



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT
REQUESTED March 28, 2019**

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 Incident inspection on July 30, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

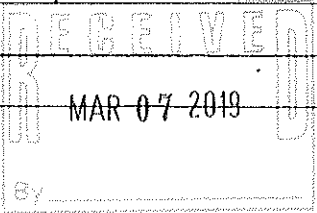
Sincerely,

A handwritten signature in black ink, appearing to read "Ayus Adelanwa".

Ayus Adelanwa
Workload Manager

Enclosure
Violation Report

**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
Adminjstrator: MARGOT SOTTOSANTI		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 Other NOT MEASURED		
Staffing Hours		
Resident Support: 0	Total Dally Staff: 81	Waking Staff: 81
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 07/30/2018: Braswell, Nataasha; Vasquez, Jennle		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 124 Number of Residents Served: 67 Secured Dementia Care Unit in Home: Yes Area: MEMORY CARE Secured Dementia Unit Capacity, If Applicable: 30 Number of Residents Served In Secured Dementia Care Unit, If applicable: 21 Number of Current Hospice Residents: 6 Number of Hospice Residents In past year: 11		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 67 Have Mental Illness: 2 Have an Intellectual Disability: 1 Have a Mobility Need: 14 Have a Physical Disability: 0

Violation Report: 13610 - 07/30/2018 - Braswell, Natasha
 PCH Name: HIGHGATE AT PAOLI POINTE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 7/30/18, at 9:25 am, the memory care unit had a strong smell of urine throughout the 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.

- Housekeeper hired and assigned for 3rd floor 5 days a week.
- 3rd floor housekeeper to empty trash 2 times a day, beginning and end of shift and as needed.
- Scented misters installed on the 3rd floor to reduce odor.
- Weekly cleaning schedule of residents rooms.

Administrator or a designee will conduct a walkthrough of the facility on daily basis, and equally create a routine cleaning checklist to identify areas of the home that require ongoing attention. The completed checklist will be reviewed by the Administrator weekly, any issue of concern shall be promptly addressed to ensure continual compliance with the cited reg. 3/25/19

AAA

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) Marcela Sotirosanti, Executive Director	Date 3/8/19
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/25/19</u> (Date)	Plan of correction implementation status as of <u>3/25/19</u> (Date)
The above plan of correction was approved by <u>AAA</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 - 07/30/2018 - Braewell, Natasha
 PCH Name: HIGHGATE AT PAOLI POINTE

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

- On 7/30/18, at 9:30 am, the kitchen floor in the memory care unit was sticky and soiled creating a tripping hazard.
- The kitchen sink had a thick mineral build up.

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.

- 3rd floor housekeeper to do daily cleaning schedule of all floors, kitchen, activities, hallways. Additional cleaning if needed due to accidents.
- Nursing staff to sweep up kitchen after every meal.
- Housekeeper schedule to wipe down sink daily to clean any build up.

Administrator or a designee will conduct a walkthrough of the facility on daily basis, and equally create a routine cleaning checklist to identify areas/surfaces of the home that require ongoing attention. The completed checklist will be reviewed by the Administrator weekly, any issue of concern shall be promptly addressed to ensure continual compliance with the cited reg. 3/25/19

A.A.A

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 Sathesami, Executive Director* Date *3/7/19*

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

The above plan of correction is approved as of <u>3/25/19</u> (Date)	Plan of correction implementation status as of <u>3/25/19</u> (Date)
The above plan of correction was approved by <u>A.A.A</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