

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

October 18, 2024

[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 06/06/2024 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: 07/02/2024  
 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]

**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: 85 Waking Staff: 64

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 06/07/2024

**Inspection Dates and Department Representative**

06/06/2024 - 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: Capacity: 47 Residents Served: 30  
 Serenity Circle, Serenity Lane

**Hospice**  
 Current Residents: 3

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 52  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 33 Have Physical Disability: 1

**Inspections / Reviews**

06/06/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/05/2024

07/11/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 10/16/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/18/2024

Inspections / Reviews *(continued)*

07/18/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/16/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/01/2024

10/18/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/16/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

81b - Resident Personal Equipment

1. 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 [redacted] there was an unsecured enabler attached to the bed in bedroom #427. There was approximately a 3 inch gap between the post of the enabler and the mattress and the post moved approximately 5 inches back and forth.

Repeat Violation: 4/21/23

Plan of Correction

Accept [redacted] - 07/18/2024)

On 6/06/2024 the enabler bar was fixed by maintenance in room 427.

To prevent this from happening again the maintenance director will educate [redacted] team on proper installation and maintenance of these devices at staff meetings by the end of July.

Starting August 1, 2024, the maintenance team would be responsible for maintaining these devices to ensure proper installation and upkeep, preventing them from having any gaps or wiggling of the posts. The maintenance team supervisor will check each enabler bar weekly for one month on Wednesdays, then every other week, on Wednesdays, for each month to follow for an indefinite period of time until either the resident no longer needs the bar or is no longer with us.

Maintenance director will update Administrator weekly, on Wednesdays, starting August 1, 2024, on status of enabler bar rounding, what was found, how it was fixed and why the problem occurred. Maintenance Director will complete audit sheet indicating his results. Sheet will be turned into administrator or designee on Wednesdays, starting August 1, 2024.

The administrator or designee will double check these bars monthly on the second Thursday of each month, starting August 1, 2024.

An ending date of one year will be placed below, if we have no further citations on the next inspection we can reduce the plan somewhat. The ending date for this plan is 08/01/2025.

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented ([redacted] - 10/18/2024)

103g - Storing Food

2. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 6/6/24, there was an unsealed plastic bag containing 5 hash browns and 9 cookies in the walk in freezer.

Plan of Correction

Accept ([redacted] - 07/18/2024)

On 6/06/2024 the unsealed food was thrown out by the dietary manager.

To prevent this from happening again, dietary manager will audit food storage to ensure that all food stored in closed or sealed containers every day for a one month period, starting August 1,2024, then weekly for another month, September 2024, then monthly for 2 months, October and November 2024.

Staff will be educated on this violation and why it occurred at the July 2024 staff meeting, by the administrator. Kitchen staff will be educated on this violation and why it occurred at their July staff meeting.

103g Storing Food (continued)

The end date for this plan is December 1, 2024.

Licensee's Proposed Overall Completion Date: 12/01/2024

Implemented (█) - 10/18/2024)

103i - Outdated Food

3. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 6/6/24, there was an unlabeled and undated plastic bag containing 5 hash browns and 9 cookies in the walk in freezer.

Plan of Correction

Accept (█) - 07/18/2024)

On 6/06/2024 the unsealed food was thrown out by the dietary manager.

To prevent this from happening again, dietary manager will audit food storage to ensure that all food stored in closed or sealed containers every day for a one month period, starting August 1, 2024 then weekly for another month, September 2024, then monthly for 2 months, October and November 2024.

Staff will be educated on this violation and why it occurred at the July 2024 staff meeting, by the administrator.

The end date for this plan is December 1, 2024.

Licensee's Proposed Overall Completion Date: 12/01/2024

Implemented (█) - 10/18/2024)

184a - Resident's Meds Labeled

4. Requirements

- 2600.
- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
  1. The resident's name.
  2. The name of the medication.
  3. The date the prescription was issued.
  4. The prescribed dosage and instructions for administration.
  5. The name and title of the prescriber.

Description of Violation

Resident #1's █ were not stored with the pharmacy label's attached.

Resident #2 is prescribed █ subcutaneously 4 units if blood sugar is █. If blood sugar is below █ do not give. However, the resident's medication label indicates: inject 4 units subcutaneously with meals if sugars █

Plan of Correction

Accept (█) - 07/18/2024)

On █ new medications were ordered and received from pharmacy for residents #1 and #2.

To prevent this from happening again, a weekly audit, on Wednesdays, will be performed by the Resident Care

184a - Resident's Meds Labeled (continued)

Coordinator for 3 months, starting August 1, 2024, to ensure that the pharmacy label is with the insulin pens. We will be storing the pen and label in a baggie at all time, unless being used.

