

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

February 4, 2023

[REDACTED]
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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/08/2022, 06/09/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE HERITAGE AT ST PAUL HOMES **Licen e #:** 42457 **Licen e Expiration:** 07/02/2023
Address: 339 EAST JAMESTOWN ROAD, GREENVILLE, PA 16125
County: MERCER **Region:** WESTERN

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 05/31/2006 **I sued By:** Dept. of Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 75 **Waking Staff:** 56

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 06/09/2022

Inspection Dates and Department Representative

06/08/2022 On Site [REDACTED]
 06/09/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 125 **Residents Served:** 54

Secured Dementia Care Unit

In Home: Yes **Area:** 4TH FLOOR **Capacity:** 49 **Residents Served:** 19

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 54
Diagnosed with Mental Illness: 20 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 21 **Have Physical Disability:** 1

Inspections / Reviews

06/08/2022 - Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/09/2022

09/28/2022 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/30/2022
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/05/2022

Inspections / Reviews (*continued*)

12/01/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/31/2022

02/04/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 6/8/22, The home's license inspection summary, dated 6/8/21, was not posted in a conspicuous and public place in the home.

POC Submission

Accept [REDACTED] - 12/01/2022)

1. Immediately, on 6/8/2022, a new licensing inspection survey was obtained and placed in the public place outside of the residents mailbox area by Administrator [REDACTED]
2. The executive assistant will check continued placement of the LIS when [REDACTED] does resident mail, each Tuesday for a month. Then once a month, on the second Tuesday of the month, for 6 months after to ensure proper placement.

The dates are as follows:

6/14/2022

6/21/2022

6/28/2022

7/5/2022

7/12/2022

8/19/2022

9/13/2022

10/11/2022

11/8/2022

12/13/2022

Audit sheet is attached.

3. This was completed on 6-9-2022 but will have ongoing checks.

Licensee's Plan Completion Date: 12/13/2022

Implemented [REDACTED] - 02/04/2023)

81b - Resident Personal Equipment

2. Requirements

2600.

- 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 6/8/22, the two enabler bars attached to resident #1's bed were uncovered, each exposing an area approximately 6" high between the mattress and the top rail support and 10" wide between the two side rail supports, posing a potential entrapment hazard.

On 6/8/22, the enabler bar attached to the front of resident #3's bed was not securely attached to the bed and could be moved back and forth approximately 2", posing a potential entrapment/fall hazard.

On 6/8/22, the enabler bar attached to resident #4's bed was not securely attached to the bed and could be moved back and forth approximately 6", posing a potential entrapment/fall hazard

81b - Resident Personal Equipment (continued)

On 6/8/22, the enabler bar attached to resident #5's bed was uncovered, exposing an area approximately 5" high between the mattress and the top rail support and approximately 6" wide between the two side rail supports, posing a potential entrapment hazard. The enabler bar was not securely attached to the bed and could be moved back and forth approximately 4", posing a potential entrapment/fall hazard.

On 6/8/22, the enabler bar attached to resident #6's bed was uncovered, exposing an area approximately 8" high between the mattress and the top rail support, and approximately 18" wide between the two side rail supports, posing a potential entrapment hazard.

On 6/8/22, the enabler bar attached to resident #7's bed was uncovered, exposing an area approximately 5" high between the mattress and top rail support, and approximately 10" wide between the two side rail supports, posing a potential entrapment hazard.

On 6/8/22, the enabler bar attached to resident #8's bed was uncovered, exposing an area approximately 6" high between the mattress and the top rail support, posing a potential entrapment hazard.

POC Submission**Accept** [REDACTED] **12/01/2022)**

1. Immediately the maintenance team went to all of the above enable bars and fastened them in properly. This was completed by end of business on 6/9/2022. Each one is securely in place now.
2. A volunteer group on this campus, the Sew and Sew's are making covers for each enabler bar. Measurements have been taken and the group is custom making each cover. The group began working on these covers, July 15th and has finished sketching the designs out. Physical completion was waiting on approval of this plan. Pending approval of this plan, all covers will be made for existing enable bars within 30 days of this plan approval.
3. Moving forward, St. Paul's is planning on having a designated enabler bar and cover that families would purchase through St. Paul's when needed. Our maintenance team would install them. The maintenance team would be trained on the specifics of that bar. St. Paul's will have a specific enable bar and cover designated by October 31, 2022
4. All personal care staff will be trained on the potential entrapment hazards that enabler bars can pose by November 30, 2022. This is dependent of approval of this plan.
5. All maintenance staff will be trained on proper installation of new bar system by November 15, 2022. This is dependent on approval of this plan.
6. Resident care coordinators are trained by licensed Physical Therapist and Occupational Therapist from the Home Health Company VNA on which enabler bar we will be using and how the installation process will work by November 15, 2022.
- 6a. A policy and procedure will be created by Administrator [REDACTED] and added to the policy book by November 15th, 2022.
7. Families will receive a letter from the VP of Personal Care, [REDACTED] and Administrator [REDACTED] explaining enabler bars and the policy/procedure we will be utilizing by December 15, 2022.

Licensee's Plan Completion Date: 12/31/2022**Implemented** [REDACTED] **- 02/04/2023)****101j7 - Lighting/Operable Lamp**

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 6/8/22, resident #9 did not have access to a source of light that could be turned on/off at bedside.

