

Department of Human Services
Bureau of Human Service Licensing

May 3, 2021

██████████ ED
WYNDMOOR ASSISTED LIVING COMPANY LLC
551 EAST EVERGREEN AVENUE
WYNDMOOR, PA 19038

RE: SPRINGFIELD SENIOR LIVING
COMMUNITY
551 EAST EVERGREEN AVENUE
WYNDMOOR, PA, 19038
LICENSE/COC#: 14484

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/11/2020, 12/17/2020, 03/04/2021, 03/05/2021, 03/10/2021, 03/12/2021, 03/16/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Sandi Wooters

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *SPRINGFIELD SENIOR LIVING COMMUNITY* **Licen e #:** *14484* **Licen e Expiration Date:** *11/15/2021*
Addr e : *551 EAST EVERGREEN AVENUE, 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, WYNDMOOR, PA, 19038*
Phone: *2152336300* **Email:** *ASMILOW@LIBERTYCENTERHC.COM*

Certificate(s) of Occupancy

Staffing Hours

Re ident Support Staff: **Total Daily Staff:** *81* **Waking Staff:** *61*

Inspection

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Complaint* **Exit Conference Date:** *03/12/2021*

Inspection Dates and Department Representative

12/11/2020 - Off-Site: [REDACTED]
12/17/2020 - Off-Site: [REDACTED]
03/04/2021 Off Site [REDACTED]
03/05/2021 - Off-Site: [REDACTED]
03/10/2021 - Off-Site: [REDACTED]
03/12/2021 - Off-Site: [REDACTED]
03/16/2021 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *103* **Residents Served:** *65*

Special Care Unit

In Home: *Yes* **Area:** *0* **Capacity:** *33* **Re ident Served:** *16*

Hospice

Current Residents: *1*

Resident Demographic Data as of Inspection Dates (continued)

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 65

Diagnosed with Mental Illness: 10

Diagnosed with Intellectual Disability: 22

Have Mobility Need: 16

Have Physical Disability: 16

Inspections / Reviews

12/11/2020 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/29/2021

3/30/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 04/09/2021

5/3/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type:

Follow Up Date

141a Medical evaluation

1. Requirements

2800.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

Description of Repeat Violation

The medical evaluation for resident # 1, dated 10/22/2020, does not include immunizations. This area of the form is blank.

Plan of Correction**Accept**

Resident #1 no longer resides in The Home. The administrator will audit all ADME's by 3/31/21 to ensure completion. To ensure compliance, the administrator and/or designee will check new ADME's within 72 hours of completion to ensure completion.

Completion Date: 03/31/2021

Document Submission**Implemented**

See attached

187b Date/time of med admin

1. Requirements

2800.

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

Description of Repeat Violation

Resident # 1 is prescribed a Multi-vitamin daily. Resident # 1's medication administration record does not include the initials of the staff person who administered the medication on 10/16/2020, at 9am.

Plan of Correction**Accept**

Resident #1 no longer resides at The Home. The Medication Administrators were educated on initialing medication record after administration on 1/28/21 and 3/23/21 (see attached). The Administrator and/or designee are completing weekly MAR audits to ensure medication record is initialed per policy (see attached). Beginning 3/26/21, a licensed nurse will monitor the administration of medication daily for 30 days, and then weekly for 3 months to ensure compliance. Employees who fail to follow policy will receive a 30 day suspension from medication administration.

Completion Date 07/26/2021

Document Submission**Implemented**

See attached

187c Refusal to take medication

1. Requirements

2800.

- 187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

187c Refusal to take medication (continued)

Description of Violation

On 10/21/2020 resident # 1 refused to take a scheduled dose of Memantine 5mg, Furosemide 20mg, and Lisinopril 10mg. The residence did not document the physicians response to the refusal or any notation they contacted the physician.

