



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

August 19, 2022

[REDACTED]
Wyndmoor Assisted Living Company, LLC
551 East Evergreen Avenue
Wyndmoor, Pennsylvania 19038

RE: Springfield Senior Living Community
License #: 14484

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 12, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]

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: [REDACTED]

Phone: 2152336300

Email: [REDACTED]

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: 78

Waking Staff: 59

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint,Incident*

Inspection Dates and Department Representative

02/12/2020 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 103

Residents Served: 66

Special Care Unit

In Home: *Yes*

Area: *Memory Care*

Capacity: 33

Residents Served: 19

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 66

Diagnosed with Mental Illness: 10

Diagnosed with Intellectual Disability: 22

Have Mobility Need: 12

Have Physical Disability: 6

65a Fire Safety-1st day

Requirements

2800.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED] did not receive orientation, until [REDACTED], on the following topics:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the residence's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

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, Wellness Director & HR Director were all in-serviced on the requirement that all staff receive orientation prior to or on their first day of work for General Fire Safety and Emergency Preparedness. The Administrator or designee will audit for the next 3 months to make sure that all new hires receive their orientation timely.

Legal Entity Representative

[REDACTED]

Signature

[REDACTED]

Printed Name and Title

3/12/2020


Date

02/12/2020

65a Fire Safety-1st day *(continued)*

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The above plan of correction is approved as of 8/19/22 Plan of correction implementation status as of 8/19/22
(Date) (Date)

The above plan of correction was approved by  (Initials)

- Implemented
- Not Implemented

65g Initial direct care training

Requirements

2800.

65.g. Direct care staff persons may not provide unsupervised assisted living services until completion of 18 hours of training in the following areas:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:

Description of Violation

Direct care staff person A provided unsupervised assisted living services on 02/08/20 and 02/09/20. Direct care staff person A did not complete 18 hours of training as required by 2800.65g (1-3).


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 & Wellness Director will be in-serviced on the requirement for Direct Care Staff Persons to complete their 18 hours of training as required by 2800.65g. The Administrator or designee will audit for the next 3 months to make sure that all new hires have correctly completed their 18 hours of training.

Legal Entity Representative


Signature



Printed Name and Title

3/12/2020
Date

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Implemented
 Not Implemented

141b1 Annual medical evaluation

Requirements

2800.

141.b. A resident shall have a medical evaluation:

- 1. At least annually.

Description of Violation

Resident # 1's most recent medical evaluation was completed on [REDACTED]

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 & Wellness Director were in-serviced on the requirement for the ADME to be completed annually for all Residents. The Administrator & Wellness Director will audit for the next 3 months to make sure that all ADME's are completed timely.

Legal Entity Representative

[REDACTED]

Signature

[REDACTED]

Printed Name and Title

3/12/2020

Date

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Implemented

Not Implemented

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02/12/2020

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

Resident # 2 is prescribed Morphine Sul Sol 100/5ml take .25 MLS as needed. On 02/12/20, this medication was not available in the residence.

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 Nursing staff will be in-serviced to make sure that all residents have their medication and in the event a resident does not have a medication to order it from the Pharmacy. The Wellness Director or designee will audit for the next 3 months to make sure that all residents have their medications.

Legal Entity Representative

[Redacted Signature]

[Redacted Name] Wellness Director
Printed Name and Title

3/12/2020
Date

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(Date)

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(Date)

- Implemented
- Not Implemented

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

02/12/2020

187b Date/time of med admin

Requirements

2800.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 02/12/20, at 11 am, resident #3 Clonozapam was administered. Staff person C did not initial or record the date and time of administration.

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 nursing staff will be in-serviced on the requirement that all medication is to be recorded at the time that it is given. The Wellness Director or designee will audit for the next 3 months to make sure the administered medications are recorded timely.

Legal Entity Representative

Signature		Wellnes Director	3/12/2020
		Printed Name and Title	Date

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02/12/2020

187d Follow prescriber's orders

Requirements

2800.

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

Description of Violation

Resident #4 is prescribed Ativan .5 mg take 1 tab by mouth in the evening daily. However, this medication was not administered to resident #4 on 2/11/20 because the medication was not available in the residence.

