

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

To operate HIGHGATE AT PAOLI POINTE
NAME OF FACILITY OR AGENCY

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

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 October 2, 2012 until October 2, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 136100

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.

PW 628 - 01/11



NOV 01 2012

Ms. Rita Ellis, Executive Director
600 Paoli Pointe Drive Operations LLC
Highgate at Paoli Pointe
600 Paoli Pointe Drive
Paoli, Pennsylvania 19301

Dear Ms. Ellis:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 5, 2012 and September 6, 2012 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 Human Services Licensing so that compliance can be verified.

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


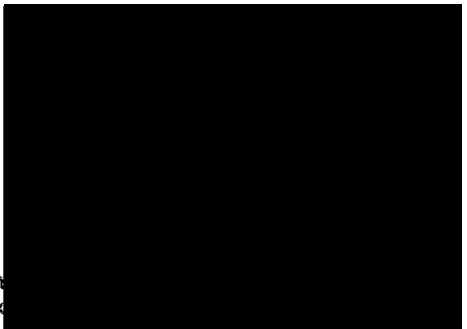
Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: Highgate at Paoli Pointe		License Number: 136160
Address: 600 Paoli Pointe Drive, Paoli, PA 19301		County: Chester
Administrator: Rita Ellis		Region: CENTRAL
Legal Entity Name: 600 Paoli Pointe Drive, Operations LLC		
Legal Entity Address: 600 Paoli Pointe Drive, Paoli, PA 19301		
Certificate(s) of Occupancy C-2 LP 05/15/1996 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 99 Waking Staff: 74		
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/05/2012: Hoover, Douglas; Rosenblat, Dale 09/06/2012: Hoover, Douglas; Rosenblat, Dale		
Off-Site Inspection Dates and Inspectors, if Applicable 		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 124 Number of Residents Served: 75 Secured Dementia Care Unit in Home: Yes Area: 3rd Floor Secured Dementia Unit Capacity, if Applicable: 30 	Number of Residents who: 	

PCH Division
Region Field

SEP 27 2012

RECEIVED

Violation Report: 13610 - 09/05/2012 - Hoover, Douglas
 PCH Name: Highgate at Paoli Pointe

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 9/6/12, there was an uncovered trash can next to the handwashing sink in the kitchen.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rita Ellis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rita Ellis, Executive Director</i>	Date <i>9/26/12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10/11/12</u> (Date)	Plan of correction implementation status as of <u>10/11/12</u> (Date)
The above plan of correction was approved by <u>NSC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

License # 136100

85(d) -- The un-covered trashcan in the kitchen was immediately removed from the kitchen area by the Dietary Director during inspection.

A new trashcan with cover/lid was ordered on 9/6/12 for the kitchen. The Director of Dietary will re-in-service all dietary staff by 10/1/12 on regulation 85(d) and keeping any and all trashcans in the kitchen covered at all times.

The Director of Dietary and Supervisors on a daily basis will insure continued compliance by making sure that the trashcans in the kitchen are covered, working properly and to immediately report to the facilities director any damaged or non-working receptacles.

Signature

Gita Ellis, ED

Date

Sept. 26, 2012

Violation Report: 13610 - 09/05/2012 - Hoover, Douglas PCH Name: Highgate at Paoli Pointe	
1. REGULATION 55 Pa.Code §2600 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.	
2a. DESCRIPTION OF VIOLATION There was no handrail for the gazebo step.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	
See Attached	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Rita Ellis, ED</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rita Ellis</i>	Date <i>9/26/12</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
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The above plan of correction was approved by <u><i>NSC</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

License # 136100

93 (a) – Violations corrected during time of inspection by Facilities Director.
Facilities director installed grab bar to the entrance of the gazebo. Inspectors aware of corrections and approved grab bar.

Facilities director and/or designee will complete monthly checks to ensure that handrail /grab bars are secure and free from any hazards.

Staff will immediately report any problems or unsafe equipment to the facilities director.

Signature Gita Ellis, ED

Date 9/26/12

Violation Report: 13610 - 09/05/2012 - Hoover, Douglas PCH Name: Highgate at Paoli Pointe	
1. REGULATION 55 Pa.Code §2600 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.	
2a. DESCRIPTION OF VIOLATION Two exit doors in the dining room were partially obstructed by two round dining room tables. The dining room tables seated 4 each and were directly in front of the exit doors. Residents could not access the exits without moving the chairs as there was less than 12 inches clearance between the chairs and the exit doors.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	
<p style="font-size: 24px; font-family: cursive;">Please See Attached</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Gita Ellis, RD</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Gita Ellis Executive Dir.</i>	Date <i>9-26-12</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u><i>10/11/12</i></u> (Date)	Plan of correction implementation status as of <u><i>10/11/12</i></u> (Date)
The above plan of correction was approved by <u><i>NSC</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

License # 136100

121 (a) – Dietary Director and Facilities Director removed tables that were in front of the exit doors. Please see attached diagram of main dining room.