The Resident Care Coordinator will also audit weekly, on Wednesdays, to ensure that the label is complete and no information has been cut off. This will continue for 3 months and start on July 31, 2024. This will be complete by November 6, 2024.

All staff to be educated on this citation in July 2024 staff meetings by Administrator. All med staff to be retrained to examine all incoming medications from pharmacy and family for the 5 items listed above each time medications are delivered by July 31, 2024

Weekly audits will be completed on Wednesdays until November 6, 2024.

The end date for this plan is November 6, 2024.

Licensee's Proposed Overall Completion Date: 11/06/2024

Implemented ( ) - 10/18/2024)

185a - Implement Storage Procedures

5. 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 #3's glucometer was not calibrated to the correct date/time.

Resident #1 is prescribed

[Redacted] However, the resident's MAR indicates a blood glucose of [Redacted] on [Redacted] and 2 units administered.

Resident #1's glucometer indicates a blood glucose reading of [Redacted] on [Redacted], however the resident's medication administration record (MAR) indicates a reading of [Redacted].

Repeat Violation: 4/21/23

Plan of Correction

Accept ( ) - 07/18/2024)

On 06/06/2024 the glucometer was calibrated by Resident care coordinator.

The Resident Care Coordinator will also audit weekly to ensure that the glucometer has been calibrated, for all glucometers. This will occur on Wednesdays until November 6th and will start on July 31, 2024.

All staff to be educated on this citation in July 2024 staff meetings by the Administrator. All med staff to be retrained to review calibrating glucometers and which shifts are responsible for that (midnights) and when monthly on the first Wednesday of the month, starting August 1, 2024, by Resident Care Coordinator. Staff will review how the numbers were recorded incorrectly and discuss a system to identify the correct use of medical equipment in the July 2024 staff meetings.

The end date for this plan is November 6, 2024.

185a - Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: 11/06/2024

Implemented ( ) - 10/18/2024)

187a - Medication Record

6. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 3. Name of medication.
- 4. Strength.

Description of Violation

Resident #4 is prescribed [redacted] by mouth once a day. However, the resident's medication label indicates: [redacted] by mouth once daily.

Plan of Correction

Accept ( ) - 07/18/2024)

On 06/06/2024 a new medication was obtained for resident #4, as well as notification to the physician that resident had been receiving the wrong dose, and a med error reportable incident was sent in to BHSL.

To prevent it from happening again this error will be discussed at the July 2024 staff meeting for all LPN's and med trained staff by the Administrator.

Staff will discuss and develop a plan to ensure that when pharmacy or family delivers medications that they are the right dose and directions at the July 2024 staff meeting. Staff will be re-educated on the 15 steps of medication administration by Resident Care Coordinator at the July 2024 staff meetings. This will be complete by July 31, 2024. Each full-time med trained staff will audit their med cart to ensure that this requirement is met weekly for one month, starting August 1, 2024 and then monthly for two months, September and October 2024. This will be discussed at staff meetings in July 2024 and start on August 7, 2024.

The end date for this plan is November 6, 2024.

Licensee's Proposed Overall Completion Date: 11/06/2024

Implemented ( ) - 10/18/2024)

187d - Follow Prescriber's Orders

7. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed [redacted] on [redacted] and [redacted] administered. However, the resident's MAR indicates a blood glucose of [redacted]

Resident #4 is prescribed [redacted]. However, the resident's medication label indicates: [redacted]

**187d - Follow Prescriber's Orders (continued)**

according to staff interviews and the resident's June 2024 medication administration record (MAR) this medication was administered at [REDACTED]

**Plan of Correction****Accept [REDACTED] - 07/18/2024)**

On 06/06/2024 a new medication was obtained for resident #4, as well as notification to the physician that resident had been receiving the wrong dose, and a med error reportable incident was sent in to BHSL.

To prevent it from happening again this error will be discussed at the July 2024 staff meeting for all LPN's and med trained staff by the Administrator.

Staff will discuss and develop a plan to ensure that when pharmacy or family delivers medications that they are the right dose and directions of the prescriber. Staff will be re-educated on the 15 steps of medication administration by Resident Care Coordinator, starting August 1, 2024 and ending August 31, 2024 or sooner if all staff are working and not on vacation.

Each full time med trained staff will audit their own med cart to ensure that this requirement is met weekly for one month, starting August 1, 2024 and then monthly for two months, September and October 2024. This will be discussed at staff meetings in July 2024 and start on August 7, 2024.

The end date for this plan is November 6, 2024.

**Licensee's Proposed Overall Completion Date: 11/06/2024****Implemented [REDACTED] - 10/18/2024)**