



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: March 9, 2021

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

RE: Springfield Senior Living Community
License #: 144841

Dear Mr. Feuer:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection December 28, 2020 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence), the Department hereby REVOKES your certificate of compliance (144840) dated November 15, 2020 to November 15, 2021 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated November 15, 2020 to November 15, 2021 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from March 9 2021 to September 9, 2021.

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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 or § 2800 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

Mr. Feuer

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55 Pa. Code Chapter 2600 or 2800	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
<u>Section:</u>					
187a	III	41	\$3	\$123	15 calendar days from mailing date of this letter
187b	III	41	\$3	\$123	15 calendar days from mailing date of this letter
187d	II	41	\$5	\$205	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.>

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

Mr. Feuer

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This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer". The signature is written in a cursive style with a large initial "J" and "B".

Jamie Buchenauer
Deputy Secretary
Office of Long-Term Living

Enclosure
License
Licensing Inspection Summary

cc: Patrick Marano, Office of General Counsel
Jeanne Parisi, Director, Human Services Licensing
Patricia Adams, Regional Director, Human Services Licensing
Shivani Patel, Enforcement Manager, Human Services Licensing

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

Facility Information

Name: *SPRINGFIELD SENIOR LIVING COMMUNITY* License #: *14484* License Expiration Date: *11/15/2021*
 Address: *551 EAST EVERGREEN AVENUE, WYNDMOOR, PA 19038*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: *Michele Adams* Phone: *2152336300* Email: *Michele.Adams@springfieldal.com*

Legal Entity

Name: *WYNDMOOR ASSISTED LIVING COMPANY LLC*
 Address: *551 EAST EVERGREEN AVENUE, WYNDMOOR, PA, 19038*
 Phone: *2152336300* Email: *ED@TheSpringfieldSeniorLiving.com*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/16/1987* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *50* Waking Staff: *38*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *01/19/2021*

Inspection Dates and Department Representative

12/28/2020 - Off-Site: Youn Hie Chung
12/29/2020 - Off-Site: Youn Hie Chung
01/05/2021 - Off-Site: Youn Hie Chung
01/07/2021 - Off-Site: Youn Hie Chung
01/13/2021 - Off-Site: Youn Hie Chung
01/19/2021 - Off-Site: Youn Hie Chung

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *103* Residents Served: *41*

Special Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *34* Residents Served: *11*

Hospice

Current Residents: *x*

Resident Demographic Data as of Inspection Dates *(continued)*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *41*

Diagnosed with Mental Illness: *1*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *11*

Have Physical Disability: *0*

Inspections / Reviews

12/28/2020 - Partial

Lead Inspector: *Youn Hie Chung*

Follow-Up Type: *POC Submission*

Follow-Up Date: *02/06/2021*

2/23/2021 - POC Submission

Lead Reviewer: *Claire Mendez*

Follow-Up Type: *On-site Verification*

18 Other laws, regs, ordins.

1. Requirements

2800.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 04/03/2020, the Pennsylvania Department of Health issued PAHAN-492, Universal Masking of Healthcare Workers and Staff in Congregate Care Settings in order to minimize transmission of Covid-19 into and within healthcare facilities and congregate care settings. Per the Order of the Secretary of the Pennsylvania Department of Health requiring Universal Face Coverings, updated November 18, 2020, every individual, age two and older, in the Commonwealth of Pennsylvania shall wear a face covering when indoors or in an enclosed space, where another person or persons who are not members of the individual's household are present in the same space, irrespective of physical distance. Video clips of resident #1 and staff interaction show that staff were not wearing a mask at all or not wearing it properly while providing care in resident #1's room.

On 11/23/2020 at 06:33 AM, a staff without a mask emptied the trash and helped the resident with his adult brief and getting up.

On 11/22/2020 at 07:17 PM, a staff with a mask on the chin tucked him in bed.

On 11/09/2020 at 05:46 AM, a staff without a mask emptied the trash can.

On 10/30/2020 at 06:35 AM, a staff with a mask on her chin changed his adult brief and sheet.

On 10/29/2020 at 03:05 AM, a staff without a mask checked on him and covered him with his blanket.

On 10/29/2020 after midnight, a staff with a mask on her chin came in and adjusted his room temperature.

On 10/26/2020 at 06:33 AM, a staff without a mask changed his adult brief while two other staff with masks on were observing.

