

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

January 29, 2026

[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 12/17/2025 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: Total Daily Staff: 39 Waking Staff: 29

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 12/17/2025

Inspection Dates and Department Representative

12/17/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 124 Residents Served: 26
 Secured Dementia Care Unit
 In Home: Yes Area: Memory Care Capacity: 30 Residents Served: 13
 Hospice
 Current Residents: 4
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 26
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 13 Have Physical Disability: 0

Inspections / Reviews

12/17/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/22/2026

01/13/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/20/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/23/2026

Inspections / Reviews *(continued)*

01/29/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2026

Reviewer: [REDACTED]

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 [REDACTED], the home's staff attempted to de-escalate resident [REDACTED] multiple times, without success. The home contacted 9-1-1, and law enforcement arrived, de-escalated the situation, and removed resident [REDACTED] from the home. The home did not submit an incident report to the Department.

Plan of Correction

Directed [REDACTED] 01/13/2026)

On 1/8/26 DHW was educated on reporting reportable incident within 24 hours. ED will be notified of all reportables incidents in the community and will ensure that they are completed in a timely manner.

Proposed Overall Completion Date: 01/12/2026

Directed Plan of Correction: ([REDACTED] 1/13/26):

- 1. In addition to the steps noted in the submitted Plan of Correction, the administrator will review the incident reports at quality management meeting, at least annually, starting immediately.
- 2. The administrator will review all incident reports at least monthly for the next three months.

Directed Completion Date: 01/12/2026

Implemented [REDACTED] - 01/29/2026)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident’s designated person if any, if the resident agrees.

Description of Violation

The resident-home contract dated [REDACTED], for resident [REDACTED] was not signed by the resident.

Plan of Correction

Directed [REDACTED] - 01/13/2026)

On 12/17/25 ED did a review of new residents charts. Sales and marketing / BOM or designee will ensure that all residents who move in to memory care will sign the contract, if they refuse several attempts will be made and documented. This will be on going for all new admissions.

Proposed Overall Completion Date: 01/13/2026

Directed Plan of Correction: ([REDACTED] 1/13/26):

- 1. In addition to the steps noted in the submitted Plan of Correction, the administrator or business manager will audit all resident contracts, starting immediately, to ensure all residents have signed the contract to ensure the resident has reviewed the contract within 24 hours of admission.
- 2. Any resident contract that hasn't been signed, as a result of the audit, will be given the opportunity to sign the contract within the next 30 days.

25b Contract Signatures (continued)

Directed Completion Date: 01/13/2026

Implemented [REDACTED] - 01/29/2026)

41e - Signed Statement

3. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident [REDACTED]'s record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Directed [REDACTED] - 01/13/2026)

On 12/17/25 ED did a review of new residents charts. Sales and marketing / BOM or designee will ensure that all residents who move in to memory care will sign the resident rights form, if they refuse several attempts will be made and documented. This will be on going for all new admissions.

Proposed Overall Completion Date: 01/12/2026

Directed Plan of Correction: [REDACTED] 1/13/26):

1. In addition to the steps noted in the submitted Plan of Correction, the administrator or business manager will audit all resident rights form, starting immediately, to ensure all residents have signed the resident rights to ensure the resident has reviewed the rights within 24 hours of admission.

2. Any resident rights form that hasn't been signed, as a result of the audit, will be given the opportunity to sign the rights within the next 30 days.

Directed Completion Date: 01/12/2026

Implemented [REDACTED] 01/29/2026)

82c - Locking Poisonous Materials

4. 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

Crest Toothpaste, with a manufacturer's label indicating "if more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible to residents in the bathroom of room [REDACTED]. Not all the residents of the home, including resident [REDACTED] have been assessed capable of recognizing and using poisons safely.

Repeat violation: [REDACTED] et al

82c - Locking Poisonous Materials (continued)

Plan of Correction

Accept (████) - 01/13/2026)

On 12/17/25 ED ordered basins for each resident. DPD put residents names on basins and removed all poisonous materials from residents rooms. Basins are now locked in med room. DPD or designee will do daily audits to ensure poisonous materials are not left in residents rooms.

Licensee's Proposed Overall Completion Date: 01/13/2026

Implemented (████) - 01/29/2026)

121a - Unobstructed Egress

5. 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 █████ at 9:24 AM, snow blocked egress from the home's dining room, onto the patio, and to the exit gate from the patio.

Plan of Correction

Accept (████) - 01/13/2026)

On 12/17/25 Maintenance Director immediately shoveled the snow to the exit gate. Maintenance Director will audit egress exits weekly times 4 weeks and then monthly times 2 months

Licensee's Proposed Overall Completion Date: 01/13/2026

Implemented (████) 01/29/2026)

231e - No Objection Statement

6. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident █████ was admitted to the Secure Dementia Care Unit (SDCU) on █████ The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Repeat violation: █████ et al

Plan of Correction

Accept (████) - 01/13/2026)

On 12/17/25 ED did a review of new residents charts. Sales and marketing / BOM or designee will ensure that all residents who move in to memory care will sign the no objection form, if they refuse several attempts will be made and documented. This will be on going for all new admissions.

Licensee's Proposed Overall Completion Date: 01/13/2026

Implemented (████) - 01/29/2026)