POC Submission

Accept [REDACTED] - 12/01/2022)

1. Immediately, on 6/8/2022, the maintenance supervisor, [REDACTED], placed a flashlight in the residents night stand. Resident was educated, on 6/8/2022, on importance of and requirements of the flashlight at that time by maintenance supervisor [REDACTED].
2. The director of facilities management and the administrator conduct **monthly** safety rounds, on the 4th Thursday of each month, starting 6/23/2022, where this regulation will be monitored. Audit sheet attached.
3. The ongoing safety rounds will prevent this violation from a repeat occurrence.
4. This was corrected on 6-9-2022 but will have ongoing monitoring each month.
5. Responsible party for monthly safety rounds are the Director of Facilities, [REDACTED] and Administrator [REDACTED]

Licensee's Plan Completion Date: 12/31/2023

Implemented [REDACTED] - 02/04/2023)

121a - Unobstructed Egress**4. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 6/8/22 at 10:06 am, the right side of the 1st floor emergency exit double door near bedroom [REDACTED] was inoperable.

POC Submission

Accept [REDACTED] - 12/01/2022)

1. Immediately, on 6/8/2022, the maintenance supervisor repaired the right emergency door, a bolt on the lower portion of the door was loose.
2. The director of facilities management and the administrator conduct **monthly** safety rounds, on the 4th Thursday each month, starting 6/23/2022 where this regulation will be monitored. Audit sheet attached.
3. The ongoing safety rounds will prevent this violation from a repeat occurrence.
4. This was corrected on 6-9-2022 but will have ongoing monitoring each month.
5. Responsible party for monthly safety rounds are the Director of Facilities Management, [REDACTED] and Administrator [REDACTED]

Licensee's Plan Completion Date: 12/31/2023

Implemented [REDACTED] - 02/04/2023)

144c1 - Smoking Area Guidelines**5. Requirements**

2600.

144c1 - Smoking Area Guidelines (*continued*)

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

On 6/8/22, the home's exterior designated smoking area did not have a fireproof receptacle or ashtrays, or fire resistant furniture.

POC Submission

Accept [REDACTED] - 12/01/2022)

1. Immediately, on 6/8/2022, the ground crew replaced the fireproof receptacle and fireproof furniture to the smoking area. Picture attached.
2. The director of facilities management and the administrator conduct **monthly** safety rounds, on the 4th Thursday of each month, starting 6/23/2022, where this regulation will be monitored.
3. The monthly rounds should prevent this violation from reoccurring.
4. This was completed 6/9/2022 and will be ongoing monthly.
5. Responsible party for monthly safety rounds are the Director of Facilities Management [REDACTED] and Administrator [REDACTED]

Licensee's Plan Completion Date: 12/31/2023

Implemented [REDACTED] - 02/04/2023)

185a - Implement Storage Procedures

6. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #6 is prescribed [REDACTED] However, on 6/8/22, this medication was not available in the home.

POC Submission

Accept [REDACTED] - 12/01/2022)

1. The medicine was obtained from the pharmacy on 6-8-2022 and is still in that cart at this time.
2. The resident care coordinators will be doing weekly audits of PRN medications in all med carts, starting 7/11/2022. 5 residents will be picked each week to review their prn medications. Residents will be selected by room numbers (101-105, 106-110, etc.) ensuring that all residents are getting audited in a one month period.
3. These audits will continue for the foreseeable future.

Licensee's Plan Completion Date: 12/31/2023

Implemented [REDACTED] 02/04/2023)

225a - Assessment 15 Days

7. Requirements

2600.

225a - Assessment 15 Days (continued)

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

An enabler bar is attached to resident #5's bed. However, [REDACTED] initial assessment, dated [REDACTED]/22, does not indicate use of or need for this device, and [REDACTED] was not assessed to benefit from the device or to be able to safely use the device.

POC Submission

Accept [REDACTED] 12/01/2022)

1. The enabler bar was removed from this resident's bed until we were about to get [REDACTED] assessed for benefit and safety. The enabler bar was removed on June 13, 2022. This resident was pending assessment [REDACTED] [REDACTED] was sent to the SNF on our campus. Resident remains there at this time. [REDACTED] able to return to our neighborhood [REDACTED] will be assessed for the enabler bar before [REDACTED] return.
2. For all other residents, anyone needing the use of an enabler bar shall be assessed for benefits and safety BEFORE the device is placed in their use. This assessment will be set up by the Resident Care Coordinator and conducted by the therapy company (VNA or residents choice).
3. The begin date for benefit assessments will be 30 days from the date of admission or 1 week from the date of home health physical therapy evaluation request from resident PCP.
4. Update, this resident did not return to Personal Care following [REDACTED] rehab stay at SNF. This particular correction was complete 6/13/2022 but the policy will continue to be followed for any other residents for the foreseeable future.

Licensee's Plan Completion Date: 12/31/2023

Implemented [REDACTED] - 02/04/2023)

231b - Medical Evaluation**8. Requirements**

2600.

231.b. A resident 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 admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #5 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]/22. However, the resident's medical evaluation was completed on [REDACTED]/22 and does not include a diagnosis of Alzheimer's disease or other dementia.

POC Submission

Accept [REDACTED] - 12/01/2022)

1. On 6-16-2022 a new DME was obtained for resident, listing dementia on it. [REDACTED] did have a diagnosis of dementia before being admitted to this home, we were able to show the inspector that on site. New DME attached.
2. All new admissions and existing residents will have their initial and annual DME completed by Resident Care Coordinator and then Administrator will review, looking for all diagnosis and that all boxes are completed before placing in residents file. This will prevent this violation from reoccurring.
UPDATE-Resident Care Coordinator completes only the portion of the DME able to be filled in PRIOR to the in-person evaluation. The DME is then presented to the physician, PA or CRNP for signature at the time of examination.
This begins effective this inspection summary, 6/29/2022.

231b - Medical Evaluation (continued)

Licensee's Plan Completion Date: 12/31/2023

Implemented ([REDACTED] 02/04/2023)