



**Sent via e-mail sfeuer@gardenhc.com
February 27, 2020**

Mr. Sam Feuer
Manager
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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 19, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Mia Johnson". The signature is written in a cursive, flowing style.

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *SPRINGFIELD SENIOR LIVING*

License Number: 14484

Address: *551 EAST EVERGREEN AVENUE,, WYNDMOOR, PA 19038*

County: *MONTGOMERY*

Region: *SOUTHEAST*

Administrator

Name: *JESSICA MARTIN*

Phone: *2152336300*

Email:

Legal Entity

Name: *WYNDMOOR ASSISTED LIVING COMPANY, 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: *129*

Waking Staff: *97*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

Inspection Dates and Department Representative

11/19/2019 - On-Site: Natasha Braswell

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *103*

Residents Served: *69*

Special Care Unit

In Home: *Yes*

Area: *MEMORY CARE*

Capacity: *31*

Residents Served: *20*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *69*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *60*

Have Physical Disability: *0*

42s Privacy - self/possessions

Requirements

2800.

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 11/19/19, at 1:15 pm, cameras were observed in the common area of the special care unit. There are no signs indicating the area is under surveillance.

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.)

See attached

Legal Entity Representative

[Handwritten Signature]
Signature

Jessica Martin
Administrator
1/20/2020
Printed Name and Title Date

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

The above plan of correction is approved as of 2/27/20 (Date)

Plan of correction implementation status as of 2/27/20 (Date)

- Implemented
- Not Implemented

The above plan of correction was approved by *[Handwritten Initials]* (Initials)

2800.42.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.

Cameras were observed in the common area of the special care unit. There are no signs indicating the areas is under surveillance.

Why? Sign was not hung.

Immediate: Sign was hung to indicate the area is under surveillance

Moving Forward: Sign will remain hung to indicate the area is under surveillance.

MJ 2/27/20

69 Dementia training

Requirements

2800.

69. Additional Dementia-Specific Training - Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

Description of Violation

Staff person A, date of hire 10/14/19, received 0 hours of dementia-specific training within 30 days of hire.

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.)

See attached

Legal Entity Representative

Signature *Jessica Martin*

Jessica Martin
Administrator

1/20/2020
Date

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The above plan of correction is approved as of 2/27/20
(Date)

Plan of correction implementation status as of 2/27/20
(Date)

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

Implemented
 Not Implemented

2800. 69 Additional Dementia-Specific Training – Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

Staff person A, date of hire 10/14/19, received 0 hours of dementia-specific training within 30 days of hire.

Why: Training was never documented.

Immediate: Training was done on all new hire and current staff immediately.

Going Forward: all new hires receive training within 30 days. Monthly trainings have been set up.

MJ 2/27/20

82c Locked poisons

Requirements

2800.

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

Description of Violation

Toothpaste, with a manufacture's label indicating "If you accidentally swallow more than used for brushing get medical help or contact a Poison Control Center immediately", was unlocked, unattended, and accessible to residents. Not all the residents of the residence, have been assessed capable of recognizing and using poisons safely.

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.)

See attached

Legal Entity Representative

Signature 

Jessica Martin
Administrator

1/20/2020
Date

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(Date)

Plan of correction implementation status as of 2/27/20
(Date)

The above plan of correction was approved by MG
(Initials)

Implemented
 Not Implemented

2800.82.c Poisonous materials Shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Toothpaste with a manufacture's label indicating "if you accidentally swallow more than used for brushing get medical help or contact a Poison Control Center immediately" was unlocked, unattended, and accessible to residents. Not all the residents of the residence, have been assessed capable of recognizing and using poisons safely.

Why?: Door was accidentally left unlocked.

Immediate: Door was locked and in service completed on poisonous materials.

Going Forward: Spot checks on memory care to make sure everything is locked that is considered poisonous materials.

MJ 2/27/20

184a Labeling

Requirements

2800.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

The home had a 10 ounce container of Thick-It located in the hygiene closet without a label.

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.)

See attached

Legal Entity Representative


Signature


Jessica Martin
Administrator
Printed Name and Title

1/20/2020
Date

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(Date)

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(Initials)

Implemented
 Not Implemented

185a Storage procedures

Requirements

2800.

185.a. The residence 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

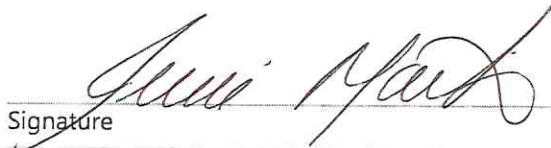
On 11/19/19, at 1:30 pm, the home had a 10 ounce container of Thick-It stored in the personal hygiene closet with soaps and shampoos.

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.)

See attached

Legal Entity Representative


Signature


Jessica Martin
Administrator
Printed Name and Title

1/20/2020
Date

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Implemented
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2800.184.a & 185.a

The original container for prescription medications shall be labeled with a pharmacy

The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff person.

The home had 10 ounce container of Thick-It Located in the hygiene closet without a label.

Why: Thick it was put there by mistake.

Immediate: Thick it was immediately removed and given to nursing for labeling. Inservice was done on storage procedure and labeling.

Going Forward: Everything is always to be labeled and storage closet to be locked . Spot checks will be done by supervisors.

MJ 2/27/20