All dining and maintenance staff to be in-serviced on regulation 121(a) and placement of furniture and equipment in the dining room.

Dietary Director and /or Supervisors will ensure on a daily basis that furniture is placed correctly in the dining room and not blocking any passageways and egress routes into or out of the dining room.

Signature

Gita Ellis, EIS

Date

9/26/12

Violation Report: 13810 - 09/05/2012 - Hoover, Douglas
 PCH Name: Highgate at Paoli Pointe

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

On 9/6/12, there was an unlocked storage room, across the hall from the "Health Services" office that contained 8 bottles of *Milk of Magnesia* which were accessible to residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Gita Ellis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Gita Ellis, Executive Director</i>	Date <i>9/26/12</i>
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The above plan of correction is approved as of <u>10/1/12</u> (Date)	Plan of correction implementation status as of <u>10/1/12</u> (Date)
The above plan of correction was approved by <u>NJC</u> (initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

License # 136100

183 (b) - Violation corrected by Executive Director during time of inspection and doors were immediately locked. Sign was placed on storage room door "Please Keep Door Locked at all Times." Facilities Director will replace current lock with automatic locking fixture by 10/1/12.

Staff will be in-serviced on regulation 183 (b) by 10/1/12 by the Resident Care Director. Regulation 183(b) will be added to the new hire orientation to ensure that all staff working in the building is educated on the regulation and to ensure continued and ongoing compliance.

Signature Gita Ellis, MD

Date 9/26/12

Violation Report: 13610 - 09/05/2012 - Hoover, Douglas
 PCH Name: Highgate at Paoli Pointe

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 On 9/6/12, there was a partially used stock tube of *Triple Antibiotic Cream* that expired in June of 2009. The cream was stored in a bin in the medication room on the first floor.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rita Ellis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rita Ellis, Executive Director</i>	Date <i>9/26/12</i>
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The above plan of correction was approved by <u>MSE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

License # 136100

183(d) – Violation corrected during time of inspection by the Resident Care Director. Triple Antibiotic Cream discarded immediately by the Resident Care Director in the presence of the inspectors.

Resident Care Director to in-service all nursing staff by 10/1/12 on regulation 183(d).

Resident care director and/or designee will complete quarterly checks of stock medication bins to ensure that all medications are current and labeled clearly for ongoing compliance.

Signature Cynthia Ellis, RD

Date 9/26/12

Violation Report: 13610 - 09/05/2012 - Hoover, Douglas
 PCH Name: Highgate at Paoli Pointe

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 On 9/6/12, there were approximately 15 unsecured pills at the bottom of the 2nd drawer in the medication cart located on the 1st floor. The pills varied in size, shape and color and staff were unable to identify the pills.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

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Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Rita Ellis*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Rita Ellis Executive Dir.* Date *9/26/12*

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The above plan of correction was approved by <u>N3C</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

License # 136100

183(e) – Violation corrected during time of inspection. Resident Care Director will in-service all nursing staff on regulation 183(e) by 10/1/12.

11 – 7 Shift supervisor will complete a nightly sweep of the medication carts to ensure that medication has not dropped in the draw during administration or that medication has not come out of the packaging.

Resident Care Director will complete monthly medication cart sweeps to be added to quality management audits by 10/11/12.

Signature Gita Ellis, RD

Date 9/26/12

Violation Report: 13610 - 09/05/2012 - Hoover, Douglas
PCH Name: Highgate at Paoli Pointe

1. REGULATION 55 Pa.Code §2600

2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

There was no documentation in the resident records for resident #2, admitted 4/6/12, and resident #3, admitted 5/23/12, that the residents did not object to admission into the secure dementia care unit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attached

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Rita Ellis*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Rita Ellis Executive Director* Date *9/26/12*

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License # 136100

231(e) – On 9/26/12 Executive Director in- serviced the Marketing and Admission Director on regulation 231(e) and the procedures to follow if the resident is unable and/or unwilling to sign the authorization.

The Marketing and Admissions Director noted on residents #2 and #3's files that the inspectors reviewed files during survey on 9/5-9/6/12.

Effective 10/11/12 The Marketing and Admissions Director will bring the files of the residents who were admitted the prior month to the monthly quality management meeting to ensure continue compliance of regulation 231(e).

Signature Gita Ellis, EB

Date 9/26/12