



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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Sent via e-mail catherine.lord1@genesishcc.com
May 18, 2020

Mr. Kevin Page
Executive Director
600 Paoli Pointe Drive Operations, LLC
600 Paoli Pointe Drive
Paoli, Pennsylvania 19301

RE: Highgate at Paoli Pointe
License #: 136100

Dear Mr. Page:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 16, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Mia Johnson

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *HIGHGATE AT PAOLI POINTE*License Number: *13610*Address: *600 PAOLI POINTE DRIVE,, PAOLI, PA 19301*County: *CHESTER*Region: *SOUTHEAST*

Administrator

Name: *Kevin Page*Phone: *6102967100*

Email:

*kevin.page@GenesisHCC.com,**Jodi.Winderman@GenesisHCC.com,**Catherine.Lord1@GenesisHCC.com*

Legal Entity

Name: *600 PAOLI POINTE DRIVE OPERATIONS LLC*Address: *600 PAOLI POINTE DRIVE, PAOLI, PA, 19301*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date:

Issued By:

Staffing Hours

Resident Support Staff:

Total Daily Staff: *100*Waking Staff: *75*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*Reason: *Complaint*

Inspection Dates and Department Representative

12/16/2019 - On-Site: Dean Gray

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *124*Residents Served: *58*

Secured Dementia Care Unit

In Home: *Yes*Area: *Memory ES Homestead* Capacity: *30*Residents Served: *25*

Hospice

Current Residents: *8/13*

Number of Residents Who:

Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *58*Diagnosed with Mental Illness: *1*Diagnosed with Intellectual Disability: *2*Have Mobility Need: *42*Have Physical Disability: *1*

HIGHGATE AT PAOLI POINTE

13610

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 12/16/19 at 2:29 PM the glucometer for resident #1 stated the incorrect time of 12:42 PM

On 12/16/19 at 1:48 PM the glucometer for resident #2 stated the incorrect date of 03/16 and incorrect time of 5:51 AM

Resident #1 is prescribed blood sugar checks with meals and at bedtime. These checks were completed on 12/05/19 at 8:00 AM and on 12/08/19 at 8:00 PM; however, it is not documented on resident #1's medication administration record.

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.)

It is important for the health and safety of our residents that all nurses and med techs follow the proper procedure for calibrating and using glucometers. It is also important for the nursing staff to correctly document the blood sugar checks completed. Trainings on glucometer calibration and blood sugar documentation were completed on 12/20/19 and 12/26/19. Diabetic Training and Certification was again completed for nurses and med techs on 1/6/20 and 1/16/20. A glucometer audit was created and will be implemented monthly, effective 3/1/20. Resident Care Director will oversee the completion of these audits and the Executive Director will monitor for ongoing compliance.

Legal Entity Representative

Jennifer Miller
Signature

Jennifer Miller, Executive Director
Printed Name and Title

2/18/20
Date

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The above plan of correction is approved as of 5/18/20
(Date)

Plan of correction implementation status as of 5/18/20
(Date)

- Implemented
- Not Implemented

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