

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

August 16, 2023

[REDACTED], 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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/21/2023 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* License #: *42457* License Expiration: *07/02/2023*  
 Address: *339 EAST JAMESTOWN ROAD, GREENVILLE, PA 16125*  
 County: *MERCER* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *ST PAUL HOMES*  
 Address: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *78* Waking Staff: *59*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *05/11/2023*

**Inspection Dates and Department Representative**

04/21/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *125* Residents Served: *52*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *4th Floor* Capacity: *47* Residents Served: *18*

**Hospice**  
 Current Residents: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *52*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *2*  
 Have Mobility Need: *26* Have Physical Disability: *0*

**Inspections / Reviews**

04/21/2023 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/01/2023*

06/12/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *08/01/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/20/2023*

Inspections / Reviews *(continued)*

06/16/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/01/2023

08/16/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 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

Resident #1's bed side cane could be moved approximately 4 inches from center to the left and 4 inches from center to the right, creating an impingement hazard.

REPEAT VIOLATION 6/8/22, Et. al.

## Plan of Correction

Accept (██████ - 06/09/2023)

1. Immediately on 5/10/2023 the bedside can was adjusted by Maintenance Supervisor ████████. An additional strap was added to the bed from head of bed down to the feet area and around the entire box spring. Then it was tied down underneath the box spring and secured via a ratchet by ████████.
2. PC Admin brought inspector back to re-evaluate this set up and it was declared satisfactory by inspector. Inspector also reviewed 6 other bed canes that were all satisfactory in the facility.
- 3.. These enabler bars/bed canes are inspected monthly by PC Admin and Maintenance Director. Proof of last inspection of that particular residents bed can was completed on 4/27/2023 and given to inspector ████████ on 5/10/2023. These monthly inspections continue at this time. Audit sheet attached.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented (██████ - 08/16/2023)

## 85d - Trash Receptacles

## 3. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

## Description of Violation

On 5/9/23, at 11:40 p.m., there was a half- full, uncovered, unattended 40-gallon plastic garbage trash partially under the kitchen's stainless steel food prep table.

## Plan of Correction

Accept (██████ - 06/16/2023)

1. Immediately on 5/09/2023 the lid was placed on the trash can in the kitchen by Dining Manager ████████. Immediate kitchen staff re-educated on this regulation by ████████.
2. Inspector was brought back to review this requirement and declared it acceptable.
3. Staff education on this regulation completed by 6/30/2023 and will be done by Dining Manager ████████ or Asst. Dining Manager ████████.
4. Any of the 4 dining supervisors will complete daily rounds, starting July 1-July 30, 2023 to ensure this regulation is met for a period of 30 days. At that time, rounds will go to once a week on Wednesdays for 3 months. Audit sheet attached.
5. This on going rounding will ensure this violation is not repeated.

85d Trash Receptacles (*continued*)

Licensee's Proposed Overall Completion Date: 10/14/2023

Implemented (████) - 08/16/2023)

## 101j7 - Lighting/Operable Lamp

## 4. 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 5/9/23, resident #2 did not have access to a source of light that can be turned on/off at bedside.

## Plan of Correction

Accept (████) - 06/16/2023)

1. Immediately on 5/09/2023 a lamp was placed at the bedside of the resident by PC Admin █████. Resident was educated, on 5/09/2023, on the importance of the light and reason it needs to stay there by █████.
2. Inspector █████ was brought back to the residents room and noted that the lamp and placement were satisfactory.
3. The Director of Facility Management, █████ and Administrator, █████ conduct monthly rounds, on the fourth Thursday each month, to check for required items in residents rooms along with an safety concerns. Audit sheet attached. Next rounds were completed on May 25, 2023. Next session after that would be June 22, 2023.
4. The on going safety rounds will prevent this from a repeat occurrence.
5. Responsible party for monthly safety rounds are the Director of Facilities, █████ and Administrator █████

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented (████) - 08/16/2023)

## 103f - Refrigerator/Freezer Temps

## 5. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

## Description of Violation

On 5/9/23, at 11:33 a.m., the walk in refrigerator immediately next to the kitchen's exit had a temperature of 50 degrees Fahrenheit. At 12:15 p.m., the walk in refrigerator immediately next to the kitchen's exit had a temperature of 48 degrees Fahrenheit.

## Plan of Correction

Accept (████) - 06/16/2023)

1. Immediate on 5/09/2023 the maintenance team identified what needed fixed on the cooler. Coolant was added as well as cleaning done on the compressor area and the temperature came back down, at or below 40 degrees.
2. Inspector re evaluated the cooler and declared it acceptable.
3. Maintenance director █████ educated Dining Supervisor on checking cooler temps daily on 5/09/2023.
4. Dining supervisor to take daily temps of cooler for 30 days, starting July 1 30, 2023 then once a week, on Wednesdays, for 3 months to ensure compliance with this regulation. Audit sheet attached.

Licensee's Proposed Overall Completion Date: 10/14/2023

103f - Refrigerator/Freezer Temps (continued)

Implemented [REDACTED] - 08/16/2023)

109b - Rabies Vaccination

6. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 5/10/23, a feline named Snowbelle was present at the home. The home did not have a current certificate of rabies vaccination for Snowbelle.