On 10/26/2020 at 06:10 AM, a staff without a mask took laundry out.

On 09/20/2020 at 05:24 PM, a staff without a mask brought his dinner, accompanied by another aid with a mask on.

Plan of Correction

Accept

Staff were educated on Covid-19 on 11/12/20, appropriate mask placement on 11/2/20, donning PPE on 12/7/20 (see attached). Staff will be re-educated on PAHAN-492 by 2/15/21. The Administrator and Management Team will observe employees throughout their day to ensure compliance. Residents will be reminded by 2/5/21 that all employees must wear masks appropriately, and to notify Administrator or Nursing Supervisor if an employee enters their room without appropriate mask placement. Twice a week the administrator and/or designee will randomly push call bells in occupied resident rooms to ensure employees respond with appropriate mask placement. This will ensure compliance is maintained.

Completion Date: 02/15/2021

Not Implemented 2/23/2021 *CM*

85a Sanitary conditions

1. Requirements

2800.

- 85.a. Sanitary conditions shall be maintained.

Description of Violation

Failure to wear proper face coverings creates an unsanitary condition in that it creates a risk of transmitting the COVID-19 to staff and residents. On multiple occasions including 11/23/2020, 11/22/2020, 11/09/2020, 10/30/2020, 10/29/2020, 10/26/2020 and 09/20/2020, it was observed through video clippings that staff were not wearing a mask or not wearing the mask properly.

85a Sanitary conditions (continued)

Plan of Correction

Accept

Staff were educated on Covid-19 on 11/12/20, appropriate mask placement on 11/2/20, donning PPE on 12/7/20 (see attached). Staff will be re-educated on PAHAN-492 by 2/15/21. The Administrator and Management Team will observe employees throughout their day to ensure compliance. Residents will be reminded by 2/5/21 that all employees must wear masks appropriately, and to notify Administrator or Nursing Supervisor if an employee enters their room without appropriate mask placement. Twice a week the administrator and/or designee will randomly push call bells in occupied resident rooms to ensure employees respond with appropriate mask placement. This will ensure compliance is maintained.

Completion Date: 02/15/2021

Not Implemented 2/23/2021 CM

187a Medication record

1. Requirements

2800.

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

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Repeat Violation

Resident #1 is prescribed Divalproex 250 mg, Loratadine 10 mg, Donepezil 10 mg, Atorvastatin 40 mg, Doxycycline 100 mg, Sertraline 100 mg, Calcium 600 mg, and Folic Acid 1 mg. However, the resident's December 2020 medication administration record (MAR) does not include the diagnoses for these medications.

Repeat Violation: 01/19/2020 et al

Plan of Correction

Directed

Nursing Staff will be re-educated by 2/15/21 on ensuring that each medication on the medication record contains a diagnosis. The Administrator and/or designee will check random medication records twice a week to ensure a diagnosis is listed. To ensure compliance is maintained, the Administrator and/or designee are completing weekly Medication Record Audits for 3 months. After 3 months the administrator and/or designee will report findings to the Continuous Quality Improvement team for review and recommendations.

Licensee's Proposed date for POC Implementation 2/15/2021

DPOC 2/23/2021 CM: Immediately, a licensed LPN or staff person qualified as a medication administration trainer will monitor the MAR and the administration of resident medication daily for 30 days, and then weekly for three months to ensure all medication administration documentation is complete, current and accurate. Documentation will be kept.

Update - 02/10/2021

Not Implemented 2/23/2021 CM

Licensee's Proposed Date for POC Implementation: 2/15/2021

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.

187b Date/time of med admin (continued)

Description of Repeat Violation

Resident #1 is prescribed Sertraline 100 mg, Glucerna Shake, Aspirin 81 mg, and Calcium 600. Resident #1's December medication administration record does not include the initials of the staff person who administered these meds on 12/08/2020 at 09:00 AM.

Repeat Violation: 02/12/2020 et al

Plan of Correction

Directed

Nursing and Medication Administrators will be educated by 2/15/21 on the importance of initialing medication record after administering medication. The Administrator and/or designee will check random medication records twice a week to ensure the medication record is initialed appropriately. To ensure compliance is maintained, the administrator and/or designee will complete weekly medication record audits for 3 months. After 3 months, The administrator and/or designee will report findings to the Continuous Quality Improvement team for review and recommendations. Licensee's Proposed Date for POC Implementation: 2/15/2021

DPOC 2/23/21 CM: Immediately, a licensed LPN or staff person qualified as a medication administration trainer will monitor the MAR and the administration of resident medication daily for 30 days, and then weekly for three months to ensure all medication administration documentation is complete, current and accurate. Documentation will be kept.

