

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to 600 PAOLI POINTE DRIVE OPERATIONS LLC

To operate HIGHGATE AT PAOLI POINTE

Located at 600 PAOLI POINTE DRIVE, PAOLIA, PA 19301

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

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.

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

and shall remain in effect from October 2, 2011 until October 2, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 136100

*Robert E. Robinson*

ISSUING OFFICER

*R.C. King*

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.

PW 628 - 01/11



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

OCT 06 2011

Ms. Karen Kokstein, Executive Director  
600 Paoli Pointe Drive Operations, LLC  
Highgate at Paoli Pointe  
600 Paoli Pointe Drive  
Paoli, Pennsylvania 19301

Dear Ms. Kokstein:

As a result of the Department of Public Welfare's licensing inspection on August 3, 2011 and August 4, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

Page 1 of 22

NAME AND ADDRESS OF PERSONAL CARE HOME HIGHGATE AT PAOLI POINTE, 600 PAOLI POINT DRIVE PAOLIA, PA 19301		CURRENT LICENSE NUMBER 136101	
INSPECTION DATES (Include all dates of the inspection) 08/05/2011		REGIONAL REPRESENTATIVE Sandra Wooters, Roslyn Brewer	
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;">Karen Kokstein, Senior Executive Director</p>			
SIGNATURE OF LEGAL ENTITY <p style="font-size: 1.2em;">Karen Kokstein</p>	DATE 9/7/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <p style="font-size: 1.2em;">Cameron Mitchell</p>	DATE 9/23/11

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
<p>28c</p> <p>In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act.</p>	<p>-Resident #1, age 95, died on 1/9/11. The resident's room was cleared of personal belongings on 1/13/11. The home did not issue a refund within 30 days in accordance with the Elder Care Payment Restitution Act. A refund was issued to the resident's estate on 2/24/11.</p> <p>-Resident #2, age 99, died on 6/11/11. The resident's room was cleared of personal belongings on 6/23/11. The home did not issue a refund within 30 days in accordance with the Elder Care Payment Restitution Act. A refund for the escrow account was issued on 7/26/11.</p>	8/31/11	<p>All refunds will be reviewed on an ongoing basis By the Executive Director/Business Office Manager/Designee to ensure compliance With DPW regulation 2600.28c</p> <p>Please see enclosed copy of refunds of Discharged residents since inspection. New Business Office Manager has been In-serviced on the regulations and refunds Will be reviewed on a monthly basic by Business Office Manager/ Executive/or Designees to make sure refunds have been sent.</p>	9/23/11 <i>CM</i>

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

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SIGNATURE OF LEGAL ENTITY <i>Karen Kokstein</i>	DATE 9/7/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherise Mitchell</i>	DATE 9/23/11

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54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	<p>-Direct care staff person A, hired on 1/25/11, does not have a copy of a high school diploma, GED diploma or active registration status on the Pennsylvania nurse aide registry. The staff record included a letter that was not notarized to verify graduation from a US high school.</p> <p>-Direct care staff person B, hired on 11/23/10, does not have a copy of a high school diploma, GED diploma or active registration status on the Pennsylvania nurse aide registry. The staff record includes a copy of a foreign high school diploma.</p>		<ul style="list-style-type: none"> <li>See enclosed staff A High School Diploma With notarized seal. Due to the seal being Light in color on the original it would not copy. Therefore, seal was traced to ensure verification.</li> <li>Staff B Waiver was requested by DPW to verify Foreign high school diploma authenticity. Staff B Is not currently on the schedule until Waiver is approved.</li> <li>All High School diplomas will be verified prior to Hire by Business Office Manager/ Executive Director Or Designee to comply with 2600.54a</li> </ul> <p>Staff B is not longer employed by facility. Please see enclosed copy of high school diplomas Of new hire since inspection high school diplomas.</p>	9/23/11 <i>CEM</i>

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services with reasonable skill and safety.				

