

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

December 8, 2025

[REDACTED]  
600 PAOLI POINTE DRIVE OPERATIONS LLC  
[REDACTED]

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

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/22/2025, 05/23/2025 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:** 10/11/2025

**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:** [REDACTED]

**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 05/15/1996      **Issued By:** COPA L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 64      **Waking Staff:** 48

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**

**Reason:** Complaint, Fine      **Exit Conference Date:** 05/23/2025

**Inspection Dates and Department Representative**

05/22/2025 - On-Site: [REDACTED]

05/23/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 124      **Residents Served:** 44

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Memory Care Unit      **Capacity:** 30      **Residents Served:** 18

**Hospice**

**Current Residents:** 4

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 44

**Diagnosed with Mental Illness:** 2      **Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 20      **Have Physical Disability:** 0

**Inspections / Reviews**

05/22/2025 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 06/19/2025

06/30/2025 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 12/05/2025

**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 07/10/2025

Inspections / Reviews *(continued)*

## 12/04/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 12/05/2025

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 12/09/2025

## 12/08/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 12/05/2025

Reviewer: [REDACTED] Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED], at 10:32 a.m., the medication station where the residents' records are stored was unlocked, unattended, and accessible to all residents on the Memory Care Unit.

Plan of Correction

Accept [REDACTED] - 06/30/2025)

Dementia Program Director immediately educated med tech present verbally on the importance of keeping residents records locked when not in the medication room. Interim ED to educate DHW, DPD, Med tech's and nurses by 6/27/2025. Dementia program director or designee will audit medication room weekly x 4 weeks and then monthly for 3 months.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [REDACTED] - 12/04/2025)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Germ-X, hand sanitizer, with a manufacturer's label indicating "[Keep out of the reach of children; if swallowed, get medical help or contact the Poison Control Center right away]," was unlocked, unattended, and accessible to residents in the Memory Care Unit medication station. Not all the residents of the home, including residents in the Memory Care Unit, have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept [REDACTED] - 06/30/2025)

Dementia Program Director audited Memory Care Neighborhood on 6/1/25 to ensure all poisonous materials were locked away. All PCA's, Med Tech's, Nurse's, DHW, DPD to be educated by Interim Executive Director by 6/27/2025. Dementia Program Director or designee will audit memory care neighborhood weekly x 4 weeks and then monthly x 3 months.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [REDACTED] 12/08/2025)

87 - Lighting

3. Requirements

2600.

87 Lighting (continued)

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The 1st floor laundry room is missing two fluorescent tube lights.

Plan of Correction

Accept [redacted] 06/30/2025)

Maintenance Director replaced 1st floor laundry room 5/23/25. Interim Executive Director completed initial walk through on 6/11/2025, all lighting working at that time. All staff will be educated on the importance of reporting any inoperable lighting to Maintenance Director for repair by 6/27/2025 Maintenance Director or designee will complete audits weekly x 4 weeks and then monthly x 3 months.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [redacted] - 12/04/2025)

88a - Surfaces

4. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [redacted] there were multiple leaks throughout the building including:

- an open ceiling tile in the Terrace Level activity room with water leaking into a trash can
- an open ceiling tile in the hallway outside of the Terrace Level activity room with water leaking into a trash can
- an open ceiling tile just outside of the Main Dining Room on the Terrace Level
- a large hole in the ceiling of the Terrace Level Main Dining Room with plastic sheeting hanging from the ceiling
- a hole in the ceiling in the 1st floor laundry room, above the dryer, with a trash can on top of the dryer catching the leaking water.

Repeat violation: [redacted] et al.

Plan of Correction

Directed [redacted] - 06/30/2025)

P&J HVAC company completed maintenance assessment on 6/16/2025 for repair needed. Interim Executive Director confirmed on 6/18/2025 that repairs are scheduled to take place on 6/25/25 and 6/26/25.

Directed Plan of Correction [redacted] 6/30/25):

1. The Maintenance Director will conduct weekly physical site inspections of all hall ways to ensure there are no leaks in the building, starting immediately.
2. In the even of any suspected leaks, the Maintenance Director will contact the Executive Director to initiate a work order for repair within seven (7) days, starting immediately.
3. The Executive Director will conduct monthly physical site inspections of the entire building to ensure the home is in good physical condition at all times and initiate any needed work orders, starting immediately.
4. The Executive Director will discuss any needed repairs with the regional Operations Director to ensure the repairs are timely completed, starting immediately.

