



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 30 2018

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

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

Dear Mr. Wright:


As a result of the Department of Human Services' Licensing annual licensing inspection on March 21, 2018 and March 22, 2018, 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 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		
Legal Entity Address: 339 EAST JAMESTOWN ROAD, GREENVILLE, PA 16125		RECEIVED
Certificate(s) of Occupancy		APR 13 2018
C-2 LP	I-2	WEST REGION FIELD OFFICE Human Services Licensing
03/10/2005	10/06/2015	
Dept L and I	West Salem Townshp	
Staffing Hours		
Resident Support: 0	Total Dally Staff: 95	Waking Staff: 71
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/21/2018: Grace, Desmond; Hoover, Josh 03/22/2018: Grace, Desmond; Hoover, Josh		
Off-Site Inspection Dates and Inspectors, if Applicable 03/23/2018: Grace, Desmond		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 101 Number of Residents Served: 70 Secured Dementia Care Unit in Home: Yes Area: Serenity Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 16		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 70 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 25 Have a Physical Disability: 1

Violation Report: 42457 - 03/21/2018 - Grace, Desmond
 PCH Name: THE HERITAGE AT ST PAUL HOMES

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A was hired 10/6/15, however the staff person didn't not complete annual fire safety training during the 2017 training year (1/1/17 through 12/31/17).

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 Training completed for direct care staff person A on 4/9/18 by fire safety expert & maintenance staff member, After which Direct Care Staff person A took a training quiz.
 (See attachment #1)
- ② Monthly reviews of mandatory staff trainings will be done by the administrative assistant, with follow-up via email/in-person to staff that have not completed the trainings so they may be completed.

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 4/13/18

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

The above plan of correction is approved as of 4-16-18
 (Date)

Plan of correction implementation status as of 4-16-18
 (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: 42457 - 03/21/2018 - Grace, Desmond
PCH Name: THE HERITAGE AT ST PAUL HOMES

WEST REGION FIELD OFFICE
Housing 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 a fire drill on 12/15/17 at 6:53 p.m. However the fire drill was stopped by the facilitator at 5 minute time mark for staff reportedly not evacuating residents properly. Residents of the third floor were not being evacuated to the fire safe areas or a public thoroughfare outside of 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 No fire drills will be stopped in the future. If any problems occur during the drill, after its completion, the Staff will be re-educated with documentation kept on file, and another fire drill will be done.
- ② Re-education of "Fire Safe Areas" & "Evacuation procedures" will be provided to All Staff by 5/31/18 (see attachment #2 (8 pages))

Immediately: The administrator shall monitor the fire drill record monthly to ensure all fire drills are completed in their entirety. 4-16-18

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 4/13/18

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APR 18 2018

Violation Report: 42457 - 03/21/2018 - Grace, Desmond
 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 #5 is ordered Norco (Hydrocodone 7.5mg/Acetaminophen 325mg) once daily, however the medication label indicated Norco (Hydrocodone 7.5mg/Acetaminophen 325mg) as needed.

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 on 3/22/18 while Inspector was present, a "change of direction" sticker was placed on the medication label. (see attachment #3)
- ② Resident's file was checked for physician order, where this medication was changed from "as needed" to routine to verify the medication was being administered appropriately. (see attachment #4)
- ③ Staff member who received this medication from the pharmacy was re-educated on the re-ordering policy on 3/27/18 (see attachment #5)
- ④ All medication administration staff will be re-educated on policy regarding re-ordering of medications, paying special attention to #9 (a, b, c, d, e) listed on policy (see attachment #6 (3 pages))
- ⑤ Monthly Audits on 6 residents will be completed & documented, comparing the pharmacy label & E-MAR to ensure accuracy. These will be done by the pharmacy technician every month starting in May 2018. (see attachment #7)

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/29/2017

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 4/13/18

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APR 13 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42457 - 03/21/2018 - Grace, Desmond
PCH Name: THE HERITAGE AT ST PAUL HOMES

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 9/11/17, did not include an assessment of the resident's care needs related to the medical diagnoses of hypokalemia, xerosis cutis, and dry eye syndrome as indicated on the resident's medical evaluation completed on 8/15/17.

Resident #2 assessment, dated 12/19/17, did not include an assessment of the resident's care needs related to the medical diagnoses of depression, thrombocytopenia, or liver disease as indicated on the resident's medical evaluation completed on 10/3/17

Resident #3's assessment, dated 12/21/17, did not include an assessment of the resident's care needs related to the medical diagnoses of orthostatic hypotension and vitamin deficiency as indicated on the resident's medical evaluation completed on 11/22/17.

Resident #4's assessment, dated 11/16/17, did not include an assessment of the resident's care needs related to the medical diagnoses of dysphagia as indicated on the resident's medical evaluation completed on 11/1/17.

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 Resident #1, #2, #3, #4's support plans were updated to reflect All diagnosis listed on the medical evaluation. (see attachment #8, #9, #10, #11, #12)
- ② RCL's (resident care coordinators) will compare future RASPs with DME to ensure that all diagnosis listed match and are addressed in the support plan to meet resident care needs.

Immediately: The administrator or designated staff person shall review all current resident assessments for accuracy and completeness. 4-16-18

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 4/13/18

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(Initials)

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PCH Name: THE HERITAGE AT ST PAUL HOMES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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

On 3/21/18, the secure dementia care unit code to release the door at the North Hall exit door was not posted on or near the door.

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 on 3/21/18 while inspectors were still on sight, the picture code was posted at the north hall exit door.
- ② Wall mount sign holders were purchased and mounted at every exit, displaying the code for egress. These new holders should prevent the posting from "disappearing". Old codes were taped to the wall & residents frequently take them. (See attachment #13 + #14)
- ③ Administrator will perform random checks at exits to ensure the code is still displayed monthly.

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 4/13/18

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