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65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Direct Care staff persons C and D, whose first day of work was 11/21/10, did not receive orientation on any of the required elements of this regulation.	8/31/11	<ul style="list-style-type: none"> <li>• Direct Care staff C's training was done but misplaced Or misfiled. Her orientation was redone On 8/31/11. Please see enclosed copy</li> <li>• Staff D orientation was in file please find enclosed copy</li> <li>• Business Office Manager/Executive Director/Designee Will review employee files to ensure accuracy on paperwork On an ongoing basis.</li> </ul> <p style="text-align: right; margin-top: 20px;">9/23/11 <i>CRW</i></p> <p>Please see enclosed copy of new staff orientation hired since inspection.</p>	

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location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguisher. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				

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65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	Direct care staff persons C and D, whose first day of work was 11/21/10, did not receive orientation on any of the required elements of this regulation.	<i>8/31/11</i>	<ul style="list-style-type: none"> <li>Direct Care staff C's training was done but misplaced Or misfiled. Her orientation was redone On 8/31/11. Please see enclosed copy</li> <li>Staff D orientation was in file please find enclosed copy</li> <li>Business Office Manager/Executive Director/Designee Will review employee files to ensure accuracy on paperwork On an ongoing basis.</li> </ul>	<i>9/23/11 CEM</i>

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REGULATION 55 Pa.Code §2600 and conditions.	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

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85a Sanitary conditions shall be maintained.	<p>On 8/4/11 at approximately 11 AM, there was dried urine around the base of the toilet on both the right and left sides in room #310.</p> <p>On 8/4/11 at approximately 11 AM, there was dried urine on the base of the toilet in room #306.</p> <p>On 8/4/11 at approximately 11 AM, there was dried urine around the back of the toilet and under the toilet seat in room 312.</p>	8/5/11	<p>Toilets in room 310, 306, and 312 were cleaned. on 8/3/11</p> <p>Staff has been in-serviced on sanitary care per regulation 2600.85A. See enclosed in-service and signature page. Housekeepers/ designee will monitor bathrooms On a regular basis to ensure cleanliness wipes have been purchased For quick and easy clean-ups between scheduled cleanings</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>9/23/11 Date [Signature] Initials (DPW)</p>

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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The telephones located in resident rooms #014 and #216 did not have emergency service numbers posted nearby or on the phone.	8/9/11	<p>Rooms 014 and 216 main phone had emergency Service numbers, families brought in additional phones. Maintenance/housekeeping were in-serviced on 8/9/11 . See attached documentation. All phones will be Checked in rooms to ensure required emergency Numbers are on phones per regulation 2600.91.</p> <p>Housekeepers will check telephones when They do weekly housecleaning in rooms. See attached pictures of phones in room #014 and #216</p>	9/23/11 CRM

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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit in the kitchen does not include thermometer, breathing shield, eye covering and tweezers.	8/4/11	All first aid kits were updated on 8/4/11. The Maintenance Director/Nursing staff/Dietary staff /Designee will audit the first aid kits in there area On a regular basis and kits will be kept up to date.  Please see closed pictures of first aid kit and the missing items.	9/23/11 CRM

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100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	Outside of the exit to the recreation room on the brick patio, there is a round white plastic pipe with a 6 1/2" circumference and is raised 1 3/4" above ground level creating a tripping hazard for residents.  Repeated Violations: 11/10/2010	8/5/11	Please see attached photo. The area in question has been covered with a large flower pot to prevent tripping and maintain compliance with regulation 2600.100a. Maintenance/Designee will monitor exterior of building to maintain safety and prevent any tripping hazards.  Maintenance/Designee will monitor exterior of building to be free of hazards and in good repair weekly as they maintain rounds.	9/23/11 <i>CRM</i>

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123c For a home serving 9 or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguisher and pull signals shall be posted in a conspicuous and public place on each floor.	The emergency evacuation diagrams on the 3rd floor of the secured dementia care unit do not include a line of travel from the resident rooms to the exit doors.	8/7/11	<ul style="list-style-type: none"> <li>All emergency evacuation diagrams on the 3<sup>rd</sup> floor Have been updated to show line of travel from resident Rooms to the exit doors.( See attached diagrams.)</li> </ul> <p style="margin-left: 20px;">Maintenance/Designee will check emergency Evacuation diagrams on each floor weekly to make sure they remain posted.</p>	9/23/11 <i>CKM</i>