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 nursing staff will be in-serviced on the requirement to follow the directions of the prescriber and administer the medications accordingly. The Wellness Director will audit for 3 months to make sure the medications are being administered correctly

Legal Entity Representative

Signature [Redacted]

[Redacted] Wellness Director
Printed Name and Title

3/12/2020
Date

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190a Completion of course—meds

Requirements

2800.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

According to the Medication Administration Record, on 02/03/20, at 9 am, staff person B, who has not successfully completed the Department-approved medications administration course, administered medications to residents of the home.

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 the Wellness Director were in-serviced on the requirement that only employees who have completed the Department approved medication administration course may administer meds. The Administrator will ensure that all Med Techs are approved to administer meds.

Legal Entity Representative

[Redacted Signature]

[Redacted Name]

Administrator

3/12/2020
Date

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190c Record of training

Requirements

2800.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The residence's medication administration training record for staff person A does not include the name of the trainer and the training source.

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 & the Wellness Director will be inserviced on the requirement of 190.c for the record of training. The Administrator will make sure that the record of training includes all the required items.

Legal Entity Representative

[Redacted Signature]

[Redacted Name] Administrator
Printed Name and Title

3/12/2020
Date

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(Date)

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(Initials)

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- Not Implemented

202 Prohibitions

Requirements

2800.

202. The following procedures are prohibited:

- 4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

Resident #5 is prescribed for Lorazepam .5mg Take 1 tab as needed . According to MAR, Lorazepam was administered to resident # 1 to control behaviors. On 02/12/20, at 10:30 am, resident #5, received medication for agitation.

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 Nursing staff will be educated on the appropriate diagnoses for which medications may be prescribed.
The Wellness Director or designee will conduct a audit to make sure these medications are being given for the correct diagnoses.

Legal Entity Representative

Signature	 _____ Wellness Director	3/12/2020 Date
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225a1 Assessment – annually

Requirements

2800.

225.a.1. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: Annually.

Description of Violation

Resident # 1's most recent assessment was completed on [REDACTED]

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, Wellness Director and Nursing staff were in-serviced on the requirement for the assessments to be completed annually. The Wellness or Director or designee will audit for the next 3 months to make sure that all assesments are being completed timely.

Legal Entity Representative

[REDACTED Signature]

[REDACTED] Administrator
Printed Name and Title

3/12/2020
Date

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(Date)

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- Implemented
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227b Final support plan – RN

Requirements

2800.

227.b. A residence may use its own support plan form if it includes the same information as the Department's support plan form. An LPN, under the supervision of an RN, shall review and approve the final support plan.

Description of Violation

Resident #6's Assessment Support Plan does not include an LPN, under the supervision of an RN, shall review and approve the final support plan.

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, Wellness Director and Nursing staff will be educated on the requirement for the final support plan to be under the supervision of a RN. The Wellness Director will audit for the next 3 months to make sure that they final support plans are being completed correctly.

Legal Entity Representative

[Redacted Signature]

[Redacted Name] Administrator

3/12/2020

Signature

Printed Name and Title

Date

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

227d Support plan – med/dental

Requirements

2800.

227.d. Each residence shall document in the resident’s final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

Resident #6's Assessment Support Plan determined that the resident has various needs . The resident's support plan, dated [redacted] does not address how this need will be met.

Plan of Correction (POC)

The Administrator, Wellness Director and Nursing staff were in-serviced on the requirement for the assesments to be completed annually.

(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 Nursing staff will be educated on making sure the support plan addresses how the resident needs will be met. Resident R6 had the support plan updated. The Wellness Director will audit for the next 3 months that the support plans are completed correctly.

Legal Entity Representative

[redacted]

Signature

[redacted]

Printed Name and Title

Administrator

3/12/2020

Date

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Implemented

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227g Support plan - signatures

Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #6 participated in the development of [redacted] support plan on [redacted] However, the resident did not sign and date the support plan.

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 nursing staff will be educated on the requirement that the individuals participating in the support plan sign and date the support plan. The Wellness Director will audit for the next 3 months to make sure that the support plans are being completed correctly.

Legal Entity Representative

Signature [redacted]

[redacted] Wellness Director 3/12/2020
Printed Name and Title Date

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