Not Implemented 2/23/2021 *CM*

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 Loratadine 10 mg, Januvia 50 mg, and Folic Acid 1 mg. However, these medications were not administered to resident #1 on 12/13 and 12/15/2020 because the medications were not available in the residence.

Repeat Violation: 01/19/2020, 02/12/2020 et al

187d Follow prescriber's orders (continued)

Plan of Correction

Directed

Medication was supplied by the family. Nursing and Medication Administrators will be educated by 2/15/21 to notify family when they have 10 day supply remaining. If medication is not received, and a 3 day supply is remaining, the administrator and/or designee must be notified. Family will be notified by the administrator and/or designee and medication will be ordered from the The Homes' pharmacy. To monitor compliance, the administrator will check random medication records twice a week to ensure medications are available as ordered. To ensure compliance is maintained, the administrator and/or designee will complete weekly medication record audits for 3 months. After 3 months, the administrator and or designee will report findings to the Continuous Quality Improvement team for review and recommendations.

Licensee's Proposed Date for POC Implementation: 2/15/2021

DPOC 2/23/21 CM: Within 30 days of receipt of the plan of correction: The administrator shall review and update if necessary the home's procedures for the safe storage, access, security, distribution and use of medications, including the procedures for ensuring all prescribed medications are available in the home for administration and the procedures for ordering prescribed medications. All staff persons qualified to administer medications will be reeducated on the home's policy and procedures. Documentation of education shall be kept.

2. Requirements

Not Implemented 2/23/2021 CM

2800.

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

Description of Violation

Resident #1 is prescribed an Accu-Check twice a day on Monday, Wednesday, and Friday. However, it was not checked at 08:00 AM on 12/2 and 12/4/2020.

Plan of Correction

Directed

The Nursing and Medication Administrators will be educated by 2/15/21 on the importance of completing and documenting Accu-checks. To ensure compliance, the administrator will review Accu-check documentation twice a week. To ensure compliance is maintained, the administrator and/or nursing director will complete weekly audits of glucometers and corresponding documentation to ensure that readings are recorded accurately for 3 months. After 3 months, the administrator and/or designee will report finding to The Continuous Quality Improvement team for review and recommendations.

Licensee's Proposed Date for POC Implementation: 2/15/2021

DPOC 2/23/2021 CM: Within 30 days of receipt of the plan of correction, all staff persons administering medication will be reeducated on administering medication including following the orders of the prescriber, and the proper administration and documentation of insulin administration. Documentation will be kept.

Update - 02/11/2021

Not Implemented 2/23/2021 CM

Licensee's Proposed Date for POC Implementation: 2/15/2021

227g Support plan - signatures

1. Requirements

2800.

227g Support plan - signatures (continued)

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

Description of Violation

Resident #1's Assessment and Support Plan (ASP) dated 03/04/2020 is missing the date the assessor signed the ASP.

Plan of Correction Repeat Violation: 02/12/2020

Accept

The assessor is no longer employed at The Home. Staff who complete ASP's were re-educated on 1/29/21 on the importance of dating the ASP (see attached). The Administrator and/or designee will check ASP for completion of date, prior to filing in resident medical record.

Completion Date: 01/29/2021

Not Implemented 2/23/2021 *CM*

234b Support plan - elements

1. Requirements

2800.

234.b.1. The support plan and if applicable, the rehabilitation plan, must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan dated 03/04/2020 for resident #1 does not address medical or psychological needs.

Plan of Correction

Directed

Staff who complete ASP's were re-educated on 1/29/21 on the areas of the ASP's that need to be completed (see attached). To maintain compliance, the administrator and/or designee will check ASP to ensure medical or psychological needs are addressed, prior to filing in medical record.

Licensee's Proposed date for POC Implementation 1/29/2021

DPOC 2/23/2021 CM: Immediately, the administrator or designated staff person will monitor all new resident admissions to ensure all newly admitted residents have a support plan completed in accordance with regulation 2600.234(b)(1).

Update - 02/11/2021

Not Implemented 2/23/2021 *CM*

Licensee's Proposed Date for POC Implementation: 1/29/2021