

Department of Human Services
Bureau of Human Service Licensing

April 4, 2022

[REDACTED], EXECUTIVE DIRECTOR
[REDACTED]
[REDACTED]

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 02/24/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *HIGHGATE AT PAOLI POINTE* License #: *13610* License Expiration: *10/02/2021*
Address: *600 PAOLI POINTE DRIVE, PAOLI, PA 19301*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *03/04/1996* Issued By: *Department of Labor and industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *77* Waking Staff: *58*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *02/24/2021*

Inspection Dates and Department Representative

02/24/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *124* Residents Served: *48*

Secured Dementia Care Unit

In Home: *Yes* Area: *SCDU* Capacity: *30* Residents Served: *19*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *29* Have Physical Disability: *0*

Inspections / Reviews

02/24/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/03/2021*

04/02/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/05/2021*

08/11/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/16/2021*

04/04/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

CARE FACILITY CARBON MONOXIDE ALARMS STANDARDS ACT - ENACTMENT Act of Jun. 23, 2016 Carbon monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance.

Plan of Correction

Accept

It is important that carbon monoxide alarms are installed throughout the building to protect the safety of our residents, staff and visitors. A carbon monoxide alarm was immediately installed on 2/24/21.

See Attachment #1

See attachment #1

Completion Date: 02/24/2021

Document Submission

Implemented

see attachment

25b - Contract Signatures

1. 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 #1 was not signed by the resident.

Plan of Correction

Accept

It is important that the resident be a part of the admission process and be included in the contract review and signature. The Executive Director re-educated the Marketing Director on the required signatures, paperwork on 3/1/21. The Executive Director will complete random audits on new admission's file to monitor for ongoing compliance.

See Attachment #2

Completion Date: 03/01/2021

Document Submission

Implemented

See attached

41e - Signed Statement

1. 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.

41e - Signed Statement (continued)**Description of Violation**

Resident #1'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**Accept**

It is important that the resident contract be reviewed upon admission with the resident and the resident's designated person. The record should include a signed acknowledgement of all documents received. The Executive Director re-educated the Marketing Director on 3/1/21. The Executive Director will complete random audits on new admission's file to monitor for ongoing compliance.

See Attachment #2

Completion Date: 03/01/2021

Document Submission**Implemented**

See attached

42s - Privacy**1. Requirements**

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 2/24/21, resident #1 in room [REDACTED] does not have a bathroom door to provide privacy.

Plan of Correction**Accept**

It is important to respect the resident's right to privacy at all times. The resident's bathroom door was removed by the request of designated person due to resident safety. To ensure ongoing privacy in the bathroom, a curtain rod and curtain were hung at the bathroom door to allow for easy access and privacy for the resident. Nursing staff were re-educated on 3/5/21 on the topics of providing care and safety. The Resident Care Director and the Maintenance Director together with the therapy department will continue to monitor the safety/privacy in bathrooms for all residents. The Executive Director will monitor for ongoing compliance.

See Attachment #3

Completion Date: 03/05/2021

Document Submission**Implemented**

see attached

51 - Criminal Background Check**1. Requirements**

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A did not have a valid criminal background check.

51 - Criminal Background Check (continued)

The contractors from [redacted] were on site in two rooms unattended and did not have criminal background checks.

Plan of Correction

Accept

The staff person did have a criminal background check upon hire in 2002. This background check was approved then but according to DHS, is not in compliance now. A new criminal background check was completed for this employee. An audit was completed to ensure all current employees have the correct criminal background check form.

A process was put in place for all contractors. Any contractor entering the building will sign in and be given a visitor's badge. The contractor(s) will be escorted to their location by the Maintenance Director or designee. The Maintenance Director or designee will remain in the vicinity of the contractor(s) to ensure oversight at all times. The Executive Director will monitor for ongoing compliance.

Completion Date: 03/31/2021

Document Submission

Implemented

I was not Executive Director of Highgate during 2021 annual inspection; I do not have a copy of the [redacted] employee criminal background check.

Please see POC process for any contractor who enters the building.

85a - Sanitary Conditions

1. Requirements

- 2600.
- 85.a. Sanitary conditions shall be maintained.

Description of Violation

On 2/24/21, the sink in the memory care pantry area was clogged with oatmeal. On 2/24/21, during the medication observation, staff person B was not wearing gloves and dropped a resident's pills. One fell on the counter and another on the floor. The one on the counter was picked up with [redacted] hand and placed back into the residents medicine cup.

Plan of Correction

Accept

It is important to keep the facility clean at all times. Nursing staff were re-educated on sanitation and disposing of all food in the trash on 3/29/21. The Director of Memory Support or designee will complete walking rounds during meals to ensure proper disposal of food and trash. The Executive Director will monitor for ongoing compliance.

Completion Date: 03/29/2021

Document Submission

Implemented

completed

102e - Privacy - Doors/Partitions

1. Requirements

- 2600.
- 102.e. Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.

Description of Violation

There is no door on resident #1's bathroom in room [redacted] which does not afford privacy while in use.

Plan of Correction

Accept

It is important to respect the resident's right to privacy at all times. The resident's bathroom door was removed by

102e - Privacy - Doors/Partitions (continued)

the request of designated person due to resident safety. To ensure ongoing privacy in the bathroom, a curtain rod and curtain were hung at the bathroom door to allow for easy access and privacy for the resident. Nursing Staff were re-educated on 3/5/21 on privacy for all residents on. The Resident Care Director or designee will monitor for ongoing compliance.

