



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

OCT 04 2013

Ms. Dionne Thompson, Executive Director  
600 Paoli Pointe Drive Operations, LLC  
Highgate at Paoli Pointe  
600 Paoli Pointe Drive  
Paoli, Pennsylvania 19301

Dear Ms. Thompson:

As a result of the Department of Public Welfare's licensing inspection on September 3, 2013 and September 4, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period October 2, 2013 to October 2, 2014 was issued on June 17, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky  
Director

Enclosure  
License Inspection Summary



Violation Report: 13610 - 09/03/2013 - Rouse, McKinley  
 PCH Name: HIGHGATE AT PAOLI POINTE

**1. REGULATION 55 Pa.Code §2600**

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**2a. DESCRIPTION OF VIOLATION**

On 08/18/2013, from 11:00 PM to 07:00 AM, and on 08/24/2013, from 11:00 PM to 07:00 AM, there were 63 residents in the home, but there was only 1 staff person certified in both CPR and first aid, and 1 staff person certified in CPR, but not first aid.

**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.*

ED and or designee will ensure at least 2 staff persons will be certified in both CPR and First Aid. CRP class held on 9/17/13

Newly hired staff will received certification as part of their orientation.

Attached documentation: Current list Direct Care Staff CPR Certification

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dionne Thompson, Executive Director</i>	Date <i>9/25/13</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 9-26-13  
 (Date)

The above plan of correction was approved by DE  
 (Initials)

Plan of correction implementation status as of 9-26-13  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13610 - 09/03/2013 - Rouse, McKinley  
 PCH Name: HIGHGATE AT PAOLI POINTE

1. REGULATION 55 Pa.Code §2600

2600.65(b) - 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 and conditions.

2a. DESCRIPTION OF VIOLATION

Staff Person A, date of hire 06/2/2013, did not receive orientation in the home's emergency medical plan.

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.*

Staff person A received Orientation to homes emergency medical plan on 9/6/13.

Business Office Manager / Designee will ensure compliance by auditing new employee files after completion of orientation.

Attached Documentation: \* noted on employee orientation sheet

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Dionne Thompson</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Dionne Thompson, Executive Director</i>	<i>9/25/13</i>

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Violation Report: 13610 - 09/03/2013 - Rouse, McKinley  
 PCH Name: HIGHGATE AT PAOLI POINTE

1. REGULATION 55 Pa.Code §2600  
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person B, date of hire 12/19/2011, only received 4 hours of annual training in 2012.  
 Direct Care Staff Person C, date of hire 06/06/2011, only received 3 hours of annual training in 2012.  
 Direct Care Staff Person D, date of hire 07/28/2011, only received 5 hours of annual training in 2012.

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.

Executive Director/ Designee will ensure all Direct Care staff has at least 12 hours of Annual Training. Moving forward we will use attached 2013 Annual Training Plan to ensure compliance.

Attached Document: 2013 Annual Training Plan

2013 Staff Training Tracking Form

*In addition, staff persons identified will also complete the deficit of hours from 2012, during 2013. - GE Documentation shall be kept.*

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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Dionne Thompson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dionne Thompson, Executive Director</i>	Date <i>9/25/13</i>
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The above plan of correction was approved by <u>GE</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

Violation Report: 13610 - 09/03/2013 - Rouse, McKinley  
 PCH Name: HIGHGATE AT PAOLI POINTE

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

The following direct care staff persons did not receive training in 2012, for medication self-administration, care for residents with dementia and cognitive impairments, safe management techniques or care for residents with a mental illness:

- \*Staff Person B, date of hire 12/19/2011
- \*Staff Person C, date of hire 06/06/2011
- \*Staff Person D, date of hire 07/28/2011

**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.

Executive Director/ Designee will ensure all Direct Care staff has at least 12 hours of Annual Training. Moving forward we will use attached 2013 Annual Training Plan to ensure compliance.

Attached Document: 2013 Annual Training Plan

*The training plan includes, at a minimum, the topics required by 2600.65f + 2600.65g. - BE*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dionne Thompson, Executive Director* Date *9/25/13*

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Violation Report: 13610 - 09/03/2013 - Rouse, McKinley  
 PCH Name: HIGHGATE AT PAOLI POINTE

**1. REGULATION 55 Pa.Code §2600**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

Staff Person B, date of hire 12/19/2011, did not receive training in fire safety, emergency preparedness or falls and accident prevention in 2012.

Staff Person D, date of hire 07/28/2011, did not receive training in fire safety, emergency preparedness or falls and accident prevention in 2012.

Staff Person C, date of hire 06/06/2011, did not receive training in fire safety, emergency preparedness, falls and accident prevention, the Older Adult Protective Services Act or resident rights in 2012.

Staff Person E, date of hire 09/17/2010, did not receive training in fire safety, emergency preparedness, falls and accident prevention, the Older Adult Protective Services Act or resident rights in 2012.

**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.*

Executive Director/ Designee will ensure all Direct Care staff has at least 12 hours of Annual Training. Moving forward we will use attached

2013 Annual Training Plan to ensure compliance.

Attached Document: 2013 Annual Training Plan

*The home's training plan includes, at a minimum, the topics required by 2600.658 + 2600.659. -SE*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Dionne Thompson*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Dionne Thompson, Executive Director*

Date

*9/25/13*

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Violation Report: 13610 - 09/03/2013 - Rouse, McKinley  
 PCH Name: HIGHGATE AT PAOLI POINTE

**1. REGULATION 55 Pa.Code §2600**

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

**2a. DESCRIPTION OF VIOLATION**

The home's staff training plan for 2013 did not include training for resident rights, the Older Adults Protective Services Act or medication self-administration.

**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.*

2013 Staff Education Plan Revised on 9/4/13.

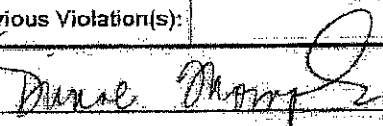
Executive Director will ensure annual staff training plan includes all topics outlined as per DPW Regulation. Any alterations to the annual training plan will be approved by Executive Director.

Attached Document: Revised 2013 training Plan

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Dianne Thompson, Executive Director

Date 9/25/13

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Violation Report: 13610 - 09/03/2013 - Rouse, McKinley  
 PCH Name: HIGHGATE AT PAOLI POINTE

1. REGULATION 55 Pa.Code §2600  
 2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION  
 On 09/03/2013, there were 2 cats in the home whose rabies vaccinations expired 08/08/2013.

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.

Current Rabies Vaccination received on 9/4/13.( See Attached)

Receptionist to maintain copies of current list of vaccinations for all in house and visiting animals. Executive Director/ Designee will assure compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Donna Thompson, Executive Director</i>	Date <i>9/25/13</i>
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Violation Report: 13610 - 09/03/2013 - Rouse, McKinley

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**

On 09/04/2013, at approximately 1:30 PM, the far right double-doors leading from the dining room to the patio were sticking at the top, making them difficult to open. The doors are marked with an exit sign, and are marked as an egress to the outside of the building.

**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.

9/4/13 Tops of door shaved door to ensure smooth opening. Corrected at time of inspection. Maintenance Director will periodically test doors to ensure the open without difficulty.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

09/05/2012

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Dionne Thompson*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Dionne Thompson - Executive Director

Date

9/25/13

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(Initials)

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Violation Report: 13610 - 09/03/2013 - Rouse, McKinley  
 PCH Name: HIGHGATE AT PAOLI POINTE

**1. REGULATION 55 Pa.Code §2600**

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.

**2a. DESCRIPTION OF VIOLATION**

-The home's Record of Fire Drills for the drills conducted during the months of October 2012 through May 2013 do not include the number of residents in the home when the alarm sounds.

-The home's fire drill records do not list all of the exit routes used in the fire drills.

**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.*

Moving forward DPW Fire logs only will be used to document Fire Drill.  
 Compliance will be maintained by Maintenance Director and Executive Director.  
 See attached DWP Fire Drill Log

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dianne Thompson, Executive Director* Date: *9/25/13*

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Violation Report: 13610- 09/03/2013 - Rouse, McKinley  
 PCH Name: HIGHGATE AT PAOLI POINTE

**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

-The following medications for Resident #2 were not available 09/04/2013:

- \*Milk of Magnesia 400mg/5ml 30ml by mouth as needed constipation if no bowel movement X 3 days
- \*Bisac-Evac 10mg administer 1 suppository rectally as needed if Milk of Magnesia ineffective
- \*Enema disposable 19g-7g/118 1 rectally as needed if Milk of Magnesia/Ducolax ineffective
- \*Senexon-S 8.6mg-50mg 1 tab by mouth daily as needed constipation

-The following medications for Resident #3 were not available 09/04/2013:

- \*MAPAP 325 Tablet LK: Tylenol 2 tabs by mouth every 8 hours as needed for pain
- \*MAPAP 325 Tablet LK: Tylenol 2 tabs by mouth every 8 hours as needed for temperature not to exceed 3-4GM/24 hour period

**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.

*The identified medications for Resident # 2 + #3 were discontinued. - 2/5*  
 All nursing staff will be in serviced on the proper procedure for documentation of medication changes on the MARS including discontinued medications by 9/30/13.  
 Med cart audits will be done weekly by nursing staff starting 9/26/13.  
 RCD/Designee will monitor to ensure compliance.

See attached MEMO, In-service Sign-in sheet with nursing staff inservice thus far, Medication Policy\* Medication Cart Audit Tool

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Dianne Thompson*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Dianne Thompson, Executive Director*      Date *9/25/13*

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Violation Report: 13610 - 09/03/2013 - Rouse, McKinley  
 PCH Name: HIGHGATE AT PAOLI POINTE

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral, topical, eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff Person F did not successfully complete the Department-approved medication administration course in the years 2012 or 2013, but the staff person has administered medications to residents in the home in 2013.

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.

*Staff Person F was retrained in medication administration during Sept., 2013. -2E*  
 Previous RCD was non-compliant with Staff person F medication administration training during a 6 month period. RCD is no longer employed by Genesis. All other employee training records were in compliance. All medication administration training is current. RCD / Designee will maintain compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Dionne Thompson*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Dionne Thompson, Executive Director*

Date *9/25/13*

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Violation Report: 13810 - 09/03/2013 - Rouse, McKinley  
 PCH Name: HIGHGATE AT PAOLI POINTE

**1. REGULATION 55 Pa.Code §2600**

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**2a. DESCRIPTION OF VIOLATION**

The home's records for the assessment of Resident #1, date of admission 01/23/2013, has assessment dates of 01/14/2013, and 02/14/2013. The first date is 9 days prior to the admission of the resident to the home, and the second date is 1 month after the resident's admission date.

**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.*

Assessment initiated on 1/14/13 to document Mini Mental. GDS and Cornell Scale only. Assessment was completed post Admission on 1/29/13(See attached)  
 Moving forward, assessments will not be initiated until resident is admitted.  
 Compliance to be monitored by Executive Director/ Designee

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dionne Thompson, Executive Director</i>	Date <i>9/25/13</i>
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Violation Report: 13610 - 09/03/2013 - Rouse, McKinley  
 PCH Name: HIGHGATE AT PAOLI POINTE

**1. REGULATION 55 Pa.Code §2600**

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.

**2a. DESCRIPTION OF VIOLATION**

The support plan of Resident #1, admitted to the secured unit on 01/23/2013, has support plan dates of 01/14/2013, and 02/14/2013. The first date is 9 days prior to the admission of the resident to the secured unit, and the second date is 1 month after the resident's admission to the SDCU.

**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.

for Resident #1 (2E)

Program Director/ Designee will complete 72 hour support plan. The completion of an assessment will generate the final support plan within 30 days. Compliance to be monitored by Program Director/ Executive Director/ Designee

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Dionne Thompson*

Printed Name and Title of Legal Entity Representative  
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Dionne Thompson, Executive Director

Date 9/25/13

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