Department of Human Services Bureau of Human Service Licensing

May 3, 2021



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

Name: SPRINGFIELD SENIOR LUVING COMMUNITY Licen e #: 14484 Licen e Expiration Date: 09/09/2021 Administrator Region: South! South! Administrator Phone: 2152336300 Email: South! Legal Entity South! South! South! South! Name: MONGOR ASSISTED LIVING COMPANY LIC Address: SSI EAST EVERGREEN AVENUE; WYNDMOOR, PA, 19038 Phone: 2152336300 Email: South! South! Certificate(s) of Occupancy Inster 11/16/1987 Issued By: L & 1 Phone: 2152336300 Email: South! Staffing Hours Inster Uning Code Anson Department Presentative South! South! Type: Part: Inster: BHA Docket #: Exit Conference Date: O425/2021 Staffing Hours Internet Information Exit Conference Date: O425/2021 South! South	Facility Information			
Name:Phone: 2152336300Email:Legal EntityName:WWDMOOR ASSISTED LIVING COMPANY LLC Address: 551 EAST EVERGREEN AVENUE, WYNDMOOR, PA, 19038Phone: 2152336300Email:Certificate(s) of OccupancyType: C-2 LPDate: 11/16/1987Staffing HoursRe ident Support Staff: 0Total Daily Staff: 63Waking Staff: 47InspectionType: PartialNotice: UnannouncedBHA Docket #: Exit Conference Date: 04/25/2021Inspection Dates and Department Representative 03/25/2021 - On-Site:Resident Demographic Data as of Inspection DatesGeneral Information License Capacity: 103Residents Served: 38Special Care Unit In Home: YesIn Home: YesArea: 3rd FloorCapacity: 34Residents Served: 10Hospice Current Residents: 1Number of Residents: 1Number of Residents: 1Number of Residents: 2Diagnosed with Mental Illness: 2Diagnosed with Intellectual Disability: 0 Have Mobility Meed: 25Market Servet:03/25/2021 Partial	Addre : 551 EAST EVERGREEN AVENUE,	WYNDMOOR, PA 1903		Licen e Expiration Date: 09/09/2021
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Lead Inspector: Follow-Up Type: POC Submission Follow-Up Date: 04/11/2021	03/25/2021 Partial			
	Lead Inspector:	Follow-Up Type: PO	C Submission	Follow-Up Date: 04/11/2021

Inspections / Reviews (continued)		
4/8/2021 - POC Submission		
Lead Reviewer:	Follow Up Type: POC Submission	Follow-Up Date: 04/10/2021
4/8/2021 POC Submi ion		
Lead Reviewer:	Follow-Up Type: Document Submission	Follow-Up Date: 04/25/2021
5/3/2021 - Document Submission		
Lead Reviewer:	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

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

See attached

Do Not Accept

Implemented