

Department of Human Services  
Bureau of Human Service Licensing

March 9, 2021

██████████ PRESIDENT & CEO  
ST PAUL HOMES  
339 EAST JAMESTOWN ROAD  
GREENVILLE, PA 16125

RE: THE HERITAGE AT ST. PAUL HOMES  
339 EAST JAMESTOWN ROAD  
GREENVILLE, PA, 16125  
LICENSE/COC#: 42457

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/18/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Suzy Quinn

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

**Facility Information**

Name: *THE HERITAGE AT ST PAUL HOMES* License #: *42457* License Expiration Date: *07/02/2021*  
Address: *339 EAST JAMESTOWN ROAD, GREENVILLE, PA 16125*  
County: *MERCER* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *7245889613* Email: [REDACTED]

**Legal Entity**

Name: *ST PAUL HOMES*  
Address: *339 EAST JAMESTOWN ROAD, GREENVILLE, PA, 16125*  
Phone: *7245889613* Email: [REDACTED]

**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: *129* Working Staff: *97*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *12/18/2020*

**Inspection Dates and Department Representative**

12/18/2020 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *125* Residents Served: *87*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *4TH FLOOR* Capacity: *49* Residents Served: *41*

**Hospice**

Current Residents: *5*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *87*  
Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *42* Have Physical Disability: *1*

**Inspections / Reviews**

12/18/2020 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/01/2021*

Inspections / Reviews *(continued)*

2/1/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *02/08/2021*

2/12/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/05/2021*

3/9/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 12/13/20 at 11:10 PM, resident #1 became combative with staff persons A and B, who were assisting [redacted] with direct care in [redacted] private bathroom. Staff person B observed staff person A put [redacted] hand up under the resident's right sweater sleeve and pinch [redacted], causing the resident to pull [redacted] right arm away and yell "you, you," pointing at staff person A. Shortly thereafter, staff persons A and B assisted resident #1 into bed, after which staff person B observed staff person A pull the blankets up from the bottom of the bed and throw them over resident #1's head, then stand and stare at the resident. Staff person B removed the blankets from the resident's head.

This incident was reported to staff person C on 12/13/20 at approximately 11:30 PM; however, staff person A continued to work until 12/14/20 at 12:00 AM, when [redacted] shift ended.

Plan of Correction

Accept

Staff person B and C were verbally educated by the Administrator on 12-14-2020 about the violation of this residents rights and the proper timeline for reporting suspected abuse to the Administrator. Staff person A was removed from the schedule after the Administrator was informed of the events on 12-14-2020. [redacted] was terminated following our investigation on 12-15-20.

Staff person B and C, along with all other PCA staff, were retrained by the staff educator on topics of when to report suspected abuse and who to report it to on a period from 12-21-20 thru 1-18-21. Staff educator has written worksheet and sign in proof of this training. Please see attached items A and B.

Abuse training is covered in our annual retreat training. This training is done with all staff once per year. The staff educator tracks that all staff have attended this annual training. This training includes types of abuse training along with who to report suspected abuse training to, when to report it and what to do after such as develop a plan of supervision or suspend the alleged staff member. Staff member B and C were trained on this subject on 10-08-20 for staff member B and 9-10-20 for staff member C. Staff member A was trained on Mandatory Reporting of Abuse and Neglect under the OAPSA on 12-8-2020, please see attached, item C.

Immediately, then at least weekly, the administrator or designee shall review all reportable incidents and conditions to ensure if there is a report of resident abuse involving a staff person, the home shall immediately suspend the staff person involved in the alleged abuse or place the staff person on a plan of supervision and immediately submit to the Department a plan of supervision or notice of suspension of the affected staff person, in accordance with 2600.15. The home shall report the abuse allegation to the Department in accordance with 2600.16. Documentation of reviews shall be kept and reviewed at quality management meetings.

Completion Date: 02/08/2021

Document Submission

Implemented

Supporting documentation attached 3-9-2021

15c - Supervision

1. Requirements

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

## 15c - Supervision (continued)

**Description of Violation**

On 12/13/20 at 11:10 PM, resident #1 became combative with staff persons A and B, who were assisting ■■■ with direct care in ■■■ private bathroom. Staff person B observed staff person A put ■■■ hand up under the resident's right sweater sleeve and pinch ■■■, causing the resident to pull ■■■ right arm away and yell "you, you," pointing at staff person A. Shortly thereafter, staff persons A and B assisted resident #1 into bed, after which staff person B observed staff person A pull the blankets up from the bottom of the bed and throw them over resident #1's head, then stand and stare at the resident. Staff person B removed the blankets from the resident's head.

