



# pennsylvania

DEPARTMENT OF HUMAN SERVICES

MAY 16 2018

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

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

Dear Mr. Wright:

As a result of the Department of Human Services' Licensing annual licensing inspection on March 27, 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](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		
Certificate(s) of Occupancy C-2 LP 04/07/1995 Labor and Industry		RECEIVED APR 11 2018 SOUTH ALTOONA FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 31	Working Staff: 23
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/27/2018: Garrigan, Laurie; Park, Beth		
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: 30	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 30	
Area:	Have Mental Illness: 1	
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: 2	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 9		

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APR 13 2018

Violation Report: 46748 - 03/27/2018 - Garrigan, Laurie  
PCH Name: THE RIDGEWOOD AT ST PAUL HOMES

STATE OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES  
PHYSICIAN 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, Tramadol-50mg-Take one tablet by mouth twice a day; however, the pharmacy label indicates, Tramadol-50mg-Take one tablet by mouth twice a day as needed.  
  
Resident #2 is prescribed, Acetaminophen-500mg-Take one tablet by mouth three times a day; however, the pharmacy label indicates, Acetaminophen-500mg-Take one tablet by mouth four times a day.

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 medications for resident #1 and resident #2 were given correctly according to the current physicians orders on the MAR. While the Department of Human Services licensing inspectors were present they discovered the pharmacy label error for resident #1 and resident #2. The Ridgewood resident care coordinator/LPN immediately notified the pharmacy of the errors and added a change of direction sticker to the medications. All med staff will be re-educated by the resident care coordinator by 4/30/18 to make sure all labels are checked against the MAR when medications arrive from the pharmacy. All med staff will also be re-educated on the PHS medication administration Fifteen step checklist by 4/30/18 by the resident care coordinator. The checklist is attached as document #1. Five resident MARs will also be randomly audited monthly by the resident care coordinator to ensure compliance. Documentation of these audits will be kept.

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) Administrator, *Teresa Findley*      Date *4/11/18*

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

The above plan of correction is approved as of 4/11/18 (Date)  
  
The above plan of correction was approved by *[Signature]* (Initials)  
  
Plan of correction implementation status as of 4/11/18 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress *[Signature]*  
 Partially Implemented - Inadequate Progress  
 Not Implemented