



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail sfeuer@gardenhc.com
Sent via e-mail ed@thespringfieldseniorliving.com
June 26, 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), licensing inspections on January 9, 2020 found violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence). The enclosed Licensing Inspection Summary (LIS) specifies the violations.

On March 20, 2020 we requested that you complete a plan to correct the violations. We have not received an acceptable plan to correct the violations; therefore, we have attached a directed plan to correct the violations.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you have any questions, please contact me at 610-270-1137.

Sincerely,

Sandra Wooters

Sandra Wooters, MHS, ACG
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

violation report

Facility Information

Name: *Springfield Senior Living*

License Number: *14484*

Address: *551 East Evergreen Ave, Wyndmoor, Pa 19038*

County: *MONTGOMERY*

Region: *SOUTHEAST*

Administrator

Name: *Abraham Smilow*

Phone: *2152336300*

Email: *asmilow@liberty.com*

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

01/09/2020 - 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: *25*

Residents Served: *20*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *0*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *60*

Have Physical Disability: *0*

16c Incident reporting

Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On 1-4-20, an incident occurred in the home, where a contracted staff person was inside the elevator when the doors failed to open on the memory care unit. The fire department was called to the home to assist with the inoperable elevator doors. The home did not report this incident to the Department.

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.)

Regulation 2800.15 was reviewed with the Administrator and Wellness Director on 3/30/20 (see attached).

Staff will be re-educated by 7/10/20 to notify the Administrator and/or Wellness Director anytime emergency management is called.

Legal Entity Representative

Abraham Smilow

Signature

Abraham Smilow, Administrator

Printed Name and Title

6/25/2020

Date

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The above plan of correction is approved as of 6.26.2020
(Date)

Plan of correction implementation status as of 6.26.2020
(Date)

The above plan of correction was approved by

slw
(Initials)

Implemented
 Not Implemented

17 Record confidentiality

Requirements

2800.

17. Confidentiality of Records - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 1/9/20, at 2:22 pm, resident records were unlocked, unattended, and accessible in the Wellness Office.

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.)

The Wellness Department was educated on 3/26/20 on the importance of keeping the wellness office locked when it is unoccupied (see attached).

The lock will be changed to an auto lock by 7/31/20 to ensure compliance is maintained.

DPOC:

1. The administrator or designee will conduct periodic checks of the door to the Wellness Department and medication carts, at least monthly, to ensure resident information remains confidential at all times, starting immediately.

SLW 6.26.2020

Legal Entity Representative

Abraham Smilow
Signature

Abraham Smilow, Administrator
Printed Name and Title

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60c Housekeeping/maintenance

Requirements

2800.

60.c. Additional staff hours, or contractual hours, shall be provided as necessary to meet the transportation, laundry, food service, housekeeping and maintenance needs of the residents.

Description of Violation

On 1-9-20, at 12:00 pm the meals were delivered to memory care for lunch. The meals were not immediately served due to only care staff being present to ensure resident care needs were met. The lack of enough food service staff to serve meals, provide the service of any feeding concerns within the memory unit present the need for more food service staff.

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.)

The Administrator and Wellness Director were educated on 3/30/20 on the importance of ensuring that there is appropriate staff on the memory unit, including when food is being served (see attached).

The shift supervisors will be re-educated by 7/10/20 to make sure that the required staff is available to meet the needs of the residents, including meal service.

DPOC:

1. The administrator will review the staffing schedule at least bi-weekly to ensure there are adequate staff to provide meals and housekeeping services, starting immediately.

Legal Entity Representative 2. The administrator will conduct periodic physical checks of the dining rooms to ensure there are adequate staff at all times to provide meal services to the residents, starting immediately. SLW 6.26.2020

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Signature

Abraham Smilow, Administrator
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85a Sanitary conditions

Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 1-9-20, at 11:15 am, the kitchen dispelled a strong odor of mildew.

On 1-9-20, food service staff failed to utilize food sanitation, as demonstrated by a resident's plate being taken back into the kitchen after eating off the plate to add more gravy meal.

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.)

The kitchen was immediately cleaned. On 3/30/20, the dietary department was educated on regulation 2800.85(a) (see attached).

