

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

September 11, 2025

[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 06/17/2025 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: *07/02/2025*  
 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: *05/31/2006* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *122* Waking Staff: *92*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *06/18/2025*

**Inspection Dates and Department Representative**

06/17/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *125* Residents Served: *81*

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

**Hospice**  
 Current Residents: *4*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *81*  
 Diagnosed with Mental Illness: *37* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *41* Have Physical Disability: *0*

**Inspections / Reviews**

**06/17/2025 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/20/2025*

**07/30/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *09/03/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/04/2025*

Inspections / Reviews (*continued*)

08/04/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/03/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 09/01/2025

09/11/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/03/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 227g -Support Plan Signatures

**1. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

*Residents #2, #4 and #5 participated in the development of their undated support plans. However, the residents did not sign the support plans and there was no notation that the residents were unable or unwilling to sign.*

**Plan of Correction**

Accept (████) - 08/04/2025)

*Immediately on the date of inspection, June 17, 2025, verbal education was provided by the Administrator to all three Resident Care Coordinators regarding the lack of signatures on the support plans of residents #2, 4, and 5. On June 17, 2025, the support plans for residents #2, 4, and 5 were all signed by the residents; no one refused at that time.*

*An internal audit was completed and found no other support plans with missing signatures immediately following the closure of the inspection.*

*Formal education on this regulation and how we meet it will be provided to all 3 RCCs (Resident Care Coordinators) before July 30, 2025, by the Administrator. A sign-in sheet to be provided upon completion. Resident Care Coordinators will also develop an audit system to ensure success; review of this system will be handled by the Administrator.*

*In our facility, the RCC completed the support plan according to the regulations and obtained all signatures. Immediately after completion, according to regulation timelines, the support plan is reviewed with the resident, and they are asked to sign it or indicate that they have refused. Notations will be made on the support plan at that time if a resident refuses or is unable to sign their support plan. Then the support plan was filed in the residents' chart, put out for staff to read, etc. Moving forward, effective July 1, 2025, the RCC will submit completed paperwork to the Administrator to review immediately upon completion. This will be a double check to ensure that all boxes are complete and all signatures have been obtained.*

*At the general staff meeting in August, all staff will be educated on the violation report we have received from the inspection dated 06-17-2025 and our proposed plan of correction. All staff will be educated on reviewing the support plan to ensure completion and accuracy, as well as signatures obtained.*

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented (████) - 09/11/2025)

## 234a - Admission Support Plan

**2. Requirements**

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

**Description of Violation**

*The initial support plans for resident #2 (admitted to the Secure Dementia Care Unit (SDCU) on ██████ resident #4*

**234a - Admission Support Plan (continued)**

(admitted to the SDCU [REDACTED] and resident #5 (admitted to the SDCU [REDACTED] were not dated. Therefore, the timeliness of these support plans cannot be determined.

**Plan of Correction****Accept ( [REDACTED] - 07/30/2025)**

Immediately on the date of inspection, 06/17/2025, verbal education was provided from the Administrator to all three Resident Care Coordinators for the lack of dates on the support plans of residents #2,4, and 5. An internal audit was completed and found no other support plans missing signatures.

Formal education on this regulation and how we meet it will be provided to all 3 RCCs (Resident Care Coordinators) before July 30, 2025, by the Administrator. A sign-in sheet to be provided upon completion. Resident Care Coordinators will also develop an audit system to ensure success; review of this system will be handled by the Administrator.

In our facility the RCC completed the support plan according to the regulations and obtains all signatures, provide all dates. Then the form was filed in the residents chart, put out for staff to read, etc. Moving forward, effecting July 1, 2025 the RCC will submit completed paperwork to the Administrator to review immediately upon completion. This will be a double check to ensure that all boxes are complete and all signatures have been obtained.

At the general staff meeting in August, all staff will be educated on the violation report we have received from the inspection dated 06-17-2025 and our proposed plan of correction. All staff will be educated on reviewing the support plan to ensure completion and accuracy, as well as signatures obtained and proper dates applied.

**Licensee's Proposed Overall Completion Date: 08/31/2025**

**Implemented ( [REDACTED] - 09/11/2025)**