



October 4, 2019

Mr. Chris Wright  
President & CEO  
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's Bureau of Human Services Licensing annual inspection on April 16, 2019 and April 17, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written over a light blue horizontal line.

Kevin Hancock  
Deputy Secretary  
Office of Long Term Living

Enclosure  
Violation Report

## Violation Report

### Facility Information

Name: *THE HERITAGE AT ST PAUL HOMES*  
Address: *339 EAST JAMESTOWN ROAD, GREENVILLE, PA 16125*  
County: *MERCER* Region: *WESTERN*

License Number: *42457*

### Administrator

Name: *MICKILENIA CHAPMAN* Phone: *7245894601* Email: *MCHAPMAN@SP1867.ORG*

### Legal Entity

Name: *ST PAUL HOMES*  
Address: *339 EAST JAMESTOWN ROAD, GREENVILLE, PA, 16125*

### Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/31/2006* Issued By: *Labor & Industry*

### Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *134* Waking Staff: *101*

### Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*  
Reason: *Renewal*

### Inspection Dates and Department Representative

*04/16/2019 - On-Site: Lisa Flinner-Alman, Scott Klein*

*04/17/2019 - On-Site: Lisa Flinner-Alman, Scott Klein*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *125* Residents Served: *75*

#### Secured Dementia Care Unit

In Home: *Yes* Area: *Communities 4th Floor* Capacity: *49* Residents Served: *38*

#### Hospice

Current Residents: *7*

#### Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *75*  
Diagnosed with Mental Illness: *34* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *59* Have Physical Disability: *1*

101j5 - Bedside Table/Shelf

Regulations

2600.

- 101.j. Each resident shall have the following in the bedroom:
  - 5. A bedside table or a shelf.

Description of Violation

There is no bedside table or shelf next to resident #1's bed in room 401.

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 4/17/19 family placed bedside table next to bed.  
See attachment # 1
- ② Administrator will inspect + verify the rooms on admission day to confirm all furniture is on hand per regulatory requirements

Immediately and at least weekly thereafter - A designated staff person will monitor resident bedrooms to ensure they have all required items, including a bedside table or shelf. - JRW 8/14/19

Legal Entity Representative

Mickie Chapman  
Signature

Mickie Chapman, Administrator 8/14/19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/14/19  
(Date)

Plan of correction implementation status as of 8/14/19  
(Date)

The above plan of correction was approved by   
(Initials)

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

225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The assessment, dated 3/13/19, for resident #1 does not include resident's pacemaker, or diagnoses of chest pain and insomnia, as indicated on the medical evaluation, dated 3/12/19.

The assessment, dated 3/13/19, for resident #3 does not include a diagnoses of nausea with vomiting and constipation, as indicated on the medical evaluation, dated 2/8/19.

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 New DME + RASP obtained for resident #1, which includes all diagnosis listed on DME. See attachment # 2 + attachment # 3
- ② New RASP completed for resident # 3 dated 5/8/19 to include diagnosis from medical evaluation dated 2/8/19. See attachment # 4
- ③ Administrator + RCC's will Review all current resident RASPs for accuracy + completeness
- ④ Administrator will review all new DME's + RASPs to ensure accuracy of inclusion of diagnosis prior to completion + filing.


Legal Entity Representative

Mickie Chapman  
Signature

Mickie Chapman, Administrator 8/14/19  
Printed Name and Title Date

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## 225c - Additional Assessment

## Regulations

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.

## Description of Violation

The assessment, dated 2/1/19, for resident #2 does not include the diagnoses of dry eye syndrome, thyrotoxicosis and hypokalemia, as indicated on the medical evaluation, dated 2/1/19.

The assessment, dated 5/18/18, for resident #4 does not include several diagnoses related to vision, including punctate keratitis bilateral, endothelial corneal dystrophy, and unspecified amblyopia, as indicated on the medical evaluation, dated 5/17,18.

The assessment, dated 6/7/18, for resident #5 does not include the diagnoses of cellulitis of lower left limb, varicose veins of lower extremity with inflammation and non-pressure chronic ulcer of other part of unspecified foot, as indicated on the medical evaluation, dated 5/23/18.

The assessment, dated 12/11/18, for resident #6 does not include the diagnoses of hypothyroidism, essential hypertension (HTN), muscle weakness, dysphagia, dizziness and giddiness, as indicated on the medical evaluation, dated 12/6/18.

Repeat Violation: 3/21/18


## 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 New RASP completed for resident # 2 on 4/25/19, to include All diagnosis listed on DME dated 2/1/19. See attachment # 5.
- ② New DME + RASP completed for resident #4 to include All diagnosis listed. See attachment # 6 + attachment # 7
- ③ New DME + RASP completed for resident #5 to include All diagnosis listed. See attachment # 8 + attachment # 9
- ④ New RASP completed on resident # 6 on 4/25/19 to include all diagnosis listed. See attachment # 10
- ⑤ Administrator + RCC's will review all current DME's + RASP's for accuracy + completeness
- ⑥ Administrator will Review all DME's + RASP's to ensure all diagnosis listed are addressed on RASP to maintain continuity of care for the residents needs

04/16/2019

4 of 6

 8/14/19

225c - Additional Assessment (continued)

Legal Entity Representative

*Mickie Chapman*  
Signature

Mickie Chapman, Administrator 8/14/19  
Printed Name and Title Date

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231g - Non-Dementia Admission

Regulations

2600.

231.g. An individual who does not have a primary diagnosis of Alzheimer's disease or other dementia may reside in the secured dementia care unit if desired by the resident.

1. The individual shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to residence or 30 days after residence.
2. If the medical evaluation shows that personal care services are needed, the requirements of this chapter apply.

Description of Violation

Resident #7, admitted 10/6/18, does not have a primary diagnosis of Alzheimer's disease or other dementia and resides on the Secure Dementia Care Unit (SDCU). The resident does not have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner.

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 5/6/19 DME obtained for resident #7 from primary care physician. See attachment # 11
- ② RCC will review all current DME's to confirm all have been completed accurately.
- ③ RCC in SDCU will obtain DME's for all admission to this neighborhood for future admissions


Legal Entity Representative

Mickie Chapman  
Signature

Mickie Chapman, Administrator 8/14/19  
Printed Name and Title Date

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