See Attachment #3

Completion Date: 03/05/2021

Document Submission

Implemented

see attached

105g - Lint Removal and Duct Cleaning**1. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 2/24/21, there was an approximate 1/2 inch accumulation of lint in the lint trap of the memory care laundry room dryer. There were no clothes in the dryer at the time.

On 2/24/21, there was an accumulation of lint in the lint trap of the commercial dryer in the commercial laundry room. There were no clothes in the dryer at the time.

Plan of Correction

Accept

It is important to ensure all dryer lint traps are cleaned out after each use to prevent a safety hazard. The housekeeping/laundry staff were re-educated on cleaning out the lint trap on 3/12/21. A daily Lint removal Log will be implemented 4/1/21 for daily documentation of lint trap cleaning. The Director of Housekeeping will monitor for ongoing compliance. The memory care staff were re-educated on 3/5/21 on the cleaning of lint traps. A daily lint log removal log will be implemented on 4/1/21 for daily documentation of lint trap cleaning. The Memory Support Director will monitor for ongoing compliance.

See Attachment #5

Completion Date: 03/12/2021

Document Submission

Implemented

see attached

185a - Implement Storage Procedures**1. 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 2/4/21, at 6:56 am, the glucometer belonging to resident #2 read 135 however the medication administration record read 132.

On 2/18/21, at 10:24 am, the glucometer belonging to resident #2 read 178 however the medication administration record read 118.

185a - Implement Storage Procedures (continued)

On 2/18/21, at 4:00 pm, there is not matching time or reading in the glucometer for resident #2, however the medication administration reads 171.

On 2/24/2021, a red oval pill was observed in the memory care medication cart.

Plan of Correction

Accept

It is important for the health and safety of our residents that all medications are administered as prescribed and all documentation for glucometers are accurate and documented correctly. Nursing staff were re-educated on 3/5/21 on the topics of medication administration, glucometers and medication carts. A monthly glucometer audit will be implemented on 4/1/21 to ensure accurate documentation. The 3rd shift LPN or designee will be responsible for this audit. The Resident Care Director will monitor for ongoing compliance.

See Attachment #6

Completion Date: 03/05/2021

Document Submission

Implemented

see attached

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed insulin on a sliding scale. On 2/18/21, the reading on the glucometer was 178 but was noted on the medication administration record as 118. This caused a missed dose of resident #2's insulin of 3 units.

Resident #2 has orders to have his blood pressure and pulse checked every Wednesday. On 2/24/21, resident #2's blood pressure or pulse was not checked or recorded on the medication administration record.

Plan of Correction

Accept

It is important for the health and safety of our residents that all medications/treatments are administered as prescribed and documented accurately. Nursing staff were re-educated on medication administration and documentation on 3/5/21. The Resident Care Director or designee will complete monthly med cart and Mar audits to ensure accuracy of medications and documentation. The Executive Director will monitor for ongoing compliance.

See Attachment # 6 and 7

Completion Date: 03/05/2021

Document Submission

Implemented

see attached

191 - Resident Right to Refuse

1. Requirements

2600.

191 - Resident Right to Refuse (continued)

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Directed

It is important that all resident's know that they have the right to refuse medications. All nursing staff were re-educated on the medication refusal process. In this case, the resident questioned by DHS surveyors was a resident on our secured memory support unit with the diagnosis of dementia. These rights have been explained, however due to limited cognition, the resident is unable to remember at times. All residents are aware of their rights and the DHS Resident Rights Form is posted throughout the facility for residents to review.

(Directed)

By 9/1/21: All staff persons involved in the admissions process will be educated on educating residents on the right to question of refuse medication if the resident believes there may be a medication error and documenting the education. The administrator or designee shall educate resident all residents on their right to question of refuse medication if the resident believes there may be a medication error. Documentation shall be kept. MJ 8/11/21

Completion Date: 03/01/2021

Document Submission

Implemented

see attached. slide 10 of education packet covers right to refuse medications

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2 was admitted to the home on [redacted]; however, the resident's preadmission screening form was completed on [redacted].

Plan of Correction

Accept

It is important that all documentation be completed in accordance with DHS regulations. The Executive Director re-educated the Resident Care Director and the Memory Support Director on admission criteria and regulatory time frames on 3/2/21. A checklist has been completed to utilize for all new admissions to ensure all paperwork is completed in the regulatory time frame. The Executive Director will monitor for ongoing compliance.

See Attachment #8

Completion Date: 03/02/2021

Document Submission

Implemented

see attached

231c - Preadmission Screening

1. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department’s preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, resident #3’s written cognitive preadmission screening was completed on [REDACTED].

Plan of Correction

Accept

It is important to complete all required paperwork in the regulatory time frame. This Pre Screen was within the time frame. The resident was admitted to personal care on 1/20/21. The Preadmission screening for this admission was completed on 1/16/21. The resident was then re-evaluated and a new preadmission screening was completed on 1/21/21 for our secured memory support unit. The resident was admitted to the memory support unit on 1/22/21.

See Attachment #9

Completion Date: 01/21/2021

Document Submission

Implemented

see attachment

254a - Records Discharge/Active

1. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 2/24/21, the records for multiple resident were unlocked, unattended, and accessible in the rehabilitation room.

Plan of Correction

Accept

It is important to ensure all resident records are kept confidential. On 2/25/21 a new lock was placed on the therapy door to ensure the door always locks when closed. The Director of Therapy re-educated therapy staff on confidentiality on 2/25/21. The Director of Therapy will continue to monitor for compliance. The Executive Director will oversee therapy office to ensure ongoing compliance.

See Attachment #10

Completion Date: 02/25/2021

Document Submission

Implemented

see attached