

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

January 6, 2023

[REDACTED]
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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/16/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *HIGHGATE AT PAOLI POINTE* License #: *13610* License Expiration: *10/02/2023*
 Address: *600 PAOLI POINTE DRIVE, PAOLI, PA 19301*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *600 PAOLI POINTE DRIVE OPERATIONS LLC*
 Address: *600 PAOLI POINTE DRIVE, PAOLI, PA, 19301*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/04/1996* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *97* Waking Staff: *73*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *11/29/2022*

Inspection Dates and Department Representative

11/16/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *124* Residents Served: *64*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Support Unit* Capacity: *30* Residents Served: *27*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *64*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *33* Have Physical Disability: *0*

Inspections / Reviews

11/16/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/15/2022*

12/27/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *12/30/2022*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/30/2022*

Inspections / Reviews *(continued)*

12/30/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/02/2023

01/06/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED], Staff person A was left alone at 5:45 pm while staff person B, left staff person A with 27 residents immobile residents with cognitive concerns. Staff person A, was unable to intervene when resident #1 was forcefully pushed to the floor, by resident #2. Resident #1's head was bleeding as a result of the fall and was sent to the hospital for treatment and released. The home failed to ensure the safety of all the residents' on the memory support unit.

Plan of Correction

Accept (MJ - 12/27/2022)

1. Staff were educated on abuse prohibition on 10/19/2022, after the alleged abuse occurred [REDACTED]
2. All staff are educated on abuse prohibition upon hire and yearly.
3. Executive Director or Designee will conduct monthly audit to ensure staff have completed either the New Hire Abuse Prohibition education and/or the Yearly Abuse Prohibition education.
4. Results of the audits will be reviewed at monthly QI meetings.

Licensee's Proposed Overall Completion Date: 12/15/2022

Implemented (MJ - 01/06/2023)

60b - Additional Staffing

2. Requirements

2600.

60.b. The Department may require additional staffing as necessary to protect the health, safety and well-being of the residents. Requirements for additional staffing will be based on the resident's assessment and support plan, the design and construction of the home and the operation and management of the home.

Description of Violation

On [REDACTED] staff person B was assigned to care for 27 memory care alone. The home utilized staff person B to float between personal care and memory care. Staff person B was left on the floor alone and during that time, resident #1 was assaulted by resident #2. this attack resulted in a bleeding head wound of resident #1. The home failed to have adequate staff to ensure the safety and well being of the residents on the memory support unit.

Plan of Correction

Accept (MJ - 12/27/2022)

1. The facility maintains that adequate staffing was available on the date of the alleged abuse.
2. Within 10 days from 12/15, Memory Care staff will be in-serviced regarding communication with co-workers when leaving the unit for any reason, with the goal of having two staff members available on the unit.
3. Memory Support Director or Designee will audit via observation on the unit.
4. Results of the audits will be reviewed at monthly QI meetings.

Licensee's Proposed Overall Completion Date: 12/25/2022

Implemented (MJ - 01/06/2023)

201 - Positive Interventions

3. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

In the month of September resident #1 had some significant changes in the following areas:

Agitation

Intrusive behaviors, yelling at residents and staff.

On [REDACTED], Staff person A, witnessed resident #1 being pushed by resident #2 due to his intrusive behavior of yelling in close proximity of resident #2's personal space. The physical push received by resident #1 resulted in a open cut which caused bleeding from [REDACTED] head. The home failed to utilize safety precautions to aide in the safety and well being of resident #1 and all the residents' in the home.

Plan of Correction**Accept (MJ - 12/27/2022)**

- 1. Within 10 days from 12/15, all staff will be in-serviced on using positive interventions to modify or eliminate behavior that endangers the resident himself or others.*
- 2. Memory Support Director or Designee will audit via observation on the unit.*
- 3. Results of the audits will be reviewed at monthly QI meetings.*

Licensee's Proposed Overall Completion Date: 12/25/2022

Implemented (MJ - 12/30/2022)**225c - Additional Assessment****4. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident 1's current assessment was completed on [REDACTED]. However, the resident's previous assessment was completed on [REDACTED]. The assessment dated on [REDACTED] does not address the agitation, frequent falls, intrusive behaviors and mobility concerns. There have been significant changes in resident #1 behaviors significant changes since [REDACTED] to [REDACTED].

Plan of Correction**Accept (MJ - 12/27/2022)**

- 1. Resident #1's assessment was updated on [REDACTED] and [REDACTED] respectively, to address agitation, falls, intrusive behaviors and mobility concerns.*
- 2. Memory Support Director or Designee will conduct an initial audit of current residents on the Memory Support Unit to ensure that anyone needing an additional assessment due to the condition of the resident significantly changing prior to the annual assessment is completed.*
- 3. Memory Support Director or Designee will then conduct a monthly random audit of at least three residents per month to ensure that anyone needing an additional assessment due to their condition significantly changing has been completed in a timely manner.*
- 4. Results of the audits will be reviewed at monthly QI meetings.*

225c - Additional Assessment *(continued)*

Licensee's Proposed Overall Completion Date: 12/25/2022

Implemented (MJ - 12/30/2022)

234b - Support Plan Needs Elements

5. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated [REDACTED] for resident #1 does not address the following areas:

Agitation for behavioral concerns

Frequent falls with mobility concerns

Plan of Correction

Accept (MJ - 12/27/2022)

- 1. Resident #1's support plan was updated on 1 [REDACTED] and 1 [REDACTED], respectively, to address agitation for behavioral concerns and frequent falls with mobility concerns.*
- 2. Memory Support Director or Designee will conduct an initial audit of current residents on the Memory Support Unit to ensure that their support plans address the residents' physical, medical, social, cognitive and safety needs.*
- 3. Memory Support Director or Designee will then conduct a monthly random audit of at least three residents per month to ensure that his/her support plan is adequate.*
- 4. Results of the audits will be reviewed at monthly QI meetings.*

Licensee's Proposed Overall Completion Date: 12/25/2022

Implemented (MJ - 12/30/2022)