

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

October 19, 2026

 PRESIDENT & CEO
ST PAUL HOMES
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 

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/20/2026 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,



cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE RIDGEWOOD AT ST PAUL HOMES **License #:** 46748 **License Expiration:** 09/18/2027
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:** 01/25/1994 **Issued By:** Dept. of Labor

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 30 **Waking Staff:** 23

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 08/20/2026

Inspection Dates and Department Representative

08/20/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 52 **Residents Served:** 28

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 28
Diagnosed with Mental Illness: 17 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 2 **Have Physical Disability:** 1

Inspections / Reviews

08/20/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/20/2026

09/30/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 10/09/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 10/12/2026

Inspections / Reviews (*continued*)

10/19/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

103e - Left Overs**1. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an opened, undated bag of pasta in the home's pantry.

There was an opened, undated partial container of cupcakes in the home's walk-in freezer.

There were multiple bags of opened, undated mixed vegetables in the home's walk-in freezer.

Plan of Correction**Accept ([REDACTED] - 09/30/2026)**

1. On 8/20/26 opened and undated bag of pasta, container of cupcakes and bags of mixed vegetables was removed by Executive Sous Chef and disposed of.

2. On 9/16/26 an audit was created and will be done weekly by Executive Sous Chef. First audit was completed 9/16/26, see attached.

3. All staff will be educated on importance of dating food items once they are opened by 10/5/26.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented ([REDACTED] - 10/19/2026)**103g - Storing Food****2. Requirements**

2600.

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

Description of Violation

There was an opened and unsealed bag of French fries in the home's walk-in freezer.

Plan of Correction**Accept ([REDACTED] - 09/30/2026)**

1. On 8/20/26 the unsealed bag of french fries in walk-in freezer was removed by Executive Sous Chef and disposed of.

2. On 9/16/26 an audit was created and will be done weekly by Executive Sous Chef. First audit was completed 9/16/26, see attached.

3. All dietary staff will be educated on importance of sealing all foods properly by 10/5/2026.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented ([REDACTED] - 10/19/2026)**133.3 - Exit Signs Letter Size****3. Requirements**

2600.

133.3. Exit Signs - The following requirements apply for a home serving nine or more residents: Exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

Description of Violation

The letters of the exit sign on the courtyard exit doors are only 2.2 inches high. The home currently serves 28 residents.

133.3 - Exit Signs Letter Size (continued)

Plan of Correction

Accept () - 09/30/2026)

1. On 9/15/26 order was placed for 6 inch in height with 3/4in stroke wide "Exit" signs. See attached.
2. On 9/16/26 the 2.2 inches high exit signs were removed and replaced with exit signs displaying letters at least 6inches high and principal letter strokes at least 3/4 inch wide on courtyard exit doors. See attached.
3. Administrator and VP of facilities will include exit sign compliance in facility monthly rounds. Next rounds will be completed on 9/21/26.

Licensee's Proposed Overall Completion Date: 09/21/2026

Implemented () - 10/19/2026)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's initial medical evaluation, dated () does not indicate if the resident's needs can be met safely at the Personal Care Home.

Resident #2's initial medical evaluation, dated () does not indicate if the resident's needs can be met safely at the Personal Care Home.

Plan of Correction

Accept () - 09/30/2026)

1. Both resident #1 and resident #2 page 5 of medical professional information corrected by their PCP's, see attached.
2. Monthly audit created and to be completed by Director of Resident Care on all new DME's for the month to ensure all areas of DME are correctly filled out. The first audit will be complete by 10/1/2026

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 10/19/2026)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

- 141.b.1. A resident shall have a medical evaluation: At least annually.

141b1 - Annual Medical Evaluation (continued)**Description of Violation**

Resident #3's most recent medical evaluation, dated [REDACTED], does not indicate if the resident's needs can be met safely at the Personal Care Home.

Resident #4's most recent medical evaluation, dated [REDACTED], does not indicate if the resident's needs can be met safely at the Personal Care Home.

Plan of Correction**Accept ([REDACTED] - 09/30/2026)**

1. Both resident #3 and resident #4 page 5 of medical professional information corrected by their PCP's, see attached.
2. Monthly audit created and to be completed by Director of Resident Care on all new DME's for the month to ensure all areas of DME are correctly filled out. First Audit will be completed by 10/1/2026

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented ([REDACTED] - 10/19/2026)**184a - Resident's Meds Labeled****6. 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 #4 is prescribed Lidocaine cream 4%, thin layer to right knee, give 2 hours after Voltaren Gel three times a day. However, the pharmacy label indicates Lidocaine 4%, apply thin layer to left knee, give every 2 hours after Voltaren Gel.

Plan of Correction**Accept ([REDACTED] - 09/30/2026)**

1. On 8/20/26 change of direction sticker placed on medication.
2. Pharmacy corrected label to state "right knee" and placed it on medication, see attached.
3. On 9/29/26 the Resident Care Coordinator and pharmacy tech will do a med cart audit and thereafter monthly. See attached audit form.
4. All staff will be educated on 15 steps of medication administration and 5 rights, checking pharmacy labels match EMAR by 10/5/26.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented ([REDACTED] - 10/19/2026)