88a - Surfaces (continued)

Proposed Overall Completion Date: 06/27/2025

Directed Completion Date: 07/30/2025

Implemented [redacted] - 12/04/2025)

5. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [redacted] there was a ceiling tile with a large black stain in the Terrace Level hallway, the 2nd floor laundry lamp is broken and hanging from the lamp base, and the hand soap dispenser in the Memory Care Unit TV room was missing half of the dispenser box.

Plan of Correction

Accept [redacted] - 06/30/2025)

P&J HVAC in community on 6/16/2025 for assessment of repair needs. Interim Executive Director confirmed on 6/18/2025 that repairs are scheduled to take place on 6/25/25 and 6/26/25.

HR manager reports that ceiling tile with large black stain in Terrace Level hallway was replaced. 2nd floor laundry lamp that was broken was removed from laundry area.

Memory Care Neighborhood , TV room hand soap dispenser was replaced 6/19/2025. All staff will be educated on importance of reporting inoperable equipment to Maintenance Director for repair. Dementia Program Director or designee will audit working hand soap dispensers weekly x 4 weeks and then monthly x 3 months.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [redacted] - 12/04/2025)

93a - Handrails

6. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The exit door leading to the dumpsters in the Personal Care Unit at the rear of the building has a ramp that is missing a well-secured handrail.

Plan of Correction

Accept [redacted] 06/30/2025)

Maintenance Director was verbally educated on need for each ramp, interior stairway and outside steps must have a well-secured handrail by Interim Executive Director on 6/17/2025. Ramp near rear of building to have handrail repaired.

Licensee's Proposed Overall Completion Date: 07/01/2025

Implemented [redacted] - 12/04/2025)

95 - Furniture and Equipment

7. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [REDACTED], a fire alarm box near the memory care unit's rear exit door was missing its transparent plastic cover, exposing the wire.

Plan of Correction

Accept [REDACTED] - 06/30/2025)

Fire alarm box in memory care neighborhood's rear exit door has been replaced. Maintenance Director or housekeeping staff will perform weekly audits of all fire alarm boxes, starting 6/19/25.

The Memory Care Director will check the fire alarm box at least monthly to ensure it is always covered, starting 6/19/25.

Proposed Overall Completion Date: 06/19/2025

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented [REDACTED] - 12/04/2025)

100a - Exterior - Free of Hazards

8. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The rear exit from the Terrace Level that leads to the exterior of the building has a white plastic drainpipe that rises from the ground in the center of the walkway, which is approximately 3" to 4" above the ground level.

Plan of Correction

Accept [REDACTED] - 06/30/2025)

White plastic drainpipe that rises from the ground in the center of the walkway has been repaired, on 6/19/25 by the Maintenance Director.

The Maintenance Director or housekeeping staff will check the exterior of the home at least monthly, starting 6/25/25.

Proposed Overall Completion Date: 06/19/2025

Licensee's Proposed Overall Completion Date: 06/19/2025

Implemented [REDACTED] - 12/08/2025)

101j7 - Lighting/Operable Lamp

9. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

101j7 - Lighting/Operable Lamp (continued)

Description of Violation

Resident [REDACTED] does not have access to a source of light that can be turned on/off at bedside.

Repeat Violation: [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 06/30/2025)

A lamp was placed in residents room at bedside immediately, 5/22/2025. On admission all resident rooms to be checked for room readiness, this will include an operable bedside lamp or other source of lighting. Interim Executive Director will educate DHW, Marketing/ Admissions Director, DPD by 6/27/2025. DHW or designee with complete weekly audits.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [REDACTED] - 12/08/2025)

102i - Soap Dispenser

10. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was a dispenser with no soap on the resident [REDACTED] bathroom sink.

Plan of Correction

Accept [REDACTED] 06/30/2025)

The Maintenance Director added soap to the dispenser on 6/19/25.

Dementia Program Director or Maintenance Director to complete rounds on Memory Support for poisonous materials. Soap to be provided within reach of each bathroom sink, starting 6/19/25

Proposed Overall Completion Date: 06/30/2025

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [REDACTED] - 12/04/2025)

102j - Towels/Wash Cloths Access

11. Requirements

2600.

102.j. Towels and washcloths shall be in the possession of the resident in the resident's living space unless the resident has access to the home's linen supply.

Description of Violation

On [REDACTED] at 10:29 a.m. there were no towels and washcloths in the possession of resident [REDACTED] in the resident's living space. Resident 2 does not have access to the home's linen supply.