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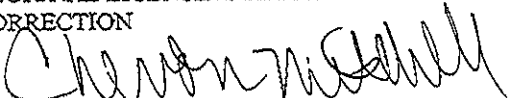
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131f Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.	The fire extinguishers on all of the floors throughout the home have not been inspected by a fire safety expert since July of 2010.	8/8/11	<ul style="list-style-type: none"> <li>See attached fire extinguisher tag verifying extinguishers were inspected August 2011 by Uni Pro Inc. Going forward Maintenance/Designee will monitor inspection dates to provide compliance with Regulation 2600.131f.</li> </ul>	<i>9/23/11 CJPW</i>

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141a he medical evaluation shall 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	Resident #3's medical evaluation dated 6/25/10 does not include medication regimen  Resident #5's medical evaluation dated 10/11/10 noted "see attached" for medication information and the list was not attached.	8/9/11	<ul style="list-style-type: none"> <li>On 8/8/11 resident #3 medical evaluation was updated With medication regimen (see attached)</li> <li>Resident #5 noted see attached medical information Has been corrected by PCP 9/6/11</li> <li>See staff training in-service on 8/9/11 reviewing Medical evaluation going forward new medical Evaluation form will be used to ensure compliance With 141A</li> </ul> <p style="margin-left: 20px;">Please see enclosed medical evaluations for new admissions Since inspection.</p>	1  9/23/11 CRM

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history. (7) Medication regimen, contraindicate 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.				

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

NAME AND ADDRESS OF PERSONAL CARE HOME HIGHGATE AT PAOLI POINTE, 600 PAOLI POINT DRIVE PAOLIA, PA 19301		CURRENT LICENSE NUMBER 136101	
INSPECTION DATES (Include all dates of the inspection) 08/03/2010		REGIONAL REPRESENTATIVE Sandra Wooters, Roslyn Brewer	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Karen Kottler</i>	DATE 9/7/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherou Mitchell</i>	DATE 9/23/11

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
141b1 A resident shall have a medical evaluation: (1) At least annually.	Resident #3's most recent medical evaluation was completed on 6/25/10.	8/9/11	<ul style="list-style-type: none"> <li>Resident #3 Medical Evaluation was completed For 2011 see attached. Staff in-serviced on medical Evaluation( see attached)</li> </ul> <p>Director of Nursing/Designee <sup>me</sup> <del>was</del> set up tickler file and check each month to see who needs to have Medical evaluation done that month. This will ensure each resident has their annual evaluation.</p>	

Steps have been taken to correct violation; full compliance is not verifiable  
 9/23/11 *DPW*  
 Date Initials (DPW)

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

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SIGNATURE OF LEGAL ENTITY <i>Karen Kottelen</i>	DATE <i>9/7/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Channon Mitchell</i>	DATE <i>9/23/11</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
<p>187a</p> <p>A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <p>(1) Resident's name.                      (2) Drug allergies.                      (3) Name of medication.                      (4) Strength.                      (5) Dosage form.                      (6) Dose.                      (7) Route of administration.                      (8) Frequency of administration.                      (9) Administration times.                      (10) Duration of therapy, if applicable.                      (11) Special</p>	<p>Resident #5's August, 2011 medication administration record (MAR) did not include a diagnosis or purpose for Risperdone and Furosemide.</p> <p>Resident #8's August, 2011 MAR did not include a diagnosis or purpose for Divalproex Sodium.</p> <p>Resident #9's July, 2011 MAR did not include a diagnosis or purpose for Meloxicam, Divalproex Sodium, Aricep, Melatonin and Sertraline.</p>	<p><i>8/5/11</i></p>	<ul style="list-style-type: none"> <li>Resident #5 Mar has been corrected to include diagnosis Or purpose for medications.</li> <li>Resident #8 Mar has been corrected to include diagnosis</li> <li>Resident #9 July Mar has been correct to include diagnosis for medications.</li> </ul> <p>Going Forward the Director of Nursing/Designee will audit MARS's On a regular basis to ensure diagnosis have been entered. This will be done at the beginning of the month. Staff training and in-service on MARS' was given ( see attached documentation.)</p>	<p><i>9/23/11 Clem</i></p>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY  <i>Karen Kokatein</i>	DATE  9/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  <i>Cheron Mitchell</i>	DATE  9/23/11

