

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

October 2, 2024

[REDACTED] PRESIDENT & CEO
ST. PAUL HOMES, INC.
339 EAST JAMESTOWN ROAD
GREENVILLE, PA, 16125

RE: THE RIDGEWOOD AT ST. PAUL
HOMES
339 EAST JAMESTOWN ROAD
GREENVILLE, PA, 16125
LICENSE/COC#: 46748

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/24/2024 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 RIDGEWOOD AT ST. PAUL HOMES* License #: *46748* License Expiration: *09/18/2024*
 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, INC.*
 Address: *339 EAST JAMESTOWN ROAD, GREENVILLE, PA, 16125*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/25/1994* Issued By: *Dept. of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *43* Waking Staff: *32*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *07/24/2024*

Inspection Dates and Department Representative

07/24/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *52* Residents Served: *39*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*
 Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *14*
 Have Mobility Need: *4* Have Physical Disability: *3*

Inspections / Reviews

07/24/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/19/2024*

08/19/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/27/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/21/2024*

Inspections / Reviews *(continued)*

09/19/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/27/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/17/2024

10/02/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/27/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

132g - Fire Drills Days/Times

1. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

According to the staff schedule the home routinely schedules 2 staff persons on the 11:00 PM to 7:00 AM shift. However, the sleeping hour drill conducted on 11/18/23 included 4 staff persons and the sleeping hour drill conducted on 5/6/24 included 6 staff persons.

Plan of Correction**Directed (█ - 09/19/2024)**

1. The Ridgewood's next fire drill that is scheduled on Saturday November 16, 2024, will be held at 3:00 am, when the minimum amount of staff will be present in the building. At this time, there would be 2 staff members in the building.
2. Fire Drill schedules will be reviewed and approved by the operations manager and Administrator yearly and will include 2 unannounced fire drills that will be held during sleeping hours to include 1 between the times of 2:00 am and 4:00 am, when the minimum number of staff will be working in the building. At these times, it will be 2 staff in the building. This will be done yearly, in December, for the following year.

Proposed Overall Completion Date: 11/16/2024

DIRECTED PLAN:

The administrator or designee shall check the fire drill record at least monthly to ensure fire drills are not being held when additional staff persons are present.

Directed Completion Date: 11/16/2024

Implemented (█ - 10/02/2024)

183d - Prescription Current

2. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #1's Guaifenesin, take every 4 hours as needed, was discontinued on 2/28/24; however, it was still being stored in the home.

Plan of Correction**Accept (█ - 08/19/2024)**

1. Medication that was discontinued for resident #1 was pulled from the medication cart and disposed of on 7/24/24.
2. Monthly cart audits will be conducted by RCC starting on 8/21/24 and will include checking medications on the residents MAR with medications in the medication cart to ensure all discontinued medications are pulled from the cart and disposed of according to policy/procedure.
3. All medication administration trained staff will be trained by August 30, 2024. on Policy/Procedure for discontinuation of medications along with the monthly audit procedures.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented (█ - 10/02/2024)

183d - Prescription Current (*continued*)

227d - Support Plan Medical/Dental

3. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident 3, indicates the resident has a need for an enabler bar; however, the resident's support plan, dated [REDACTED] does not document how this need will be met.

Plan of Correction**Accept ([REDACTED] - 09/19/2024)**

- 1. Support plan for resident #3 has been updated to address the need for an assistive device, how this need will be met, and the potential risks involved with the use of these devices, by the Resident Care Coordinator (RCC)*
- 2. RCC and Administrator will review ALL RASP's for residents who have an enabler/assistive device to ensure accurate documentation is attached and completed. This will be completed by August 30, 2024.*
- 3. All residents with assistive devices will have their support plans reflect the specific need for the device, the intended use of the device, the potential risks associated with use, along with the resident's ability to use the device safely and the purpose it was intended for, along with identification of the specific device used and whether or not it requires a cover. This will be completed by August 30,2024.*
- 4. All personal care staff will be trained by August 30, 2024 on the Assistive Device/Enabler Bar Policy, the Assessment form and the risks associated with the use of these devices.*

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented ([REDACTED] - 10/02/2024)