

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

December 16, 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 10/23/2025, 10/29/2025 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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 44 Waking Staff: 33

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 10/29/2025

Inspection Dates and Department Representative

10/23/2025 - On-Site: [Redacted]
 10/29/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 124 Residents Served: 28

Secured Dementia Care Unit
 In Home: Yes Area: Memory care unit Capacity: 30 Residents Served: 13

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 28
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 16 Have Physical Disability: 0

Inspections / Reviews

10/23/2025 Partial
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 11/30/2025

12/04/2025 - POC Submission
 Submitted By: [Redacted] Date Submitted: 12/08/2025
 Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/09/2025

Inspections / Reviews *(continued)*

12/05/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 12/08/2025

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 12/14/2025

12/16/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 12/08/2025

Reviewer: [REDACTED] Follow Up Type: Not Required

65i - Training Record

1. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training does not include Content of course, training source and length of the courses.

Plan of Correction

Accept ([redacted] - 12/05/2025)

Executive Director will educate all department heads on the proper way to fill out a training record guide Executive Director or designee will monitor training sheets for two months. To be completed by 12/5/25.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented ([redacted] - 12/16/2025)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On [redacted], Resident [redacted] has an enabler that is not attached to their bedframe. The Enabler measures 8" x 20". The enabler is on a board that slides under the mattress and is causing a 10" gap between the enabler and the mattress.

Repeat violation [redacted]

Plan of Correction

Accept ([redacted] - 12/05/2025)

On 10/29/25 Executive Director immediately removed the enabler from bed. Executive Director immediately completed an audit of all residents rooms. DHW or designee will do monthly room audits and with all new admissions.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented ([redacted] - 12/16/2025)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at 9:49 am, The refrigerator in the Memory care unit had multiple red sticky stains in the interior.

Plan of Correction

Accept ([redacted] - 12/05/2025)

On /10/29/25 the refrigerator was immediately cleaned by Dietary. Dietary audits are done daily and Housekeeping cleans the refrigerator weekly. Dietary, DPD Housekeeping or designee will continue to do daily and weekly audits. House keeping, Dietary and DPD will do spot checks daily..

Licensee's Proposed Overall Completion Date: 12/05/2025

85a Sanitary Conditions (continued)

Implemented [redacted] - 12/16/2025)

101j5 Bedside Table/Shelf

4. Requirements

2600.

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

- 5. A bedside table or a shelf.

Description of Violation

There is no bedside table or shelf beside resident [redacted]'s bed in bedroom [redacted]

Plan of Correction

Accept [redacted] 12/04/2025)

A bedside table was immediately placed by resident [redacted] beds.

Immediately: The DPD is doing daily checks of all residents rooms

to ensure each resident has a bedside table or shelf. Documentation of checks shall be kept. This is on going.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented [redacted] 12/16/2025)

101j7 Lighting/Operable Lamp

5. 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.

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] and [redacted]

Plan of Correction

Accept [redacted] - 12/05/2025)

On 10/23/25 a lamp was placed in residents room at bedside immediately. On admission all residents rooms to be checked for room readiness, this will include an operable bedside lamp or other source of lighting. On 10/30/25 a motion light has been placed on the wall near residents bed. Executive Director will educate DPD. On 10/23/25 DPD started daily audits. On 12/4/25 DPD started weekly audits for Function of batteries in motion light.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented [redacted] - 12/16/2025)

103i Outdated Food

6. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an unlabeled, undated container of peaches in the memory care refrigerator.

Plan of Correction

Accept [redacted] 12/05/2025)

On 10/23/25 Dietary Director Immediately removed the food out of the refrigerator. On 10/23/25 Dietary Director

103i - Outdated Food (continued)

and DPD will monitor the refrigerator at least daily to ensure sanitary conditions are maintained. Documentation shall be kept. staff shall be re-educated on maintaining sanitary conditions including immediately correcting or reporting any unsanitary conditions. This will be ongoing

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented (█ - 12/16/2025)

141a 1-10 Medical Evaluation Information

7. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident █ medical evaluation dated █ did not include a medical diagnosis including physical or mental disabilities of the resident, if any, medical information pertinent to diagnosis and treatment in case of an emergency, immunization history, special health or dietary needs of the resident.

Plan of Correction

Accept █ - 12/05/2025)

On 10/23/25 DHW immediately started chart checks. All new state paperwork on all residents has been started. DHW or designee will start a new tickler to ensure all state paperwork is in compliance. To be completed by 12/12/25

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented █ - 12/16/2025)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident █ is prescribed █ tab. However, resident █ was not administered █ tab on █ at 8:00 am.

187d - Follow Prescriber's Orders (continued)

Resident [redacted] is prescribed [redacted] However, resident [redacted] was not administered [redacted] spray on [redacted] at 8:00 am.

Resident [redacted] is prescribed [redacted] by mouth every 8 hours for pain. However, resident [redacted] was not administered [redacted] on [redacted] at 3:00 pm.

Resident [redacted] is prescribed [redacted] tab 1 tab by mouth daily at 8:00 am. However, resident [redacted] was not administered [redacted] tab on [redacted] at 8:00 am.

Resident [redacted] is prescribed [redacted] sliding scale: 200-250= 2 units; 251-300= 4 units; 301-350= 6 units; 351-400= 8 units four times daily. On [redacted] at 0800 Resident [redacted] had a blood sugar reading of [redacted] and they should have been administered [redacted] of insulin, the home administered 0 units.

Resident [redacted] is prescribed [redacted] 1 tablet by mouth daily at 8:00 am. The home had [redacted] present in the medication cart.

Resident [redacted] is prescribed [redacted] capsule 1 capsule by mouth twice daily at 8 am and 5 pm for supplement. The home had [redacted] rice present in the medication cart.

Resident [redacted] is prescribed [redacted] Tab 1.5 tablets by mouth daily before breakfast at 6:00 am. On [redacted] [redacted] was not administered at 6:00 am.

Repeat violation, [redacted]

Plan of Correction

Accept [redacted] - 12/04/2025)

The DHW or designee qualified to administer medications shall complete an initial and weekly audit of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs.

Documentation shall be kept.

The DHW or designee qualified to administer medications shall review all resident MARs at least weekly and observe at least two medication passes of each staff person qualified to administer medications for two months to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs. Documentation of reviews shall be kept.

Within 5 days of receipt of the plan of correction: All staff persons qualified to administer medication shall be reeducated on proper medication administration including documentation of medication administration, following.

Licensee's Proposed Overall Completion Date: 12/12/2025

Implemented [redacted] - 12/16/2025)

225c - Additional Assessment

9. Requirements

2600.

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

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

225c Additional Assessment (continued)

3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] most recent assessment was completed on [redacted]

Resident [redacted] most recent assessment was completed on [redacted].

Resident [redacted] most recent assessment was completed on [redacted]

Resident [redacted] most recent assessment was completed on [redacted]

Resident [redacted] most recent assessment was completed on [redacted]

Plan of Correction

Accept [redacted] 12/05/2025)

On 10/23/25 A Chart audit was completed. DHW or designee will do all new state paperwork on all residents. A tickler was created. DHW will be educated by Executive Director on the compliance. This will be completed by 12/12/25.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented [redacted] - 12/16/2025)

227g -Support Plan Signatures

10. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

Plan of Correction

Accept [redacted] - 12/05/2025)

On 10/23/25 DHW or designee checked all residents Support plans . Before they are placed in residents chart DHW will ensure that care plans have residents signature on them. On 10/23/25 all new support plans are being completed and will be on going. A tickler was created.

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented [redacted] - 12/16/2025)