

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

October 16, 2025

[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 08/14/2025 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 RIDGEWOOD AT ST. PAUL HOMES* License #: *46748* License Expiration: *09/18/2025*
 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, 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: *Department of Labor*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *25* Waking Staff: *19*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *08/14/2025*

Inspection Dates and Department Representative

08/14/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *52* Residents Served: *24*

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: *24*
 Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

08/14/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/13/2025*

09/12/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *10/15/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/22/2025*

Inspections / Reviews *(continued)*

10/16/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/15/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

4. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At 11:08 a.m., there was a clear plastic spray bottle approximately 4/5 full of clear liquid. However, there was no label on the bottle to identify its contents.

Plan of Correction

Accept (█) - 09/12/2025

1. on 8/14/25 the bottle was removed by the housekeeper, and it was disposed of.
2. All staff will be educated on the importance of labeling all containers by 10/15/25.
3. Housekeeping closed will be audited by the director of environmental services monthly starting on 9/11/25. (see form #5)

Licensee's Proposed Overall Completion Date: 10/15/2025

Implemented (█) - 10/16/2025

85a - Sanitary Conditions**5. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 3:50 p.m., multiple smears of fecal matter were observed on the toilet seat, along with a pea-sized piece of fecal matter on the floor directly in front of the toilet, in the private resident bathroom of Room #203.

Plan of Correction

Accept (█) - 09/12/2025

1. On 8/14/25 the bathroom in apartment #203 was cleaned by the housekeeper.
2. On 8/22/25 the resident in apartment #203 was re-evaluated by the RCC/Administrator for █ level of care, identifying a need for increased care. POA & resident aware. (see form #8)
3. On 9/3/25 a new order was placed into the electronic medical records system for PCA's to check the resident in #203's bathroom before and after meals to maintain sanitary conditions. (see form #6)
4. On 9/3/25 a new order was placed into the electronic medical records system for the housekeeper to check the resident in apartment #203's bathroom daily to maintain sanitary conditions. (see form #7)
5. All staff will be educated by 10/15/25 on the importance of maintaining sanitary conditions in all areas and who to call if anything needs attention.

Licensee's Proposed Overall Completion Date: 10/15/2025

Implemented (█) - 10/16/2025

101o - Walls, Floors, Ceilings**6. Requirements**

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

At 3:50 p.m., a silver dollar-sized indentation/hole was observed on the left wall of the living room, approximately four feet from the floor, in resident room #203.

101o - Walls, Floors, Ceilings (continued)

Plan of Correction

Accept () - 09/12/2025

- 1. on 9/3/25 a work order was completed to have the wall behind the chair in apartment #203's living room fixed. The work was completed on 9/5/25. (see picture #9)
- 2. Starting on 9/18/25 monthly, rotating area walk throughs of the building will be completed by the VP of facilities and the administrator. (see form #10)
- 3. All staff will be educated by 10/15/25 on who to alert, & steps to take in the event that an area in the building needs attention.

Licensee's Proposed Overall Completion Date: 10/15/2025

Implemented () - 10/16/2025

121a - Unobstructed Egress

7. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At 10:54 a.m., signage stating "Please use front door to exit the building" was posted on the top panel of the designated exit door located in the 400 Hall, immediately adjacent to resident room #409.

At 11:27 a.m., the designated exit door located immediately next to resident room #110 required significant force to open due to a sticking push bar latch.

Plan of Correction

Accept () - 09/12/2025

- 1. on 8/14/25 the signage posted on the exit door in 400 hall was removed by the maintenance staff.
- 2. on 8/14/25 the door latch on the exit door by apartment #110 was adjusted by the maintenance staff.
- 3. Starting on 9/18/25 all exit doors with push bars will be evaluated during the monthly audit/walk through with the VP of facilities & the administrator. (see form #10)

Licensee's Proposed Overall Completion Date: 09/18/2025

Implemented () - 10/16/2025

132c - Fire Drill Records

8. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The monthly fire drill records indicate the combined total of both independent and personal care residents as the number of personal care residents evacuated on multiple fire drill records for the Calander year of 2025 to include; the fire drill record for the fire drill conducted on 7/29/25, at 11:58 a.m. The fire drill record indicates that 35 residents were present and evacuated. However, only 24 personal care residents were actually residing in the home and evacuated at that time.

132c - Fire Drill Records (continued)

Plan of Correction

Accept ([redacted] - 09/12/2025)

- 1. Starting on 8/27/25 fire drill records will clearly differentiate between personal care residents and independent living residents. (see picture #11)
- 2. on 8/20/25 the evacuation sheets were updated to reflect the difference between the personal care residents and independent living residents. (see picture #12)
- 3. by 10/15/25 all staff will be trained on the fire drill evacuation procedures and the new documentation process with the updated evacuation sheets.

Licensee's Proposed Overall Completion Date: 10/15/2025

Implemented ([redacted] - 10/16/2025)

183b - Meds and Syringes Locked

9. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At 11:13 a.m., two containers of Nystatin powder 100,000 units, apply to rash [redacted] twice daily until rash resolves, then as needed, were on the left side of the bathroom sink counter located in resident #1's private resident room. However, resident #1's most recent Documented Medical Evaluation, completed on [redacted] did not indicate that the resident was assessed as capable of self-administering medication.

At 11:13 a.m., there was a partially used tube of Preparation H located on the bedside dresser located in resident #1's private resident room. However resident #1's most recent Documented Medical Evaluation completed on [redacted] did not indicate the resident was assessed to self-administer medication.

Plan of Correction

Accept ([redacted] - 09/12/2025)

- 1. On 8/14/25 the 2 containers of nystatin powder were removed from the resident's bathroom by the resident care coordinator and placed into the locked medication cart.
- 2. On 8/14/25 the tube of preparation H was removed from the resident's bedside dresser by the resident care coordinator. Family was called and they removed the tube from the building.
- 3. by 10/15/25 all medication administration staff will be education on the 15 steps of medication administration and policy/procedure for medication storage.
- 4. Starting on 9/11/25 monthly audits on the DME's and self-administration of medications, along with room audits for medications will be completed by the resident care coordinator. (see picture #13)

Licensee's Proposed Overall Completion Date: 10/15/2025

Implemented ([redacted] - 10/16/2025)

183d - Prescription Current

10. Requirements

2600.

183d - Prescription Current (continued)

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

Description of Violation

At 11:13 a.m., there was a partially used tube of Preparation H on the bedside dresser located in resident #1's private resident room. However, there was not a current order for the medication.

Plan of Correction**Accept ([REDACTED] - 09/12/2025)**

- 1. On 8/14/25 the tube of preparation H was removed from the resident's room by the RCC.*
- 2. on 8/14/25 the resident's POA was called about the medication in the room & updated about the policy regarding self-administration of medications.*
- 3. on 8/15/25 the POA removed the medication from the facility.*
- 4. Starting on 9/11/25 all PC resident rooms will be audited for medications by the resident care coordinator. (see picture #13)*
- 5. On 9/15/25 all residents and family's will be sent a letter regarding policy and procedures for medications kept in rooms. (see picture #14)*

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented ([REDACTED] - 10/16/2025)