



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES



# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WYNDMOOR ASSISTED LIVING COMPANY LLC  
LEGAL ENTITY

To operate SPRINGFIELD SENIOR LIVING COMMUNITY  
NAME OF FACILITY OR AGENCY

Located at 551 EAST EVERGREEN AVENUE, WYNDMOOR, PA 19038  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Assisted Living-Special Care  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 103  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

**Special Care Unit - 55 Pa.Code §§ 2800.231-239 - Capacity 34**

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2800: Assisted Living Residences  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 15, 2019 until November 15, 2020,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **144840**

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
Deputy Secretary

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



November 15, 2019

Mr. San Feuer  
Wyndmoor Assisted Living Company, LLC  
551 East Evergreen Avenue  
Wyndmoor, Pennsylvania 19038

RE: Springfield Senior Living Community  
License #: 144840

Dear Mr. Feuer:

As a result of the Department's Bureau of Human Services Licensing inspection on October 17, 2019 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2800 (relating to Assisted Living Residence), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, citations on the enclosed violation report were found. All citations specified on the violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2800.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Application](https://www.surveymonkey.com/r/BHSL_Application).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock".

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Violation Report

# Violation Report

## Facility Information

Name: *SPRINGFIELD RESIDENCES*  
Address: *551 EAST EVERGREEN AVENUE,, WYNDMOOR, PA 19038*  
County: *MONTGOMERY*                      Region: *SOUTHEAST*

License Number: *13903*

## Administrator

Name: *Jessica Martin*                      Phone: *2152336300*                      Email: *ED@THESPRINGFIELDSENIORLIVING.COM*

## Legal Entity

Name: *CARRINGTON PLACE OF CHESTNUT HILL LLC*  
Address: *551 EAST EVERGREEN AVENUE, RET, WYNDMOOR, PA, 19038*

## Certificate(s) of Occupancy

Type: *C-2 LP*                      Date:                      Issued By:

## Staffing Hours

Resident Support Staff: *0*                      Total Daily Staff: *98*                      Waking Staff: *74*

## Inspection

Type: *Partial*                      BHA Docket #:                      Notice: *Unannounced*  
Reason: *Change Legal Entity*

## Inspection Dates and Department Representative

*10/17/2019 - On-Site: David Carrion*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *103*                      Residents Served: *75*

### Special Care Unit

In Home: *Yes*                      Area: *3rd floor*                      Capacity: *34*                      Residents Served: *21*

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: *0*                      Are 60 Years of Age or Older: *73*  
Diagnosed with Mental Illness: *7*                      Diagnosed with Intellectual Disability: *7*  
Have Mobility Need: *23*                      Have Physical Disability: *0*

89a Hot/cold water pressure

Requirements

2800.

89.a. The residence must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On 10/17/19, at 3:00 pm, the residence did not have sufficient hot water in the bathroom shower to bathe.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Legal Entity Representative

Signature 


Jessica Martin Administrator 10/23/19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 10/28/19  
(Date)

Plan of correction implementation status as of 10/28/19  
(Date)

Fully Implemented

The above plan of correction was approved by   
(Initials)

Not Implemented

**§ 2800.89. Water.**

- (a) The residence must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the residence.

Why it happened? Boiler had fuse that broke

Immediately: Boiler was fixed, fuse was needed and replaced.

Going Forward: Boiler/water temperature to be tested on a daily basis.

Log will be kept. 10/28/19 *MJ*

107d Procedure EMA submission

Requirements

2800.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The residence's written emergency procedures have not been submitted to the local management agency.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Within 5 days receipt of POC, documentation will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax at 610-270-1147. 10/28/19 *MJ*

Legal Entity Representative

*Jessica Martin*  
Signature

Jessica Martin Administrator  
Printed Name and Title

*10/23/19*  
Date

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The above plan of correction is approved as of 10/28/19  
(Date)

Plan of correction implementation status as of 10/28/19  
(Date)

Fully Implemented

The above plan of correction was approved by *MJ*  
(Initials)

Not Implemented




**§ 2800.107. Emergency preparedness.**

(d) The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Why it happened? No documentation was kept as proof.

Immediately: Fax was sent to the local management agency.

Going forward: Documentation will be kept in Emergency Preparedness Binder. 10/28/19 

124 Notice to fire department

Requirements

2800.

124. The residence shall notify the local fire department in writing of the address of the residence, location of the living units and bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The residence does not have documentation of written notification to the local fire Department of the address of the residence, location of the living units and bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Legal Entity Representative

*Jessica Martin*  
Signature

Jessica Martin Administrator 10/23/19  
Printed Name and Title Date

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The above plan of correction is approved as of 10/28/19  
(Date)

Plan of correction implementation status as of 10/28/19  
(Date)

Fully Implemented

The above plan of correction was approved by *JM*  
(Initials)

Not Implemented



**§ 2800.124. Notification of local fire officials.**

The residence shall notify the local fire department in writing of the address of the residence, location of the living units and bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Why? Documentation of notification was not kept on file.

Immediate: Re-sent the local fire department in writing of the address of the residence, location of the living units and bedrooms and the assistance needed to evacuate in an emergency.

Moving Forward: Documentation shall be kept alongside in fire safety books. 10/28/19 