



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 17 2017

Mr. Chris Wright,
President & CEO
St. Paul Homes
339 East Jamestown Road
Greenville, Pennsylvania 16125

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

Dear Mr. Wright:

As a result of the Department of Human Services' annual licensing inspection on March 29, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

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: Mickie Chapman		Region: WEST	
Legal Entity Name: ST PAUL HOMES		RECEIVED	
Legal Entity Address: 339 EAST JAMESTOWN ROAD, GREENVILLE, PA 16125			
Certificate(s) of Occupancy C-2 LP 05/31/2008 PA L&I		MAY 12 2017 WEST REGION FIELD OFFICE Human Services Licensing	
Staffing Hours Resident Support: 26		Total Daily Staff: 124 Waking Staff: 93	
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced	
Reason(s) for Inspection(s) Renewal			
On-Site Inspections Dates and Department Representatives On-Site 03/29/2017: Georgoulis, Karen; Culter, Jan; Mulick, Cindy.			
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: 101		Number of Residents who:	
Number of Residents Served: 72		Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: Yes		Are 60 Years of Age or Older: 72	
Area: SDCU		Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 24		Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 23		Have a Mobility Need: 26	
Number of Current Hospice Residents: 0		Have a Physical Disability: 1	
Number of Hospice Residents in past year: 0			

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Violation Report: 42457 - 03/29/2017 - Georgoulis, Karen

PCH Name: THE HERITAGE AT ST PAUL HOMES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures are not posted in a conspicuous and public place in the home.

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 Emergency preparedness "Quick reference guide" will be posted at all nurses stations, receptionist area, staff bases, kitchenettes and by resident mailboxes for reference. (see attachment #1, #2)
- ② St. Paul's disaster plan binder has been updated and includes the Emergency operations plan for the municipality, "Quick reference guide" for evacuation procedures is has been posted at the receptionist area, second floor nurses, and by the resident mailboxes (see attachment #3)
- ③ All staff have been trained on the locations of the disaster plan binder and Quick reference guide, the purpose of them and how and when to implement them. These trainings were completed on 5/3/17, 5/5/17, 5/11/17 & 5/12/17 (see attachments # 4, 5, 6, 7)
- ④ Staff will be trained on the Disaster plan and emergency preparedness procedures upon hire and yearly.

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 5/12/17

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

The above plan of correction is approved as of

5-15-17
(Date)

Plan of correction implementation status as of

5-15-17
(Date)

The above plan of correction was approved by

(Initials)

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

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MAY 12 2017

Page 3 of 5

Violation Report: 42457 - 03/29/2017 - Georgoulis, Karen

PCH Name: THE HERITAGE AT ST PAUL HOMES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The week in advance menu 4/2/17 through 4/8/17 was not posted in the secure dementia care unit.

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 second week of the menu was posted in Jones serenity circle (secured dementia neighborhood) on March 29, 2017.
- ② Life enrichment staff that are responsible for posting these weekly menu's have been educated by the Administrator on the regulation and requirements for two weeks of posted menus and will adhere to regulation.
- ③ Location of posted menus was moved from glass case, to an area outside of the dining room for better view (See attachment #8)
- ④ Administrator, RCC (Resident care Coordinator) will monitor randomly to make sure that menus are being posted.

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 5/12/17

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(Date)

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Partially Implemented - Adequate Progress ✓

Partially Implemented - Inadequate Progress

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[Signature]
(Initials)

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Violation Report: 42457 - 03/29/2017 - Georgoulis, Karen
PCH Name: THE HERITAGE AT ST PAUL HOMES

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 Levemir Flex Touch pen 100unit/ml (3ml) - 7 units. However, the medication label indicates prescribed Levemir Flex Touch pen 100unit/ml (3ml) - 5 units.

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 "Change of Direction" sticker was placed on the pharmacy label on 3/29/17 while inspector present, upon finding the order was changed from dosage of 5 units (which is what label stated) to 7 units
- ② All medication staff re-educated on the steps for entering/editing a medication in the electronic medical record system (MATRIX) by the resident care coordinator. (see attachment #9, #10)
- ③ The monthly Audit process was reviewed and revised by the administrator and resident care coordinator's. The audit "Check MAR's + Medications" which was previously done by staff will now be done monthly by RCC's to ensure accuracy. (See attachments # 10, #11, #12, #13, #14)

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/10/2016

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 *5/12/17*

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(Date)

Plan of correction implementation status as of 5-15-17
(Date)

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

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MAY 12 2017

Violation Report: 42457 - 03/29/2017 - Georgoulis, Karen

PCH Name: THE HERITAGE AT ST PAUL HOMES WEST REGION FIELD OFFICE

Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Novolog Flexpen insulin pen 100unit/ml per sliding scale:

- If blood sugar is 70 to 140, give 0 units
- If blood sugar is 141 to 180, give 2 units
- If blood sugar is 181 to 220, give 4 units
- If blood sugar is 221 to 260, give 6 units
- If blood sugar is 261 to 300, give 8 units
- If blood sugar is 301 to 340, give 10 units
- If blood sugar is greater than 340, give 12 units

Resident # [redacted] March 2017, medication administration record indicates the resident's blood glucose measured 340 on 3/27/17 at 4:30 p.m. However, the resident's glucometer indicated the blood glucose measured 344. The resident was administered 10 units of Novolog instead of the prescribed 12 units of Novolog.

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 Reportable incident completed on medication error found by inspectors and sent to DHS on 3/31/17.
- ② All residents with glucometers will have them set to the correct date and times. This was completed on 5/9/17 by [redacted] LPN/RN.
- ③ All medication staff will be trained on how to "lookback" in the glucometer for results of blood sugars. This will be done by the RCC's and completed by 5/15/17 (see attached # 10)
- ④ Random Audits will be completed by the RCC's monthly, by checking the glucometer reading results with E-MAR documentation. (see attachment # 12, 13, 14 and # 15)

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/4/2016

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 Date 5/12/17

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