



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 24 2016

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 Human Services' annual licensing inspections on August 19, 2015 and August 20, 2015 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.

Sincerely,


Matthew J. Jones
Director /s/

Enclosure
License Inspection Summary

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

PCH Name: HIGHGATE AT PAOLI POINT		License Number: 13610
Address: 600 PAOLI POINT DR, PAOLI, PA 19301		County: Chester
Administrator: Debra Linsy		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: 108 Working Staff: 81		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/18/2015: Hoover, Douglas; Palermo, Michael 08/20/2015: Hoover, Douglas; Palermo, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>SEP 23 2015</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 124 Number of Residents Served: 76 Secured Dementia Care Unit In Home: Yes Area: Homestead Secured Dementia Unit Capacity, if Applicable: 30 Number of Residents Served in Secured Dementia Care Unit, if applicable: 22 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 19	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 76 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 32 Have a Physical Disability: 0	

Violation Report: 13610 - 08/19/2015 - Hoover, Douglas
 PCH Name: HIGHGATE AT PAOLI POINT

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

Resident #1 did not sign the contract, dated 02/06/14.

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.

Upon notification of missing signature, ED met with resident to review contract and obtain signature. Resident refused to sign document - refusal noted on contract signature page.

Admission Agreement Audit tool will be implemented to maintain compliance of required signatures for all new move ins. Marketing Director will be accountable for completion of contract

Business Office Manager will review contract file within 5 days of admission for compliance and forward to ED for final review.

Attachment: Admission Agreement Audit

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/20/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Debra Liney*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Debra Liney Executive Director

Date *9/23/15*

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The above plan of correction is approved as of <u>1-4-16</u> (Date)	Plan of correction implementation status as of <u>1-4-16</u> (Date)
The above plan of correction was approved by <u>DL</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: 13810 - 08/19/2015 - Hoover, Douglas
 PCH Name: HIGHGATE AT PAOLI POINT

1. REGULATION 55 Pa.Code §2600

2600.25(c)(13) - The contract shall include written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of resident rights and complaint procedures).

2a. DESCRIPTION OF VIOLATION

The contract, dated 02/06/14 for Resident #1, did not include resident rights and complaint procedures.

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.

Upon notification of missing documents, ED met with resident to review Resident Rights and Complaint Procedures. Documents were then placed in Resident Financial File.
 Marketing Director/Designee to be responsible for components of contract to maintain compliance with all required documentation.
 Business Office Manager to review resident file within 5 days of admission then forward to ED for final review to maintain compliance.

Attachment: Admissions Agreement Audit
 Exhibit D - Resident Rights
 Exhibit F - Complaint Procedure

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Debra Liney, Executive Director Date *9/23/15*

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Violation Report: 13610 - 08/19/2015 - Hoover, Douglas
 PCH Name: HIGHGATE AT PAOLI POINT

1. REGULATION 55 Pa.Code §2600

2600.88(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION

The bathrooms in Apartments #309, #311 and #315 do not have operable ventilation fans.

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.

Upon notification of inoperable fans, Maintenance Director performed inspection of the equipment and found that belts on the ventilation system had broken. Replacement belts were purchased and broken belts replaced. Unit was operational on 8/22/15.

Maintenance Director/Designee will perform weekly service check of ventilation system to maintain all parts in good repair and system is operational.

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 Liney, Executive Director

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Violation Report: 13610 - 08/19/2015 - Hoover, Douglas
 PCH Name: HIGHGATE AT PAOLI POINT

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The letters, dated 06/04/14 and 06/03/15, from a fire safety expert designate a safe evacuation time of 10 minutes. The following fire drills exceeded the specified safe evacuation time:

- 09/17/14 at 3:00 am - 10 minutes and 12 seconds
- 10/07/14 at 5:05 am - 12 minutes and 37 seconds
- 12/24/14 at 2:30 am - 11 minutes and 13 seconds
- 03/19/15 at 3:15 am - 10 minutes and 33 seconds
- 05/22/15 at 12:00 am - 10 minutes and 9 seconds

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.

Upon notification of the dates/times that exceeded the evacuation time frame a discussion with staff revealed that a delay in the "All Clear" response may have contributed to exceeding the time frame. All staff were to be formally inservice that "All Clear" during the fire drill can be called once the last resident crosses into the fire safe zone during October 2015 inservice.

Additional staffing has been put in place on the overnight shift (11p-7a) to maintain safe evacuation within the time frame noted in the annual fire letter.