Resident #2 refused to take scheduled doses of prescribed medications Acetaminophen 500mg, Divalproex 125mg and Synthroid 25mg on 10/8/20, 10/9/20, 10/10/20, 10/12/20, 10/13/20, 10/25/20, and 10/27/20. The home did not document the physician's response to the refusal or any notation they contacted the physician.

Resident #3 refused to take a scheduled does of Losartan 25mg on 10/31/20. The home did not document the physician's response to the refusal or any notation they contacted the physician.

Plan of Correction

Accept

The medication administrators were educated on refusal policy on 1/28/21 and 3/23/21. The Administrator and/or designee began completing weekly medication audits on 1/25/21 for 3 months, then monthly for 3 months, if substantial compliance is maintained. To ensure refusals are reported to the MD within 24 hours (see attached). Employees who fail to follow policy will receive a 30 day suspension from medication administration.

Completion Date: 07/26/2021

Document Submission

Implemented

See attached

187d Follow prescriber's orders

1. Requirements

2800.

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

Description of Repeat Violation

Resident # 1 is prescribed Memantine 5mg, The medication was not available for administration on 10/3 through 10/9/20, 10/12, 10/13, 10/15, 10/18, 10/20 and 10/21/2020.

Resident #2 is prescribed Synthroid 25mg. The medication was not available for administration on 11/9/20, 11/10/20, 11/11/20, 11/12/20, 11/13/20, 11/14/20, 11/15/20, 11/16/20, 11/17/20, 11/18/20, and 11/19/20.

Resident # 3 is prescribed Losartan 25mg. The medication was not available for administration on 10/3 through 10/9/20, 10/12, 10/13, 10/15, 10/18, 10/20 and 10/21/2020.

187d Follow prescriber's orders (continued)

Plan of Correction

Accept

The medication administrator's were educated on policy to notify the family when a 10 day supply is remaining. If medication decrease to a 3 day supply, the administrator or nursing director will be notified, and medication will be ordered from our facility pharmacy and family will be made aware. Residents and family members were made aware of this protocol via email communication. If the medication is ordered from our facility pharmacy, and cannot be filled due to prescription or billing issues, the pharmacy will notify the MD (for prescription), the administrator and/or designee for billing issues. The administrator and/or designee began completing weekly medication audits on 1/25/21 for 3 months, if substantial compliance is maintained the audits will be change to monthly on 4/26/21 for 3 months (see attached).

Completion Date: 07/26/2021

Document Submission

Implemented

See attached

2. Requirements

2800.

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

Description of Repeat Violation

Resident # 1 is prescribed to be repositioned every two hours. However, this treatment was not provided to resident # 1 during October and November 2020.

Plan of Correction

Accept

The order for resident #1 should have been removed when [redacted] transferred from SNF to AL. To ensure compliance, the administrator and/or designee will audit all transfers within 48 hours from SNF to verify that all orders from SNF are discontinued. This will also be added to our weekly medication audit tool, beginning 3/28/21.

Completion Date: 07/26/2021

Document Submission

Implemented

See attached

188b Medication error reporting

1. Requirements

2800.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident # 1is prescribed Memantine 5mg. However, resident # 1 was not administered the medication from10/3 through 10/9/20, 10/12, 10/13, 10/15, 10/18, 10/20 and 10/21/2020. The medication error was not reported.

Resident # 3 is prescribed Losartan 5mg. However, resident # 3 was not administered the medication from10/3 through 10/9/20, 10/12, 10/13, 10/15, 10/18, 10/20 and 10/21/2020. The medication error was not reported.

188b Medication error reporting (continued)**Plan of Correction****Accept**

Resident #1 no longer resides at The Home, The medication error for resident #3 will be reported to prescriber, resident and designated person and documented. The medication administrator's and licensed nurses were educated on 3/23/21 on what constitutes a medication error and the need to report to the MD, resident and designated person.. The administrator and/or designee began completing weekly audits on 1/25/21 (see attached). If a medication is not given the prescriber, resident and designated person will be made aware.

Completion Date: 07/26/2021

Document Submission**Implemented**

See attached