

Department of Human Services
Bureau of Human Service Licensing

May 3, 2021

██████████ ADMINISTRATOR
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 03/25/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

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:** *09/09/2021*
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:** [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Re ident Support Staff: *0* **Total Daily Staff:** *63* **Waking Staff:** *47*

Inspection

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Fine* **Exit Conference Date:** *04/25/2021*

Inspection Dates and Department Representative

03/25/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *103* **Residents Served:** *38*

Special Care Unit

In Home: *Yes* **Area:** *3rd Floor* **Capacity:** *34* **Residents Served:** *10*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *38*
Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability:** *0*
Have Mobility Need: *25* **Have Physical Disability:** *1*

Inspections / Reviews

03/25/2021 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *04/11/2021*

Inspections / Reviews *(continued)*

4/8/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *04/10/2021*

4/8/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/25/2021*

5/3/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187d Follow prescriber's orders

1. Requirements

2800.

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

Description of Violation

Resident # 1 is prescribed Milk of Magnesia as needed. However, this medication was not available to Resident # 1 on 3/25/21 because the medication was not available in the residence.

Repeat 1/19/2020, 2/21/2020, 12/28/2020

Plan of Correction

Do Not Accept

MD was on site during inspection and gave order to discontinue milk of magnesia for resident #1. The medication administrator's were educated on 3/23/21 (see attached) on the policy of notifying the family when a 10 day supply s remaining. If medication decrease to a 3 day supply, the administrator or nursing director will be notified, and medication will be ordered from facility pharmacy. Residents and family members were made aware of this protocol ia email communication. If the medication is ordered from our facility pharmacy, and cannot be filled due to billing or prescription issues, the pharmacy will notify the MD (prescription), the administrator (billing). The administrator and/or designee began completing weekly audits on 1/25/21 (see attached) for 3 months. If substantial compliance s maintained, the audits will change to monthly for 3 months. During the audits, medication carts are checked to ensure ordered medication is available. The facility is also meeting with the pharmacy about the possibility of obtaining a pyxis.

Completion Date: 07/26/2021

Plan of Correction

Accept

MD was on site during inspection and gave order to discontinue milk of magnesia for resident #1. The medication administrator's will be re-educated by 4/23/21 on the policy of notifying 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 facility pharmacy. Residents and family members were made aware of this protocol ia email communication. If the medication is ordered from our facility pharmacy, and cannot be filled due to billing or prescription issues, the pharmacy will notify the MD (prescription), the administrator (billing). The administrator and/or designee will begin targeted weekly audits on 4/12/21 to ensure that PRN medications which are ordered are available. Audits will be completed weekly for 8 weeks. If substantial compliance is maintained the audits will then be completed monthly for 3 months. The facility is also meeting with the pharmacy about the possibility of obtaining a pyxis.

Completion Date: 04/23/2021

Document Submission

Implemented

See attached