



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 02 2017

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

RE: The Ridgewood at St. Paul Homes
License #: 467480

Dear Mr. Wright:

As a result of the Department of Human Services' annual licensing inspection on March 30, 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: THE RIDGEWOOD AT ST PAUL HOMES		License Number: 46748
Address: 339 EAST JAMESTOWN ROAD, GREENVILLE, PA 16125		County: Mercer
Administrator: Teresa Findley		Region: WEST
Legal Entity Name: ST PAUL HOMES INC		
Legal Entity Address: 339 EAST JAMESTOWN ROAD, GREENVILLE, PA 16125		RECEIVED
Certificate(s) of Occupancy C-2 LP 04/07/1995 L&I		MAY 16 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 32	Waking Staff: 24
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/30/2017: Mulick, Cindy; Cutler, Jan; Georgoulis, Karen		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 52	Number of Residents who:	
Number of Residents Served: 31	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 31	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, If applicable:	Have a Mobility Need: 1	
Number of Current Hospice Residents: 1	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 1		

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Violation Report: 46748 - 03/30/2017 - Mulick, Cindy
PCH Name: THE RIDGEWOOD AT ST PAUL HOMES WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone in resident's #1 bedroom did not have the emergency service numbers posted near or by it.

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 emergency phone tag was placed on resident #1's bedroom phone immediately following the inspection on 3/30/17. The picture is attached of resident #1's phone. Upon admission we place emergency phone tags on all resident phones. To ensure this takes place we have this listed on our admission checklist. The check list is attached. To prevent this from occurring again, phone tags will be checked weekly by housekeeping.

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

Signature of Legal Entity Representative (Required on EVERY Page) Teresa Findley

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Teresa Findley, Administrator Date 5/16/17

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

The above plan of correction is approved as of 5/26/17 (Date)

Plan of correction implementation status as of 5/26/17 (Date)

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

The above plan of correction was approved by *TF* (initials)

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Violation Report: 46748 - 03/30/2017 - Mulick, Cindy
PCH Name: THE RIDGEWOOD AT ST PAUL HOMES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
A sleeping hours fire drill was held on 2/27/16 at 6:05 am; however, the next sleeping hours fire drill was not held until 9/26/16 at 6:05 am.

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 sleeping fire drills were actually held on 9/29/16 at 6:05am and 2/27/17 at 6:06am. To correct the violation, we have made a schedule for the year with varied times of drills each month. The schedule is attached. We started this schedule in April after our inspection. To prevent this from happening again we will make a new schedule every year.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Teresa Findley*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Teresa Findley, Administrator* Date *5/16/17*

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

The above plan of correction is approved as of 5/26/17 (Date)
The above plan of correction was approved by RF (Initials)
Plan of correction implementation status as of 5/26/17 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress *RF*
 Partially Implemented - Inadequate Progress
 Not Implemented