This incident was reported to staff person C on 12/13/20 at approximately 11:30 PM; however, the home did not notify the Department until 12/14/20 at 4:00 PM. Staff person A was suspended until 12/14/20 at 4:00 PM.

**Plan of Correction****Directed**

Immediately, then at least weekly, the administrator or designee shall review all reportable incidents and conditions to ensure if there is a report of resident abuse involving a staff person, the home shall immediately suspend the staff person involved in the alleged abuse or place the staff person on a plan of supervision and immediately submit to the Department a plan of supervision or notice of suspension of the affected staff person, in accordance with 2600.15. The home shall report the abuse allegation to the Department in accordance with 2600.16. Documentation of reviews shall be kept and reviewed at quality management meetings.

**Directed-**

Staff training was conducted 12/21/20 – 1/18/21. **S.Q. 2/12/21**

Completion Date: 02/08/2021

**Document Submission****Implemented**

Supporting documentation attached 3-9-2021

## 16c - Written Incident Report

**1. Requirements**

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

On 12/13/20 at 11:10 PM, resident #1 became combative with staff persons A and B, who were assisting ■■■ with direct care in her private bathroom. Staff person B observed staff person A put her hand up under the resident's right sweater sleeve and pinch ■■■ causing the resident to pull ■■■ right arm away and yell "you, you," pointing at staff person A. Shortly thereafter, staff persons A and B assisted resident #1 into bed, after which staff person B observed staff person A pull the blankets up from the bottom of the bed and throw them over resident #1's head, then stand and stare at the resident. Staff person B removed the blankets from the resident's head.

This incident was reported to staff person C on 12/13/20 at approximately 11:30 PM; however, this allegation of abuse was not reported to the Department until 12/14/20 at 4:00 PM.

16c - Written Incident Report (*continued*)**Plan of Correction****Directed**

Immediately, then at least weekly, the administrator shall review all reportable incidents and conditions to ensure if there is a report of resident abuse involving a staff person, the home shall immediately suspend the staff person involved in the alleged abuse or place the staff person on a plan of supervision and immediately submit to the Department a plan of supervision or notice of suspension of the affected staff person, in accordance with 2600.15. The home shall report the abuse allegation to the Department in accordance with 2600.16. Documentation of reviews shall be kept and reviewed at quality management meetings.

**Directed-**

Staff training was conducted 12/21/20 – 1/18/21. **S.Q. 2/12/21**

Completion Date: 02/08/2021

**Document Submission****Implemented**

Supporting documentation attached 3-9-2021

## 42c - Treatment of Residents

**1. Requirements**

2600.

42.c. A resident shall be treated with dignity and respect.

**Description of Violation**

On 12/13/20 at 11:10 PM, resident #1 became combative with staff persons A and B, who were assisting ■■■ with direct care in ■■■ private bathroom. Staff person B observed staff person A put ■■■ hand up under the resident's right sweater sleeve and pinch ■■■, causing the resident to pull ■■■ right arm away and yell "you, you," pointing at staff person A. Shortly thereafter, staff persons A and B assisted resident #1 into bed, after which staff person B observed staff person A pull the blankets up from the bottom of the bed and throw them over resident #1's head, then stand and stare at the resident. Staff person B removed the blankets from the resident's head.

42c - Treatment of Residents (*continued*)**Plan of Correction****Directed**

*Staff person B and C were verbally educated by the Administrator on 12-14-2020 about the violation of this residents rights and the proper timeline for reporting suspected abuse to me. Staff person B and C will have completed training on Resident Rights by 2-28-2021.*

*By 2-28-2021 all staff will have completed training on Resident Rights. The administrator or designee will implement a tracking system to ensure that all staff have completed this training. Annually staff receive this training at an Annual Retreat, new staff receive this training before working with a trainer on the floor. Sign in logs are kept to prove completion of these trainings.*

*The staff educator will ensure that all staff have annual training on Resident Rights, including Dignity and Respect annually.*

**Directed-**

*Immediately upon receipt, the administrator shall implement procedures that ensure compliance with §2600.42(c). The procedures shall include administrator or designee interviews with at least 8 residents privately regarding care and treatment, weekly for 2 months and then at least monthly thereafter. Documentation of the interviews shall be kept and reviewed at quality management plan reviews. **S.Q. 2/12/21***

*During the next quality management plan review and evaluation, the home shall place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and annually in accordance with §2600.65(g)(3). **S.Q. 2/12/21***

*Completion Date: 02/28/2021*

**Document Submission****Implemented**

*Supporting documentation attached 3-9-2021*