

Department of Human Services  
Bureau of Human Service Licensing

September 16, 2020

600 PAOLI POINTE DRIVE OPERATIONS LLC  
600 PAOLI POINTE DRIVE  
PAOLI, PA, 19301

RE: HIGHGATE AT PAOLI POINTE  
600 PAOLI POINTE DRIVE  
PAOLI, PA, 19301  
LICENSE/COC#: 13610

Dear Ms. Miller,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/22/2020, 06/23/2020, 06/24/2020, 06/26/2020, 06/30/2020, 07/01/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Claire Mendez

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *HIGHGATE AT PAOLI POINTE* License #: *13610* License Expiration Date: *10/02/2020*  
Address: *600 PAOLI POINTE DRIVE, PAOLI, PA 19301*  
County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

Name: *Jennifer Miller* Phone: *6102967100* Email: *Jennifer.Miller9@genesishcc.com*

**Legal Entity**

Name: *600 PAOLI POINTE DRIVE OPERATIONS LLC*  
Address: *600 PAOLI POINTE DRIVE, PAOLI, PA, 19301*  
Phone: *6102967100* Email: *DENNIS.GREGORY@GENESISHCC.COM*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *03/04/1996* Issued By: *CWOPA L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *59* Waking Staff: *44*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *07/01/2020*

**Inspection Dates and Department Representative**

*06/22/2020 - Off-Site: Denise Gillespie*  
*06/23/2020 - Off-Site: Denise Gillespie*  
*06/24/2020 - Off-Site: Denise Gillespie*  
*06/26/2020 - Off-Site: Denise Gillespie*  
*06/30/2020 - Off-Site: Denise Gillespie*  
*07/01/2020 - Off-Site: Denise Gillespie*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *124* Residents Served: *39*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *SDCU* Capacity: *30* Residents Served: *15*

**Hospice**

Current Residents: *0*

**Resident Demographic Data as of Inspection Dates (*continued*)**

## Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 39

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 20

Have Physical Disability: 0

**Inspections / Reviews**

## 06/22/2020 - Partial

Lead Inspector: *Denise Gillespie*Follow-Up Type: *POC Submission*Follow-Up Date: *07/17/2020*

## 7/16/2020 - POC Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *Document Submission*Follow-Up Date: *08/31/2020*

## 9/16/2020 - Document Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *Not Required*

## 16c - Written Incident Report

## 1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

*On 4/22/2020, at 10:03 A.M. the Tredyffrin Police came to the personal care home to report that Resident # 1 was observed outside of the home. The home did not report this incident to the department.*

**Plan of Correction - 07/16/2020****Accept**

*It is important to report all incidents according to DHS regulations. We now have a new Resident Care Director who is responsible for handling all reportable incidents for the home. This Director was trained on Reportable Incidents on 6/3/20. All reportable incidents will be reviewed during all QAPI meetings to ensure ongoing compliance.*

**Completion Date:** 06/03/2020

**Document Submission - 09/16/2020****Implemented**

*See attached document*

## 187d - Follow Prescriber's Orders

## 1. Requirements

2600.

- 187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident # 1 was prescribed Gabapentin 400mg 1 tablet by mouth 3 times daily at 8:00 A.M., 12:00 P.M., and 4:00 P.M. for chronic pain. Resident # 1 was not administered this medication on 4/19/2020 at 12:00 P.M. and 4:00 P.M., and 4/20/2020 at 12:00 P.M.*

*Resident # 1 was prescribed Memantine 5mg 1 tablet by mouth 2 times daily at 8:00 A.M. and 4:00 P.M. Resident # 1 was not administered this medication on 4/19/2020 and 4/20/2020 at 12:00 P.M. on both dates.*

*Resident # 1 was prescribed Oxycodone 5mg/325mg 1 tablet by mouth 4 times daily at 8:00 A.M., 12:00 P.M., 4:00 P.M., and 8:00 P.M. Resident # 1 was not administered this medication on 4/19/2020 at 12:00 P.M., 4:00 P.M., and 8:00 P.M., and on 4/20/2020 at 12:00 P.M.*

**Plan of Correction - 07/16/2020****Accept**

*This resident was in and out of the hospital during this time. It is important that nursing staff document thoroughly when a resident is out of the building. It is also important that all medications are administered when prescribed. A procedure binder has been created and implemented for nursing staff - including documentation and medication administration. The Memory Support Director and the Resident Care Director will be responsible for completing monthly medication audits. Audits will begin in July 2020 and continue monthly. All audits will be reviewed by the Executive Director during all QAPI meetings to ensure ongoing compliance.*

**Completion Date:** 07/09/2020

187d - Follow Prescriber's Orders *(continued)*

**Document Submission - 09/16/2020**

**Implemented**

*See attached document*

227a - Support Plan 30 Days

**1. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**Description of Violation**

*Resident # 1's Resident Assessment and Support Plan (RASP), dated 11/6/19, identified the following needs for the resident:*

- 1. *Personal Hygiene*
- 2. *Securing Healthcare*
- 3. *Doing Laundry*
- 4. *Obtaining clean and seasonal clothing*
- 5. *Supervision*
- 6. *Medication Administration*

*The home did not include the following:*

- 1. *Description of the Service Need*
- 2. *A plan to meet the Service Need*
- 3. *The frequency*
- 4. *The responsible party*

**Plan of Correction - 07/16/2020**

**Accept**

*All care plans are to be completed in its entirety and in the time frame allotted per DHS regulations. A new Resident Care Director was hired in June 2020. Both the new Resident Care Director and the Director of Memory Support will be re-trained in care plans on 7/16/20 by the Executive Director.*

**Completion Date: 07/16/2020**

**Document Submission - 09/16/2020**

**Implemented**

*See attached document*