



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 12 2018

Ms. Margot Sottesanti  
Executive Director  
600 Paoli Pointe Drive Operations, LLC  
600 Paoli Pointe Drive  
Paoli, Pennsylvania 19301

RE: Highgate at Paoli Pointe  
License #: 136100

Dear Ms. Sottesanti:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 13, 2017 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.

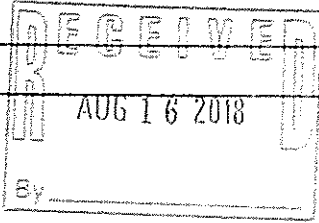
Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

|   |   |   |
|---|---|---|
| PCH Name: HIGHGATE AT PAOLI POINTE  |   | License Number: 13610   |
| Address: 600 PAOLI POINTE DRIVE, PAOLI, PA 19301  |   | County: Chester   |
| Administrator: MARGOT SOTTESANTI  |   | Region: SOUTHEAST   |
| Legal Entity Name: 600 PAOLI POINTE DRIVE OPERATIONS LLC  |   |   |
| Legal Entity Address: 600 PAOLI POINTE DRIVE, PAOLI, PA 19301   |   |   |
| Certificate(s) of Occupancy<br>C-2 LP<br>05/15/1996<br>DEPT OF LABOR & INDUSTRY   |   |  |
| <b>Staffing Hours</b>   |   |   |
| Resident Support: 0   | Total Daily Staff: 70   | Waking Staff: 63  |
| Type of Inspection: Full  | BHA Docket Number:  | Notice: Unannounced   |
| <b>Reason(s) for Inspection(s)</b>  |   |   |
| Renewal   |   |   |
| <b>On-Site Inspections Dates and Department Representatives On-Site</b>   |   |   |
| 12/13/2018: Braswell, Natasha; Freeman, Sabrina   |   |   |
| <b>Off-Site Inspection Dates and Inspectors, if Applicable</b>  |   |   |
|   |   |   |
| <b>Other Details</b>  |   |   |
| Partial or Full Triggers:   |   | Random Indicators:  |
| <b>Resident Demographic Data as of Inspection Dates</b>   |   |   |
| Licensed Capacity: 124<br>Number of Residents Served: 47<br>Secured Dementia Care Unit In Home: Yes<br>Area: NA<br>Secured Dementia Unit Capacity, if Applicable: 30<br>Number of Residents Served in Secured Dementia Care Unit, if applicable: 17<br>Number of Current Hospice Residents: 5<br>Number of Hospice Residents in past year: 24 | <b>Number of Residents who:</b><br>Receive Supplemental Security Income: 0<br>Are 60 Years of Age or Older: 47<br>Have Mental Illness: 1<br>Have an Intellectual Disability: 0<br>Have a Mobility Need: 23<br>Have a Physical Disability: 0 |   |

Violation Report: 13610 - 12/13/2018 - Braswell, Natasha  
 PCH Name: HIGHGATE AT PAOLI POINTE

1. REGULATION 55 Pa.Code §2600  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION  
 The boiler room was not equipped with a carbon monoxide detector.

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 Maintenance director notified.

Carbon Monoxide detector installed in boiler room on 4/18/18.

Maintenance Director/designee will monitor for compliance, *Monthly*. *9/10/18*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Handwritten Signature]*

|   |                    |
|---|--------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Melvin A. Stribinski, Executive Director</i> | Date <i>5-4-18</i> |
|---|--------------------|

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

|   |   |
|---|---|
| The above plan of correction is approved as of <u>9/10/18</u><br>(Date)                         | Plan of correction implementation status as of <u>9/10/18</u><br>(Date)   |
| The above plan of correction was approved by <u><i>[Handwritten Initials]</i></u><br>(Initials) | <input checked="" type="checkbox"/> Fully Implemented<br><input type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 13610 - 12/13/2018 - Braswell, Natasha  
 PCH Name: HIGHGATE AT PAOLI POINTE

1. REGULATION 55 Pa.Code §2600  
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 12-13-17, at 2:00pm, the water temperature exceeded 120 degrees Fahrenheit in the following apartments:

| Apartment | Water temperature |
|-----------|-------------------|
| 103       | 131.3 F           |
| 102       | 130.8 F           |
| 016       | 134.4 F           |

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- Maintenance Director notified and adjusted temperatures to reduce water temp.

