

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to 600 PAOLI POINTE DRIVER OPERATIONS, LLC
LEGAL ENTITY

To operate HIGHGATE AT PAOLI POINTE
NAME OF FACILITY OR AGENCY

Located at 600 PAOLI POINT DRIVE, PAOLIA, PA 19301
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 124
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 30

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 1, 2011 until October 1, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 136101

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

MAR 31 2011

Mr. Robert A. Reitz, COO
600 Paoli Pointe Drive Operations, LLC
Highgate at Paoli Pointe
600 Paoli Pointe
Paolia, Pennsylvania 19301

Dear Mr. Reitz:

As a result of the Department of Public Welfare's licensing inspection on November 10, 2010 of the above personal care home, we have found that your personal care home is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (related to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed Violation Report were found. All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky" followed by a stylized flourish.

Ronald Melusky
Acting Director

Enclosures
Violation Report
License

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME HIGHGATE AT PAOLI POINTE, 600 PAOLI POINTE DRIVE PAOLI, PA 19301		CURRENT LICENSE NUMBER 101800	
INSPECTION DATES (Include all dates of the inspection) 11/10/2010		REGIONAL REPRESENTATIVE Ron Minnich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">Highgate at Paoli Pointe</p>			
SIGNATURE OF LEGAL ENTITY <p style="font-size: 1.2em;">Karen Kobstein</p>	DATE 12-13-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <p style="font-size: 1.2em;">Gloria Enoch</p>	DATE 1/6/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur).	DATE COMPLIANCE VERIFIED BY
100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	A white pvc pipe that extends from the ground by the enclosed rear patio's gate is 10 inches in height and 7 1/2 inches in diameter and is located in the middle of the side walk which creates a fall or tripping hazard for resident's.	12/13/10	A bright colored orange cone was permanently placed over the area in question. This will prevent tripping or falling by any of the residents.	1/6/11 SE
187d The home shall follow the directions of the prescriber.	The home did not have the Pro re nata (PRN) medication, Lorazepam .5mg, available for resident #1 at the time of the inspection.	11/10/10	medications for resident #1 was ordered and received the day of inspection and subsequently ok! Going forward medications will be monitored and reviewed on a regular basis to provide compliance with regulation 187 D, by REP or designated person.	1/6/11 SE

PCH Division
Central Region Field Office

DEC 14 2010

RECEIVED

#584 P.002/004

12/13/2010 17:51

FROM:

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME HIGHGATE AT PAOLI POINTE, 600 PAOLI POINTE DRIVE PAOLI, PA 19301		CURRENT LICENSE NUMBER 101800	
INSPECTION DATES (Include all dates of the inspection) 11/10/2010		REGIONAL REPRESENTATIVE Ron Minnich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Highgate at Paoli Pointe</i>			
SIGNATURE OF LEGAL ENTITY <i>Karen Koblstein</i>	DATE <i>12-13-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>1/6/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
231c A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.	Resident #2 was admitted to the Secure Dementia Care Unit on 7/12/10, however the cognitive pre-admission screening form was completed on 7/07/10, not within 72 hours prior to admission.	<i>Ongoing</i>	<i>DPW guidelines for azic were reviewed by staff. These guidelines will be monitored on an ongoing basis by program director, RCD, or designated person.</i>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>1/6/11 SE</i></p> <p>Date _____ Initials (DPW) _____</p>

#584 P.003/004

12/13/2010 17:52

From: