



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 24 2017

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 October 13, 2016 and October 14, 2016 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 13610 - 10/13/2016 - Rosenblat, Dale  
 PCH Name: HIGHGATE AT PAOLI POINTE

**1. REGULATION 55 Pa.Code §2600**

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 has been prescribed a mechanical soft diet by the resident's physician. The home does not make this diet available to the resident.

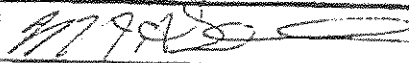
**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*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 home not providing resident with mechanical soft diet as prescribed by resident's physician, ED notified Resident care Director, Memory care Director and Dietary Director. Ed, Resident Care Director and Memory care Director pulled residents chart and verified physician's order for a mechanical soft diet. upon verification resident was added to dietary order list. An updated list of the dietary order was posted in the kitchen, Resident care Director's office and medical room on Personal Care Unit and in the dining room of the Memory care Unit. A Dietary Orders audit was put in place to ensure physician's and speech therapist order are followed and nursing and dietary departments are notified.

Attachment: Dietary Orders Audit

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
Margaret Sottosanti, Executive Director	1-6-2017

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

The above plan of correction is approved as of 1-9-17  
 (Date)

Plan of correction implementation status as of 1-9-17  
 (Date)

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

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

Violation Report: 13810 - 10/13/2016 - Rosenblat, Dale  
 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**

Resident #2 was admitted to the SDCU on [redacted] 2016. The Resident's support plan was not developed until [redacted] 2016.

**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.*

Memory Care Director/ Designee is responsible for completing support plan for resident's admitted to the secured dementia care unit (SDCU) within 72 hours of admission. Resident 2 was admitted to SDCU from facility's personal care unit, Memory Care Director updated support plan as a significant change ( 5 days to complete update) and not as a new admission.

All admissions to SDCU, from facility's personal care unit or from outside the facility are to have a support plan developed, implemented and documented in residents records within 72 hours of admission. A Support Plan Audit Tool was implemented to maintain support plan is complete and is in compliance of the 72 hour time frame. Memory Care Director/Designee will be accountable for the completion of the support plan. Memory Care Director/ Designee will provide completed support plan to ED/Designee for final review upon completion **within** the 72 hour time frame.

Attachment: Support Plan Audit Tool

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Margot Sotteranti, Executive Director Date 1-6-2017

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

The above plan of correction is approved as of 1-9-16  
 (Date)

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

Plan of correction implementation status as of 1-9-16  
 (Date)

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