Digital monitoring systems installed to monitor water temps, 3/19/18.

Maintenance Director/Designees to monitor for compliance, monthly starting immediately @ 9/10/18

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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Maquet A. [unclear] Executive Director* Date *5-4-18*

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 (Date)

Plan of correction implementation status as of 9/10/18  
 (Date)

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

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 (Initials)

Violation Report: 13610 - 12/13/2018 - Braswell, Natasha  
PCH Name: HIGHGATE AT PAOLI POINTE

1. REGULATION 55 Pa.Code §2600  
2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION  
The telephone in rooms 103 and 218 did not have emergency service numbers posted near the phone.

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-Emergency numbers stickers were placed on phone immediately.

Upon admission all phones (Highgate provided or resident provided) are inspected to ensure they have the correct emergency numbers on them, by admission staff or designee.

ED/Designee to monitor for compliance, checking the postings Monthly, starting immediately. 9/10/18

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)      Date

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(Date)

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(Initials)

Plan of correction implementation status as of 9/10/18  
(Date)

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

Violation Report: 13610 - 12/13/2018 - Braswell, Natasha  
 PCH Name: HIGHGATE AT PAOLI POINTE

1. REGULATION 55 Pa.Code §2600  
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The last fire safety inspection observed by a fire safety expert was conducted on June 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.

Annual fire safety inspection observed by a fire safety expert conducted on the following dates,  
 June 3, 2014, June 2, 2015, May 3, 2016, May 4, 2017.

Compliance will be monitored by ED/Designee.

See attached:  
 Fire safety inspection letter June 4, 2014  
 Fire safety inspection letter June 3, 2015  
 Fire safety inspection letter May 5, 2016  
 Fire safety inspection letter May 10, 2017

The administrator or designee will maintain copies of the fire safety inspections to ensure the documentation is available for review, starting immediately *9/10/18*

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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

|  |                       |
|--|-----------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Michael A. Folteranti, Executive Director</i> | Date<br><i>5-4-18</i> |
|--|-----------------------|

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 (Initials)

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Violation Report: 13610 - 12/13/2018 - Braswell, Nalasha  
 PCH Name: HIGHGATE AT PAOLI POINTE

**1. REGULATION 56 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 12-13-17 resident #1 had the medication Betamethasone Valerate .1 in their bedroom unlocked and accessible to the resident. On 12-13-17 resident #2 had the medication Arnica gel in their bedroom unlocked and accessible to the resident. Neither resident has been assessed for self administration of medications.

**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- Medications were immediately removed from resident #1 and resident #2's rooms. Family was notified and reminded that if family is providing medications for the residents, medications and a perscription for that medication must be given to the nurse/med tech. on shift to be documented and stored in facility medication cart.

Upon move in all families will be notified that unless resident is assesed and able to self administer medications, all medications and scripts must be brought to the nursing staff. If resident is self administering family must provide nursing staff with medication perscriptions.

Resident Care Director/Desginee will contine to monitor for complience by check resident rooms at least monthly, starting immediately.  
 @ 9/10/18

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

Printed Name and Title of Legal Entity Reprosentative  
 (Required on EVERY Page) *Mary Ann Hosanti, executive Director* Date *5-4-18*

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 (Initials)

Plan of correction implementation status as of 9/10/18  
 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 13610 - 12/13/2018 - Braswell, Natasha  
 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 12-13-17 Betamethasone Valerate 0.1 prescribed for resident #1 was expired as of 8-10-17.

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- Resident Care Director was notified. Medication was removed from the residents room. Family was notified and asked that if family is providing medications for the residents, medications and a perscription for that medication must be given to the nurse/med tech. on shift. Medicaton was diposed of proerly.

Upon move in all families will be notified that unless resident is assesed and able to self administer medications, all medications and scripts must be brought to the nursing staff. If resident is self administering family must provide nursing staff with medication perscriptions.

