator: Michelina Chapman		Region: WEST
Legal Entity Name: ST PAUL HOMES		
Legal Entity Address: 339 EAST JAMESTOWN ROAD, GREENVILLE, PA 16125		RECEIVED
Certificate(s) of Occupancy C-2 LP 03/10/2005 Dept of Labor and Industry		JUN 02 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 25	Total Daily Staff: 125	Waking Staff: 94
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/10/2016: Rahuba, Matt; Marini, Michael; DeLuca, Santo 05/11/2016: Rahuba, Matt; Marini, Michael; DeLuca, Santo		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 125 Number of Residents Served: 76 Secured Dementia Care Unit in Home: Yes Area: Serenity Circle -- 4th floor rear area Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 6		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 76 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 24 Have a Physical Disability: 1

Violation Report: 42457 - 05/10/2016 - Rehoba, Mall
PCH Name: THE HERITAGE AT ST PAUL HOMES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

There are two cameras in each of the hallways of the first through the fourth floors. All of the cameras are video recording the hallways and exits including the entrances to resident rooms.

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.

St. Pauls does not agree with violation of regulation 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures. Per RCy 2600.42(s) Audio and Video monitoring, Video Recording of the homes entrances and exits and the interior corridors leading to entrances and exits is permitted provided that ① Residents are informed at admission that the areas are subject to video recording ② There are signs indicating that images are being recorded are posted in areas that are being recorded.

As such, St. Pauls does not agree that violation has occurred due to the fact that, upon admission, residents are informed of the areas where cameras are, and for security purposes, are recorded, and there are signs posted. See Attachment #1 (Home guidelines) See Attachment #2 (picture of posting of areas recorded)

① As of 5/26/16, all cameras in the Heritage that view interior corridors leading to an exit have been disabled from DVR (recording) by the IT Dept and will only "monitor"

② See attachment #3 (IT ticket)

③ Cameras will only monitor the interior corridors and will remain disabled from DVR (recording) ability until such time that a Statement of Policy on Video monitoring/ recording has been clarified, or until further notice.

④ See attachment #4 (video monitoring post)

⑤ See attachment #5 + #6 (pictures of entrance)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Mickie Chapman

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

Mickie Chapman, Administrator

Date 6/2/16

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

The above plan of correction is approved as of

6.2.16
(Date)

Plan of correction implementation status as of 6.2.16
(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: 42457 - 05/10/2016 - Rahuba, Mall
PCH Name: THE HERITAGE AT ST PAUL HOMES

WEST REGION FIELD OFFICE
Human Services Licensing

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
There is fountain in the courtyard connected to the Bistro common area on the second floor accessible to residents. The fountain is approximately 1½' deep and approximately 8' in diameter. Residents in the home have not been assessed to be safe around the water feature.

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 All residents in the Heritage have been evaluated to be safe around bodies of water, and all RASP's have been updated to reflect this as of 5/26/16.
- ② See attachment #7 (support plan with update)
resident #1
- ③ Upon new resident assessment or updated RASP, all residents will be evaluated or re-evaluated to be considered "Safe" around bodies of water. This will then be documented on the mobility portion of the RASP.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mickie Chapman, Administrator</i>	Date <i>6/2/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6-21-16</u> (Date)	Plan of correction implementation status as of <u>6-21-16</u> (Date)
The above plan of correction was approved by <u>g</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42457 - 05/10/2016 - Rahuba, Matt
 PCH Name: THE HERITAGE AT ST PAUL HOMES
 WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The home conducted fire drills on 2/25/15, 2/19/16, and 4/27/16. During these fire drills residents were evacuated to the First Floor North and First Floor South Towers. There areas have not been designated as fire safe areas by a fire safety expert.

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 West Salem Fire Chief [REDACTED] was contacted and on 5/13/16 the Fire letter was updated to include All fire safe areas.
- ② See Attachment # 8 (copy of Fire Letter)
- ③ Fire Letter will be reviewed with Fire Chief yearly.

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/30/2014

Signature of Legal Entity Representative (Required on EVERY Page) Mickie Chapman

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Mickie Chapman, Administrator Date 6/2/16

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The above plan of correction is approved as of <u>6-21-16</u> (Date)	Plan of correction implementation status as of <u>6-21-16</u> (Date)
The above plan of correction was approved by <u>S</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress 8 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42457 - 05/10/2016 - Rahuba, Matt
PCH Name: THE HERITAGE AT ST PAUL HOMES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(b) - The home rules shall specify whether the home is designated as smoking or nonsmoking.

2a. DESCRIPTION OF VIOLATION

The home permits smoking for staff persons in the designated smoking area outside of the staff dining room. However, only staff persons have access to the designated smoking area and the home does not permit smoking by residents or visitors.

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 Home Guidelines have been updated to reflect the designated smoking area for residents.
- ② A 30 day notice is being sent out on 6/1/16 to all residents that effective 7/1/16, the Home Guidelines have been changed.
- ③ See attachment #9 (Letter to residents on updated Home Guidelines).
- ④ See attachment #10 (signature page to return on acknowledgment of change in Home Guidelines).
- ⑤ See attachment #11 (updated Home Guidelines)
- ⑥ See attachment #12 (updated Smoking Policy)
- ⑦ See attachment #13 (picture of resident-designated smoking area)
- ⑧ See attachment #14 (copy of bill for Fire Extinguisher for resident-designated smoking area)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Mickie Chapman

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

Mickie Chapman, Administrator

Date 6/2/16.

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(Date)

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(Initials)

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Violation Report: 42457 - 05/10/2016 - Rahuba, Mall
 PCH Name: THE HERITAGE AT ST PAUL HOMES

JUN 02 2016

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Acetaminophen-codeine 300-20mg, 1 tablet at bedtime as needed. However, the medication label indicates take 1-2 tablets by mouth every 4 hours as needed for severe pain.

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 A "change of direction" sticker was placed on the medication bottle label on 5/10/16 while inspector present.
- ② All medication labels shall be reviewed upon admission for accuracy against E-MAR (electronic Medication Administration Record) by the Resident Care Coordinator (LPN)
- ③ Medication reordering policy has been updated and will be reviewed with All med trained staff and educated by the Resident Care Coordinator by 7/31/16.
- ④ Monthly cart audits will continue to be completed by staff on medication cart.
- ⑤ Random Cart Audits will be completed by Resident Care Coordinator
- ⑥ See Attachment # 15 (updated medication reorder policy)
- ⑦ See Attachment # 16. (monthly Audit sheets to be completed by staff)
- ⑧ See Attachment # 17 (Audit sheet documentation sheet)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Mickie Chapman

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

Mickie Chapman, Administrator

Date 6/2/16

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