ED and Maintenance Director/Designee will coordinate with Paoli Fire Department for evacuation training to improve evacuation protocol systems and ensure compliance of indicated time frame for evacuation. Working to schedule in October at the convenience of the Fire Department Personnel. Monthly Fire Drills will be completed. Any drill that exceeds time frame will be repeated to maintain compliance.

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Violation Report: 13610 - 08/19/2015 - Hoover, Douglas
 PCH Name: HIGHGATE AT PAOLI POINT

1. REGULATION 55 Pa.Code §2800
 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
 Finasteride, 5 mg. for Resident #2, according to the manufacturer's packaging, was to be discarded after 07/09/15. The medication was still present in the medication cart.

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.

Upon notification of violation - it was determined that Family responsible for supplying medications refilled existing bottle from new supply at home. Family was contacted and current medication package was provided to the Nursing staff on 8/22/2015. Family agreed to provide current medication bottles to assist us with compliance.

RDC and/or Designee will perform monthly audits in the medication carts to ensure compliance

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/20/2014		
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 (Required on EVERY Page) *Debra Lincy*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Debra Lincy Executive Director	Date	9/23/15
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Violation Report: 13610 - 08/19/2015 - Hoover, Douglas
 PCH Name: HIGHGATE AT PAOLI POINT

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 records (MARs) for residents in the secured dementia care unit (SDCU) on 08/09/15 at 4:00 pm include initials that do not correspond to any staff person's name on the master key sheet or on the individual MARs for each resident.

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.

Upon notification of violation - RCD discovered that employee signature was missing on the Master Key Sheet observed but present on the other Key Sheets for the carts in the PC area. RCD had employee sign off on Master Key Sheet -it was corrected on 8/21. RCD updated Master Key Sheet for MARS effective 8/21 with current Med Techs/Nursing signatures

RCD/Designee will audit Master Key Sheet Monthly and make changes as needed due to staff additions/deletions

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Violation Report: 13610 - 08/19/2015 - Hoover, Douglas
 PCH Name: HIGHGATE AT PAOLI POINT

1. REGULATION 55 Pa.Code §2600

2600.224(a) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on [redacted] 14; the preadmission screening had been completed on 12/11/13, more than 30 days prior to admission.

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.

RCD/Designee will be responsible for completion of Pre- Admission screenings for compliance of indicated time frames.

Pre- Admssion screening will not be completed until a date for move in has been confirmed to ensure compliance of the 30 day prior window

RCD/Designee will review all Pre-Admission screenings for date/time frame compliance and complete quarterly audits on all new move ins to ensure comliance has been met.

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Violation Report: 13610 - 08/19/2016 - Hoover, Douglas
 PCH Name: HIGHGATE AT PAOLI POINT

1. REGULATION 55 Pa.Code §2600

2600.231(c) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the SDCU on [redacted] 15; the cognitive preadmission screening had been completed on 07/24/15, more than 72 hours prior to admission.

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.

Upon notification of violation - it was found that the original date for admission of resident to secured dementia unit was pushed back and pre-screen within the 72 hour of amended date was not completed.

RCD/Designee will complete pre-screen for all SDCU upon confirmation of admission date to be in compliance.

RCD/Designee will review all SDCU admissions for compliance with the pre-screen time frame.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 13810 - 08/19/2015 - Hoover, Douglas
 PCH Name: HIGHGATE AT PAOLI POINT

1. REGULATION 55 Pa.Code §2600

2600.234(e) - The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the Secured Dementia Care Unit (SDCU) on [redacted]/15. The support plan did not include signatures or documentation that the resident or the designated person participated in the development of the support plan.

Resident #5 was admitted to the SDCU on [redacted]/15. The support plan did not have signatures or documentation that the resident or the designated person participated in the development of the support 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.

Upon notification of violation, ED met with Resident #5 and reviewed support plan and obtained resident signature. This was completed on 8/20/2015.

We were unable to have Resident # 4 complete signature as this resident was no longer at community due to a planned discharged to a LTC facility.

All support plans on the SDCU audited and addressed as needed.

Homestead Director/Designee will review support plans with each resident upon completion and obtain signature and/or indicate refusal or inability to participate

Repeat Violation: No	Date(s) of Previous Violation(s):			
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 (Required on EVERY Page) *Debra Liney*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Debra Liney Executive Director

Date *9/23/15*

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 (Initials)

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 (Date)

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