Compliance will be monitored by Resident Care Director/Designee, by conducting med cart audits at least monthly, starting immediately.  
 SN 9/10/18

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

|  |                    |
|--|--------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Natasha A. Braswell, Executive Director</i> | Date <i>5-4-18</i> |
|--|--------------------|

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Violation Report: 13610 - 12/13/2018 - Braswell, Natasha  
PCH Name: HIGHGATE AT PAOLI POINTE

1. REGULATION 56 Pa.Code §2600  
2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
(1) The resident's name.  
(2) The name of the medication.  
(3) The date the prescription was issued.  
(4) The prescribed dosage and instructions for administration.  
(5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION  
There was no label for resident #2's Arnica gel which is a prescribed medication.

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- Resident Care Director was notified. Medication was removed form the residents room. It was confirmed family will bring in some of the residents medications. Family was contacted and notified that all medications must be labled appropiately with a pharmacy label in accordance to our state regulation. Family agreed to provide properly labeled medications when providing medications for the resident.

Upon move in all families will be notified that unless resident is assesed and able to self administer medications, all medications and scripts must be brought to the nursing staff. If resident is self administering family must provide nursing staff with medication perscriptions.

Resident Care Director/Designee will monitor for for compliance.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Margaret A. Sakraniti, Executive Director*      Date *5-4-18*

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(Date)

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(Date)

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(Initials)

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Violation Report: 13610 - 12/13/2018 - Braswell, Natasha  
PCH Name: HIGHGATE AT PAOLI POINTE

1. REGULATION 56 Pa.Code §2600  
2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION  
The home does not have a current weekly activity calendar posted in a public and conspicuous place in the memory care unit of the home.

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- Activities and memory care director notified. A monthly memory care activities calendar is posted in the memory care activity room, in the front lobby, and on both elevators. Memory Care Director will ensure monthly calendar is posted in all three locations at the start of every month.

Excutive Director/designee will continue to monitor for compliance, by checking the posting of the activity calendar at least monthly, starting immediately.  
EW 9/10/18

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

Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
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(Initials)

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- Not Implemented

Violation Report: 13610 - 12/13/2018 - Braswell, Natasha  
 PCH Name: HIGHGATE AT PAOLI POINTE

1. REGULATION 65 Pa.Code §2600  
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The directions for operating the home's locking mechanism are not conspicuously posted near the elevator on the third floor of 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.*

Upon notification of violation- maintenance director was notified. Home's locking mechanism for elevator was key switch access. Maintenance director contacted contractor to change locking mechanism to key pad programmed controller. Once system was installed the locking mechanism was conspicuously posted above the key pad.

What would you have if you mixed  
 Five wishes with  
 Five bundles of kindness  
 One dose of patience  
 Eight spoonful of sugar  
 Four pounds (#) of love?

The recipe for Cooperation Order Dedication and Essentials of Memory Support.

Excutive Director/desiginee will monitor to ensure code is posted for complience, by checking monthly starting immediately,  
 EN 9/10/18

|                      |                                   |  |  |  |
|----------------------|-----------------------------------|--|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): |  |  |  |
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Michael A. Satorian, Executive Director* Date *5-4-18*

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Violation Report: 13610 - 12/13/2018 - Braswell, Natasha  
 PCH Name: HIGHGATE AT PAOLI POINTE

1. REGULATION 55 Pa.Code §2600

2600.237(a) - The following types of activities shall be offered at least weekly:

- (1) Gross motor activities, such as dancing, stretching and other exercise.
- (2) Self-care activities, such as personal hygiene.
- (3) Social activities, such as games, music and holiday and seasonal celebrations.
- (4) Crafts, such as sewing, decorations and pictures.
- (5) Sensory and memory enhancement activities, such as review of current events, movies, story telling, picture albums, cooking, pet therapy and reminiscing.
- (6) Outdoor activities, as weather permits, such as walking, gardening and field trips.

2a. DESCRIPTION OF VIOLATION

During the week of 12-11-17 to 12-15-17, the home did not offer activities in the memory 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.*

Upon notification of violation- Activity Director notified. Memory Care activities staff was hired and providing activities for memory care residents.

Activity director/designee will continue to monitor for compliance, by observing activities at least weekly, starting immediately. *EW 9/10/18*

In the event activity staff are not available the Activity Director will conduct activities, at least 1 x daily, starting immediately. *EW 9/10/18*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Michelle S. Braswell, Executive Director* Date *5-4-18*

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 (Date)

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