

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

March 31, 2026

[REDACTED]  
ST PAUL HOMES  
[REDACTED]

RE: THE HERITAGE AT ST. PAUL HOMES  
339 EAST JAMESTOWN ROAD  
GREENVILLE, PA, 16125  
LICENSE/COC#: 42457

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 02/03/2026, 02/18/2026, 02/20/2026 of the above facility, no regulatory citations have been identified as a result of this inspection.

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

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *THE HERITAGE AT ST. PAUL HOMES* License #: *42457* License Expiration: *07/02/2026*  
 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: [REDACTED]  
 Phone: [REDACTED] Email: [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: *136* Waking Staff: *102*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *02/20/2026*

**Inspection Dates and Department Representative**

02/03/2026 - On-Site: [REDACTED]  
 02/18/2026 - Off-Site: [REDACTED]  
 02/20/2026 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *125* Residents Served: *95*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *SDCU* Capacity: *49* Residents Served: *39*

**Hospice**  
 Current Residents: *5*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *95*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *41* Have Physical Disability: *0*

**Inspections / Reviews**

02/03/2026 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND