



OCT 28 2014

Ms. Debra Liney, Executive Director  
600 Paoli Pointe Drive Operations, LLC  
600 Paoli Pointe Drive  
Paoli, Pennsylvania 19301

RE: Highgate at Paoli Pointe  
License #: 136100

Dear Ms. Liney:

As a result of the Department of Public Welfare's licensing inspection on August 20, 2014, August 21, 2014 and August 22, 2014, 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 must be maintained.

Your regular license for the period October 2, 2014 to October 2, 2015 was issued on June 20, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones". The signature is written in a cursive style.

Matthew J. Jones  
Director

311

Enclosure  
License Inspection Summary



Violation Report: 13610 - 08/20/2014 - Rosenblat, Dale  
 PCH Name: HIGHGATE AT PAOLI POINTE

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1 was not signed by the administrator or administrator designee.

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

*Includes 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.*

Contract signed upon discovery of violation  
 ED / Designee to monitor for compliance utilizing  
 review/audit tool.

\* See Attached Audit Tool

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Debra V. Liney*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Debra V. Liney Executive Dir.* Date *9/17/14*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 10/21/14  
 (Date)

The above plan of correction was approved by *DL*  
 (Initials)

Plan of correction implementation status as of 10/21/14  
 (Date)

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

Violation Report: 13810 - 08/20/2014 - Rosenblat, Dale  
 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**

Direct care staff persons A and B did not receive training in self-medication administration during training year 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.*

Identified Staff Members trained on Self Administration of Medications

Medication Self Administration Training added to yearly training calendar

Compliance will be monitored by ED/Designee

\* See Attached:

Copies of Revised Training Calendars 2014/2015  
 Attached Signature sheet

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/03/2013
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 (Required on EVERY Page) *Debra V. Liney*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Debra V. Liney Executive Dir.* Date *9/17/14*

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Violation Report: 13610 - 08/20/2014 - Rosenblat, Dale  
 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 does not include self-medication administration for training year 2014.

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.*

Self Administration of Medication added to 2014 Training calendar upon discovery of omission.

ED/Designee will monitor for compliance in completion for 2014

See Attached:  
 Revised Training Calendar 2014/2015

Repeat Violation: Yes	Date(s) of Previous Violation(s);	09/03/2013
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Debra V. Liney*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Debra V. Liney Executive Dir* Date *9/17/14*

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Violation Report: 13810 - 08/20/2014 - Rosenblat, Dale  
PCH Name: HIGHGATE AT PAOLI POINTE

1. REGULATION 55 Pa.Code §2600  
2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION  
There is no bedside table or shelf beside the bed in rooms 308 and 302.

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

Bedside table put in appropriate placement at time of identification  
ED/Designee will ensure compliance utilizing audit tool during regular room audits

See Attached:  
Photos  
Audit Tool

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Debra V. Liney*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Debra V. Liney, Executive Dir.*      Date *9/17/14*

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Violation Report: 13610 - 08/20/2014 - Rosenblat, Dale  
 PCH Name: HIGHGATE AT PAOLI POINTE

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
 The bed in rooms 308 and 302 do not have a source of light that can be turned on/off from bedside.

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.

Light source placed on bedside tables in reach for on/off at time of identification

ED/Designee will ensure compliance utilizing audit tool during regular room audits

See Attached:  
 photos  
 Audit tool

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Signature of Legal Entity Representative  
 (Required on EVERY Page)      *Debra V. Liney*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)      *Debra V. Liney Executive Director*      Date *9/17/14*

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Violation Report: 13810 - 08/20/2014 - Rosenblat, Dale  
 PCH Name: HIGHGATE AT PAOLI POINTE

1. REGULATION 55 Pa.Code §2600  
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
 On 8/21/2004, the temperature in the walk in freezer in the kitchen was 9 degrees farenheit. The home's log sheet documents temperatures ranging from 6-10 degrees farenheit from August 1 through August 21, 2014.

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.

Thermostat turned down to drop temperature to 0° once identified

ED/Designee will maintain daily log to ensure appropriate temperature of freezer unit.

ED/Designee will notify Maintenance Director of temperature fluctuations to facilitate assessment and repair of freezer as indicated

ED/Designee will review/maintain log monthly to ensure compliance

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Debra V Liney Executive Dir*      Date *9/17/14*

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Violation Report: 13610 - 08/20/2014 - Rosenblat, Dale  
 PCH Name: HIGHGATE AT PAOLI POINTE

1. REGULATION 55 Pa.Code §2600  
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION  
 The same 7 fire exit routes, A, 1A, 1E, 2A, 2D, 3A and 3C were used during all 12 fire drills held in the past year.

