

Department of Human Services
Bureau of Human Service Licensing

July 19, 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 06/08/2021, 06/09/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

July 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 licensing inspections on 06/08/2021, 06/09/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Janine Wenzig

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 **Licen e #:** 42457 **Licen e Expiration Date:** 07/02/2021
Addr e : 339 EAST JAMESTOWN ROAD, GREENVILLE, PA 16125
County: MERCER **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 7245894601 **Email:** [REDACTED]

Legal Entity

Name: ST PAUL HOMES
Address: 339 EAST JAMESTOWN ROAD, GREENVILLE, PA, 16125
Phone: 7245894601 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 05/31/2006 **Issued By:** L&I

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 93 **Waking Staff:** 70

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 06/09/2021

Inspection Dates and Department Representative

06/08/2021 - On-Site: [REDACTED]
06/09/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 125 **Residents Served:** 61

Secured Dementia Care Unit

In Home: Yes **Area:** **Capacity:** 49 **Residents Served:** 31
4th Floor-2 Neighborhoods

Hospice

Current Re ident : 6

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 61
Diagnosed with Mental Illness: 10 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 32 **Have Physical Disability:** 0

Inspections / Reviews

06/08/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *07/03/2021*

7/9/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/13/2021*

7/19/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

86b - Bathroom**1. Requirements**

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On 6/8/2021, the following bathrooms had inoperable exhaust fans:

- *4th floor Spa Room, Jones Serenity Circle*
- *4th floor, near the rear exit to the Secured Dementia Care Unit (SDCU) courtyard, Jones Serenity Circle*
- *2nd floor, men's bathroom near the dining area*

Plan of Correction**Accept**

Immediately all bathrooms equipped with an exhaust fan were checked by maintenance, and any that were not working properly were fixed that same day.

To prevent any future occurrences, the administrator or designated staff person, will develop a tracking system to ensure that each exhaust fan is working properly. By July 30, 2021 the Administrator or designee will have trained housekeepers in all neighborhoods to check exhaust fans with daily cleaning of the bathroom on their neighborhood and how to complete the audit sheet. Documentation of audits shall be kept.

Completion Date: *07/30/2021*

Document Submission**Implemented**

Documents submitted via email

141b1 - Annual Medical Evaluation**1. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The medical evaluation for resident #1, dated 5/11/2021, is blank in the areas of weight, pulse rate, blood pressure, and temperature.

Plan of Correction**Accept**

A new medical evaluation was immediately obtained for resident #1 with all areas completed.

By July 30, 2021 the Administrator or designee will develop and implement a tracking system to ensure that all medical evaluations are complete in each section annually.

Documentation of education will be kept.

By August 13, 2021 the Administrator or designee shall audit all resident files to ensure that everyone has a medical evaluation done annually and complete in all sections.

Completion Date: *08/13/2021*

Document Submission**Implemented**

Documents submitted via email

183f - Discontinued Medications

1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On 6/9/2021, Latanoprost .005% ophthalmic solution for resident #2 was labeled with an open date of 4/17/2021. The manufacturer's instructions for this medication indicate that the medication should be discarded 6 weeks after opening.

On 6/9/2021, Timolol Maleate 0.5% ophthalmic solution for resident #2 was labeled with an open date of 4/16/2021. The manufacturer's instructions for this medication indicate that the medication should be discarded 4 weeks after opening.

Plan of Correction

Accept

New latanoprost and timolol were delivered for resident #2 on the evening of 6-10-2021.

To prevent future occurrences, Care Fill pharmacy gave us a tip sheet on medications that are opened and their expiration dates. These sheets are available at each med cart, in each neighborhood.

Resident Care Coordinators for the neighborhoods will develop a system to check the discontinuat on date vs opening date of all medications in each cart monthly. This plan will be in place by July 30. 2021. Documentation of these audits will be kept.

Completion Date: 07/30/2021

Document Submission

Implemented

Documents submitted via email

187c - Refusal of Medication

1. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

The following medication refusals for resident #2 for the 6/3/21 evening doses were not reported to the resident's physician:

- Lithium Carbonate 150mg*
- Namenda 5mg*
- Mirtazapine 7.5mg*

187c - Refusal of Medication (continued)

Plan of Correction**Accept**

The physician was notified of the medication refusals on 6-3-21 immediately after this was found on 6-10-21. To prevent future occurrences, physicians have been asked if it is ok to update them monthly about resident med refusals instead of each time it would happen. We are in the process of getting this permission from each physician that services our residents. Once these are all in, by August 31, 2021 the Resident Care Coordinator will start to complete monthly audits to ensure that physicians are being properly updated. Documentation of audits will be kept.

Completion Date: 08/31/2021

Document Submission**Implemented**

Documents submitted via email

233c - Key-Locking Devices

1. Requirements

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.

Description of Violation

On 6/8/2021, no instructions were posted for operating the locking mechanism for the exit door from Jones Serenity Circle SDCU, near bedroom [REDACTED]

Plan of Correction**Accept**

The instructions were posted immediately neat the [REDACTED] bedroom. The instructions were taped inside the plastic case so that a resident is unable to reach in and slide the instructions out. This should prevent it from happening again. Moving forward, by 7-30-21 the Resident Care Coordinator will have a plan in place to audit these instructions weekly to ensure that they have not been removed. Audit documentation will be kept.

Completion Date: 07/30/2021

Document Submission**Implemented**

Documents submitted via email