Plan of Correction

Accept [REDACTED] - 06/16/2023)

1. Immediately on 5/10/2023 PC Admin [REDACTED] called family of Snowbelle and inquired about possibly vet records that the home didn't have. Family stated that they missed her appointment and would reschedule immediately.
2. Family member [REDACTED] made Snowbelle an appointment for 5/12/2023. [REDACTED] took Snowbelle and provided proof of vaccinations, attached.
3. The Administrative Assistant [REDACTED] will check all vet records for animals in the home quarterly to ensure compliance. Family members will be called, to inquire about appointment status, if current vaccinations are close to expiring with no new certification of completion by Admin. Assist.
4. Vet record audits will start at the beginning of the third quarter, July 1, 2023.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 08/16/2023)

182c - Medication Administration

7. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

Resident #1 received multiple medication administrations that were not documented at the time of administration to include the following,

Resident #1 is prescribed [REDACTED]

[REDACTED] If blood sugar is greater than [REDACTED] call md. subcutaneous. Before meals and at bedtime. The resident was administered this medication on 4/12/2023, at 7:30 a.m. However, the medication's administration was not documented until [REDACTED].

Resident #1 is prescribed [REDACTED] apply thin layer topically three times a day. Apply to bilateral groin area. The resident was administered this medication on [REDACTED] However, the medication's administration was not documented until [REDACTED].

182c - Medication Administration (continued)

Resident #3 received multiple medication administrations that were not documented at the time of administration to include the following,

Resident #3 is prescribed [redacted] - [redacted] administer one tablet every morning. The medication was administered on [redacted]. However, the medication's administration was not documented until [redacted].

Resident #3 is prescribed [redacted] tablet administer one cap orally once a morning. The medication was administered on [redacted]. However, the medication's administration was not documented until [redacted].

Plan of Correction

Accept [redacted] - 06/16/2023)

Staff were giving medications at appropriate times but not documenting the administration timely and therefore it shows as a late administration.

1. Staff to be educated on this regulation/violation by 06/30/2023 by both Resident Care Coordinators, [redacted], LPN, and [redacted] LPN. Sign in sheet to be obtained.
2. [redacted] will complete weekly audits for 6 weeks and then monthly audits for 3 months to ensure compliance with this regulation on Wednesdays each week.
3. A policy will be adapted to include or created to include the timely documentation of medication administration by the Administrator before August 1, 2023.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [redacted] - 08/16/2023)

184a - Resident's Meds Labeled

8. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #3 is prescribed [redacted] to lumber spine. However, the medications label states [redacted] to knee.

Resident #4 is prescribed [redacted] in the evening. However. The medication's label indicates [redacted] us16 units in the morning.

Plan of Correction

Accept [redacted] - 06/16/2023)

1. Immediately on 5-09-2023 Resident Care Coordinator [redacted] called pharmacy to obtain a new label for both medications.
2. Staff education to be completed on this regulation by 06/30/2023 by [redacted], LPN, RCC. Sign in sheet to be completed. Sign in sheet to be obtained.
3. On going cart audits are completed by our pharmacy monthly to ensure med compliance. This is scheduled at their discretion. If they have not scheduled or been in to complete for some reason, RCC will audit cart by the 25th

184a - Resident's Meds Labeled (continued)

of each month.

4. Ongoing audits, completed by the RCC before the last day of the month, each month, will ensure this regulation does not have a repeat violation.

5. Starting July 1, 2023 these changes will be implemented in the monthly audits.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented ( [redacted] - 08/16/2023)

185a - Implement Storage Procedures

9. 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 #1 is prescribed [redacted]

[redacted]

However, on [redacted], a blood glucose sugar reading of [redacted] was indicated on the resident's medication administration record.

Plan of Correction

Accept ( [redacted] - 06/16/2023)

1. It is important to note that the blood glucose level (both [redacted] received the same amount of sliding scale insulin. Although the number should always match between the glucometer and the MAR.

2. Staff member responsible ([redacted]) was educated via phone on her transposition error on 05/15/2023 by Resident Care Coordinator [redacted] and PC Admin [redacted].

3. Whole house staff education on this regulation and violation to be completed before June 30, 2023. Sign in sheet will be obtained.

4. Starting July 1, 2023 newly medication trained staff as well as annually trained diabetic staff will receive this education when trained by the diabetic educator for this specific issue. Specific training dates vary from person to person.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented ( [redacted] - 08/16/2023)

187c - Refusal of Medication

10. 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.

## 187c - Refusal of Medication (continued)

**Description of Violation**

Resident #1 is prescribed [REDACTED]

[REDACTED]. On [REDACTED], at [REDACTED], the resident refused the administration of this scheduled medication. However, the home failed to notify the prescribing physician.

Resident #5 has refused multiple administrations of scheduled medications to include,

Resident #5 is ordered [REDACTED] orally three times a day. The resident refused the administration of this scheduled medication on [REDACTED] at [REDACTED], and [REDACTED]. However, the home failed to notify the prescribing physician.

Resident #5 is ordered [REDACTED] one tablet orally twice a day. The resident refused the administration of this scheduled medication on [REDACTED]. However, the home failed to notify the prescribing physician.

**Plan of Correction**

Accept ( [REDACTED] - 06/16/2023)

1. Staff education for this regulation/violation to be completed by LPN, RCC [REDACTED] by 06/30/2023. Sign in sheet to be obtained.
2. Med trained staff will be required to fax physician notifying them of residents refusal of medication before the end of their shift each time a refusal occurs starting July 1, 2023.
3. Documentation of these refusals/physician acknowledgement will be kept in residents extended file in each neighborhood.
4. Newly med trained staff will receive this training, by LPN, RCC [REDACTED], when performing cart training before working independently on a medication cart. This date will vary per person but will be completed upon passing their medication administration test.
5. Resident Care Coordinator, LPN [REDACTED] will perform monthly audits to ensure compliance with this regulation, starting July 15, 2023.
6. Starting July 1, 2023 med staff will begin notifying physician of medication refusals, newly med trained staff will begin receiving the additional training on this regulation and monthly audits of this regulation will begin by RCC, [REDACTED]

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented ( [REDACTED] - 08/16/2023)