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/Designee will document on Fire Drill record use of alternate egress during monthly fire drills

Alternate egress routes were designated for monthly fire drills in Aug 2014 and September 2014

ED/Designee to ensure compliance of alternate egress for fire drills using Fire Drill Log

See Attached:  
 Fire Drill Log Aug 2014, Sept 2014

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Debra V. Liney</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Debra V. Liney, Executive Dir.	9/17/14

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Violation Report: 13610 - 08/20/2014 - Rosenblat, Dale  
 PCH Name: HIGHGATE AT PAOLI POINTE

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

During the past 12 months the home did not demonstrate that they can adequately respond to a fire emergency with the least number of staff during the 11pm-7am shift. The home's staff schedule routinely has 4 staff on the 11pm-7am shift. The home routinely conducts a sleeping hours drill when additional staff are present. The home's sleeping hours drills consist of the following:

- 7/26/13 @ 5:30am - 6 staff
- 10/10/13 @ 8:30am - 9 staff
- 12/24/13 @ 6:05am - 8 staff
- 3/19/14 @ 8:00am - 8 staff
- 7/11/14 @ 6:05am - 8 staff

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.

September 2014 Fire Drill held at time when normally scheduled 11-7 staff were present in building for overnight drill.

ED/Designee will ensure compliance of rotation of monthly fire drills to remain in compliance as well as represent fire drills being held consistently on different days, shifts and times.

See Attached:

Fire Drill Log

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Debra V. Liney Executive Dir.* Date *9/17/14*

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The above plan of correction was approved by *JL*  
 (Initials)

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- Not Implemented

Violation Report: 13610 - 08/20/2014 - Rosenblat, Dale  
 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 8/21/2014, Resident #1's Aspirin 325mg, 1 tab daily has an expiration date of 1/2013. Resident #1's Spectravite Senior multivitamin, 1 tab daily has an expiration date of 3/2013. Both medications have been administered during the month of August 2014.

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.

Medications were removed at time of inspection and have been replaced.

Beginning immediately, med cart audits will be conducted weekly on 11p-7a shift.

RCD/Designee will monitor for ongoing compliance

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Debra V. Liney*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Debra V Liney Executive Dir*      Date *9/17/14*

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Violation Report: 13610 - 08/20/2014 - Resenblat, Dale  
 PCH Name: HIGHGATE AT PAOLI POINTE

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (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 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.

**2a. DESCRIPTION OF VIOLATION**

The medication administration record for Resident #2 does not include the medication Miralax 17.9oz bottle which was in the medication cart drawer.

**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.*

Medication was added to Resident MAR at time of inspection  
 RCD/ Designee to review Resident MAR monthly and/or  
 as indicated by physician order to maintain administration  
 record.  
 RCD/ Designee to provide ongoing compliance and monitoring  
 of MAR

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Debra V. Liney*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Debra V. Liney Executive Dir.* Date *9/12/14*

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- Not Implemented

Violation Report: 13610 - 08/20/2014 - Rosenblat, Dale  
 PCH Name: HIGHGATE AT PAOLI POINTE

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Insulin was not administered on the following dates and times for Resident #3. On 8/16/2014, Resident #3's blood sugar measured 254 at 12n, 309 at 4:00pm and 218 at 8:00pm. On 8/19/2014, Resident #3's blood sugar measured 218 at 7:00am and 211 at 4:00pm. The doctor's order for Novolog 100u is a sliding scale:

- 200-250 = 2u
- 301-350 = 6u
- 351-400 = 8u and
- 401-450 = 10u

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.*

All staff inserviced on correct use of diabetic flow sheet to ensure proper documentation.

RCD/Designee to monitor for ongoing compliance

See Attached:

Diabetic Flow Sheet  
 Inservice Documentation

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Debra V. Liney*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Debra V. Liney Executive Dir* Date *9/17/14*

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Violation Report: 13610 - 08/20/2014 - Rosenblat, Dale  
 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

Resident #4 was admitted to the SDCU on 7/24/2014. The home has no documentation that the resident did not object to the admission. The no objection statement was signed by the resident's designated person and the home's representative.

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.

[REDACTED]

ED/Designee to monitor that all SDCU paperwork is completed for any resident moving to unit for ongoing compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Debra V. Liney*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Debra V. Liney Executive Dir* Date *9/17/14*

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