



pennsylvania
DEPARTMENT OF HUMAN SERVICES

May 28, 2019

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's Bureau of Human Services Licensing annual inspection on April 18, 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.

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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report

Facility Information

Name: *THE RIDGEWOOD AT ST PAUL HOMES*License Number: *467480*Address: *339 EAST JAMESTOWN ROAD, GREENVILLE, PA 16125*County: *MERCER*Region: *WESTERN*

Administrator

Name: *ROBIN KNIGHT*Phone: *7245887610*Email: *rknight@sp1867.org*

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP*Date: *01/25/1994*Issued By: *PA DEPT OF L&I*

Staffing Hours

Resident Support Staff: *0*Total Daily Staff: *34*Waking Staff: *26*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*Reason: *Renewal*

Inspection Dates and Department Representative

04/18/2019 - On-Site: Scott Klein, Lisa Flinner-Alman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *52*Residents Served: *32*

Secured Dementia Care Unit

In Home:

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *32*Diagnosed with Mental Illness: *0*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *2*Have Physical Disability: *0*

132f - Alternate Exit Routes

Regulations

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The home conducted seven consecutive fire drills using the same evacuation routes (1, 2, 3, 4, and 5) as follows:

4/26/18 at 6:06 p.m.

5/30/18 at 4:45 a.m.

6/26/18 at 12:16 p.m.

7/30/18 at 8:14 p.m.

9/28/18 at 9:22 p.m.

10/17/18 at 1:09 a.m.

11/26/18 at 8:30 a.m.

1/21/19 at 8:50 a.m.

2/28/19 at 3:42 p.m.

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.)

During all monthly fire drills alternate exits shall be used.

The drills conducted on 3/14/19 and 4/25/19 alternate exits were used. See Attachment #1

Legal Entity Representative

Robin Knight
Signature

Robin Knight Administrator 5-6-19
Printed Name and Title Date

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The above plan of correction is approved as of 5/8/19 (Date)

Plan of correction implementation status as of 5/8/19 (Date)

The above plan of correction was approved by EJ (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

Resident 1's assessment, dated 1/15/19, does not include diagnosis of Syncope, Hypothyroidism, Macular Degeneration, Dysarthria, and Sleep Apnea which are included on the documentation of medical evaluation dated 7/31/18.

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.)

All diagnoses that are included on most recent DME's will be on resident assessment.

Attached are Resident #2's assessment and DME dated 1/15/19 and 7/31/18 respectively. See attachment #2

Attached are Resident #1's assessment and DME dated 9/17/18 and 9/13/18 respectively. See attachment #3

Legal Entity Representative

[Signature]
Signature

Robin Knight, Administrator 5-6-19
Printed Name and Title Date

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

The above plan of correction is approved as of 5/8/19
(Date)

Plan of correction implementation status as of 5/8/19
(Date)

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

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