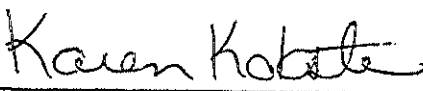
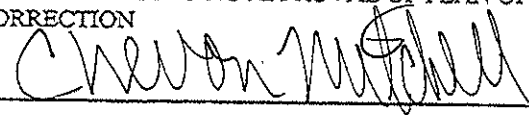
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				


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SIGNATURE OF LEGAL ENTITY <i>Karen Koblitz</i>	DATE 9/2/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl Mitchell</i>	DATE 9/23/11

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
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	<p>-The preadmission screening form for the following residents did not indicate if the home can meet the service needs of the residents:</p> <ul style="list-style-type: none"> <li>• Resident #4 admitted 10/28/10</li> <li>• Resident #6 admitted 12/17/10</li> <li>• Resident #7 admitted 3/3/11</li> <li>• Resident #8 admitted 4/28/11</li> </ul> <p>-The date was blank on the preadmission screening form for residents #7 and #8, and it was unable to be determined when the preadmission screenings were completed.</p>	8/9/11	<p>The preadmission screening forms has been corrected to indicate the facility meets the needs of the following Residents. #4, 6, 7 and 8</p> <p>The dates have been corrected on the preadmission screening Form for resident 7 and 8.</p> <p>All personnel responsible for preadmissions screens were in-serviced by Executive Director. (See attached in-service). The Executive Director/Designee will be responsible for reviewing all admission forms to comply with 224a regulation.</p> <p>Please see enclosed copies of readmission screens for new admissions since inspection.</p>	9/23/11 <i>CBM</i>

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	Resident #7's medical evaluation dated 2/15/11 determined that the resident requires oral prompts to evacuate the building. The resident's support plan does not address how the home will assist the resident in meeting these needs.  Resident #10's physician's order dated 5/3/11, determined that the resident needs a PT/OT evaluation. The resident's support plan does not address how the home will assist the resident in meeting this need.		<ul style="list-style-type: none"> <li>Resident #7 support plan was updated to reflect Resident requires oral prompts to evacuate the building.</li> <li>Resident #10 support plan was updated to address How resident needs for PT/OT will be meet.</li> </ul> <p>The Director of Nursing/Designee will review support plans And medical evaluation on an ongoing basis.</p> <p>Appropriate staff were in-service by Executive Director on all support plans and Staff were in-serviced at time of inspection by Sandy Wooten On support plans and necessary documentation.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>9/23/11 </p> <p>Date Initials (DPW)</p>

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234b The support plan shall identify the resident's physical, medical, social, cognitive and safety needs.	<p>-The support plan for resident #5, who resides on the SDCU, does not address the resident's need for incontinence care and the assistance needed to evacuate in the event of an emergency.</p> <p>-The support plan for resident #10, who resides on the SDCU, does not address the residents need for bowel and bladder incontinence care and that the resident needs assistance to evacuate the home during an emergency as indicated on the assessment dated 4/6/11.</p> <p>-The support plan for resident #11, who resides on the SDCU, does not address how the home will meet the resident's need for bowel and bladder incontinence care and the assistance needed to evacuate the home during an emergency as indicated on the assessment dated 5/2/11.</p> <p>-The support plan for resident #12, who resides on the SDCU, does not address the resident's need to check the pacemaker every 3 months, the need for verbal cues to reposition, the need for incontinence care, the need for behavioral care services and assistance to evacuate the home in</p>		<p>All support plans were corrected for : resident #5, #10, #11 and #12. Staff was in-serviced by Sandy Wooters at time of inspection on correct documentation on Supp plans. Executive Director in-serviced staff on support plans and new forms (See attached)</p> <p>Director of Nursing/Designee will review support plans and medical plans on an ongoing basis to comply with regulation 2600.234b</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>[Signature]</i> Date 9/23/11 Initials (DPW)</p>

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	an emergency.			