102j - Towels/Wash Cloths Access (continued)

Plan of Correction

Accept [REDACTED] - 06/30/2025)

All Memory Support Neighborhood staff to be educated by Interim Executive Director that all residents are to have towels and washcloths in possession of residents living space by 6/27/2025. DPD or designee to complete daily audits for clean towels and washcloths in all rooms for at least 30 days.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [REDACTED] - 12/04/2025)

121a - Unobstructed Egress

12. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [REDACTED], two sets of dinner tables blocked the two sets of exit doors in the main dining room on the Terrace level. Additionally, a grill was located outside the main dining room's left set of doors, obstructing the house's exit. The activity room has two sets of doors that were utilized for exiting. However, furnishings and tables were obstructing the home's exit.

Plan of Correction

Accept [REDACTED] - 06/30/2025)

Maintenance Director and BOM removed tables from exit doors in main dining room on 5/22/2025. Grill was relocated to other side of patio away from exit doors on 5/22/2025. Activity room furnishings and tables were moved away from exit doors 5/22/2025. All staff to be educated on keeping egress routes free from obstructions by 6/30/2025. Maintenance Director or designee to perform weekly audits that egress doors are free from obstructions.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [REDACTED] - 12/04/2025)

141b1 - Annual Medical Evaluation

13. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [REDACTED]'s most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED]

Repeat Violation: [REDACTED] et al.

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Accept (█ - 06/30/2025)

Interim Executive Director to educate Director of Health & Wellness and Dementia Program Director that residents are to have a medical evaluation at least annually. Initial audit of all residents medical evaluations for memory care residents has been completed. All personal care residents medical evaluations to be completed by 6/27/2025. Log has been completed for tracking of all residents current medical evaluations and resident assessment support plans. DPD or designee will complete monthly audits.

Licensee's Proposed Overall Completion Date: 06/25/2025

Implemented (█ - 12/08/2025)

162c - Menus Posted

14. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of █ to █ was posted on the Memory Care Unit, and the week of █ to █ was posted on the Personal Care Unit. However, the menu for the week of █ to █ was not posted in a public and conspicuous place throughout the home.

Repeat Violation: █ et al.

Plan of Correction

Accept (█ - 06/30/2025)

Dining Director and Dining Staff to be educated by Interim Executive Director that Menus must be posted for current week and a week in advance by 6/27/2025. Dining Director or designee will complete weekly audits that both Memory Care Neighborhood and Personal Care Neighborhood have current and a week of menus posted x 8 weeks.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█ 12/04/2025)

185a - Implement Storage Procedures

15. Requirements

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 █ the red medication syringe safety box, half filled with used syringes, was unlocked and unattended, on the medication cart in the Memory Care unit.

Plan of Correction

Accept (█ 06/30/2025)

Dementia Program Director immediately educated med tech present verbally on the importance of keeping medication room door locked when not in medication room. Interim ED to educate DHW, DPD, Med tech's and nurses by 6/27/2025. Dementia program director or designee will audit medication room weekly x 4 weeks and then monthly for 3 months.

Licensee's Proposed Overall Completion Date: 06/30/2025

185a - Implement Storage Procedures (continued)

Implemented [redacted] - 12/08/2025)

187b - Date/Time of Medication Admin.

16. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted]. Resident [redacted]'s medication administration record does not include the initials of the staff person who administered it on [redacted], and [redacted] at 12 p.m.

Resident [redacted] is prescribed a [redacted] tablet and [redacted]. Resident [redacted]'s medication administration record does not include the initials of the staff person who administered it on [redacted] at 8 a.m.

Resident [redacted]'s medication administration record does not include the initials of the staff person who administered the following medications on the designated dates and times.

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

Repeat Violation: [redacted] et al.

Plan of Correction

Accept [redacted] - 06/30/2025)

DHW to educate all medication technicians and nurses on proper medication administration by 6/23/25. Medication Administration Records will be audited weekly x 4 weeks and then monthly by DHW or designee. New audit form has been created to monitor compliance.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [redacted] 12/08/2025)

231f - Assessed Annually

17. Requirements

2600.

231.f. In addition to the requirements in § 2600.225 (relating to initial and annual assessment), the resident shall also be assessed annually for the continuing need for the secured dementia care unit.

Description of Violation

Resident [redacted] was assessed for the need for a Secure Dementia Care Unit (SDCU) on [redacted] and was not assessed again until [redacted]

Plan of Correction

Accept [redacted] 06/30/2025)

Interim Executive Director to educate Director of Health and Wellness, Dementia Program Director that residents

231f Assessed Annually (continued)

are to have a medical evaluation at least annually. Initial audit of all residents medical evaluations for memory care neighborhood has been completed. DPD or designee to complete monthly audits.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented ( [REDACTED] - 12/04/2025)