During daily rounds, the Administrator, Food Service Director and/or Designee will ensure sanitary conditions are maintained.

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Signature

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6/25/2020

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88a Floors, walls, ceilings, windows, doors

Requirements

2800.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 1-9-20, at 11:30 am, the ceiling in the dining room was leaking, there was a red bucket to catch the water.

On 1-9-20, at 11:30 am, the floor tiles in the dishwasher area of the kitchen were broken, cracked and missing in various places of the floor.

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.)

The leak was repaired, and dining room was cleaned.

The Food Service Director and/or Designee will ensure compliance is maintained throughout the workday.

DPOC:

- 1. The administrator will conduct weekly physical site inspection of the home to ensure all areas of the home are in good working condition, starting immediately.
- 2. The administrator or designee will discuss the importance of timely repairs and reporting of areas of the home that are in disrepair at monthly staff meetings for the next six months, starting immediately.

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Signature

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95 Furniture & Equipment

Requirements

2800.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 1-9-20, the handles were missing from the sink in the dish washing area located in the kitchen.

On 1-9-20, the rear elevator on the memory care unit was broken and not in good repair.

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.)

The sink handles and elevator were repaired.

The Food Service Director and/or Designee will ensure kitchen equipment is in good repair daily.

Staff will be educated by 7/31/20 to initiate a work order for items that need to be repaired.

To ensure compliance is maintained, the Administrator and/or Designee will ensure equipment is in good repair during daily rounds.

Legal Entity Representative

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Signature

Abraham Smilow, Administrator

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103c Food protected

Requirements

2800.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 1-9-20, at 11:20 am, there was a styrofoam plate of unknown covered by a second styrofoam plate.

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.)

The Food Service Staff were re-educated on regulation 2800.103c on 3/30/20 (see attached).

The Food Service Director and/or Designee will ensure compliance is maintained throughout the workday.

Legal Entity Representative

Abraham Smilow

Signature

Abraham Smilow, Administrator

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6/25/2020

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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 1-9-20, the glucometer for resident #1 was not calibrated to the correct date and time.

Resident #2 is prescribed Ativan 0.5 mg 1/2 tab and Acetaminophen 325 mg tablet as needed. However, these medications were not on the cart.

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.)

The glucometer for resident #1 was calibrated to the correct date and time. The nursing staff were educated on 3/27/20 to make sure glucometers are properly calibrated and to ensure that prescribed medications are available in the medication cart (see attached).

The Administrator and/or Wellness Director will spot check weekly to ensure compliance is maintained.

Legal Entity Representative

Abraham Smilow

Signature

Abraham Smilow, Administrator

Printed Name and Title

6/25/2020

Date

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187a Medication record

Requirements

2800:

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2 is prescribed Haldol 0.25 mg, Pilocarpine Sol 1%, Hydralazine 25 mg Tab, Rhopressa Sol .02% and Restasis 0.05%. However, the medication administration record for resident #2 does not indicate the diagnosis information for these medications.

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.)

The medication record for resident #2 was updated to include the appropriate diagnoses.

The licensed nursing staff were re-educated on regulation 2800.187a on 3/27/20 (see attached).

The Administrator and/or Wellness Director will spot check weekly to ensure compliance is maintained.

Legal Entity Representative

Abraham Smilow
Signature

Abraham Smilow, Administrator
Printed Name and Title

6/25/2020
Date

187a Medication record *(continued)*

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(Date) (Date)

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(Initials) Not Implemented

187d Follow prescriber's orders

Requirements

2800.

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

Description of Violation

The following medications were not administered under the parameters of the physicians orders:

Resident #3 is prescribed Warfarin 4 mg Tab take 2 tablets by mouth on Tuesdays and Thursdays. However, resident #3 was administered this medication on January 1, 3, 4, 5 and 6 at 5:00 pm.

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.)

On 3/27/20, the nursing staff were re-educated on regulation 2800.187d (see attached).

The Administrator and/or Wellness Director will spot check weekly to ensure compliance is maintained.

Legal Entity Representative

Abraham Smilow

Signature

Abraham Smilow, Administrator

Printed Name and Title

6/25/2020

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