

Department of Human Services
Bureau of Human Service Licensing

July 6, 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/COCC#: 14484

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/11/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

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*
Adde : *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

Staffing Hours

Re ident Support Staff: *0* **Total Daily Staff:** *57* **Waking Staff:** *43*

Inspection

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Monitoring* **Exit Conference Date:** *06/11/2021*

Inspection Dates and Department Representative

06/11/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *103* **Residents Served:** *34*

Special Care Unit

In Home: *Yes* **Area:** *memory care* **Capacity:** *33* **Residents Served:** *11*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *34*
Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability:** *1*
Have Mobility Need: *23* **Have Physical Disability:** *1*

Inspections / Reviews

06/11/2021 *Partial*

Lead Inspector: [REDACTED] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *07/02/2021*

Inspections / Reviews *(continued)*

7/2/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow-Up Date: *07/09/2021*

7/6/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a Sanitary conditions

1. Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Repeat Violation

Shared Glucometers:

The following glucose readings for resident #4 were found in resident #5's glucometer:

6/10/21 at 8:00am - 190 blood sugar reading

6/10/21 at 12:00pm - 91 blood sugar reading

Plan of Correction

Accept

Medication Administrator's were re-educated on the protocol of not sharing glucometers (see attachment #1). The DON and/or Administrator are checking glucometers and blood sugars when in the community to ensure glucometers are not being shared (see attachment A-P). Audits will be completed each time DON and/or administrator are in the building. Once compliance is 100% for 30 days, audits will be completed weekly. A Diabetic Training will be completed by Corporate Clinical team by 7/31/21.

Completion Date: 07/30/2021

Document Submission

Implemented

see attached

91 Telephone Numbers

1. Requirements

2800.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire Department on or by the telephone in bedroom [REDACTED].

There are no emergency telephone numbers to include the nearest hospital and fire Department on or by the telephone at the 3rd floor nurses station.

Plan of Correction

Accept

The emergency numbers were immediately placed in [REDACTED] and 3rd floor nursing station (see attachment #2). An audit was completed and each apartment has emergency numbers. To maintain compliance, room rounds will be completed monthly by Maintenance, Housekeeping and Nursing (see attachment #12).

Completion Date: 07/30/2021

Document Submission

Implemented

see attached

96a First aid kit

1. Requirements

2800.

96a First aid kit (continued)

96.a. The residence shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. The residence shall have an automatic external defibrillation device located in each building on the premises.

Description of Violation

On 6/11/21 at 2:00pm, The first aid kit located in the 1st floor nurse's station did not include adhesive tape.

Plan of Correction

Accept

Tape was immediately placed in the first aid kit. Employees were re-educated to notify the Nursing Supervisor when an item is removed, so it can be replaced. To maintain compliance the DON and/or designee will check first aid kit weekly

Completion Date: 07/01/2021

Document Submission

Implemented

see attached

101j5 Bedside table/shelf

1. Requirements

2800.

101.j. Each resident shall have the following in the living unit:

- 5. A bedside table or a shelf.

Description of Violation

On 6/11/20 at 12:10pm, There was no bedside table or shelf beside resident # 1's bed in living unit [redacted]

Plan of Correction

Accept

A shelf was placed in [redacted] (see attachment #3). An audit was completed and each resident has a bedside table or shelf. To ensure compliance is maintained, monthly room rounds will be completed by Maintenance, housekeeping and Nursing (see attachment #12).

Completion Date: 07/01/2021

Document Submission

Implemented

see attached

101j7 Lighting/operable lamp

1. Requirements

2800.

101.j. Each resident shall have the following in the living unit:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 6/11/20 at 12:10pm, Resident # 1 in living unit [redacted] did not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

A light was placed in [redacted] (see attachment #3). An audit was complete and each resident has a operable light that can be turned on at bedside. To maintain compliance, monthly room rounds will be completed by Maintenance, Nursing and Housekeeping (see attachment #12).

Completion Date: 07/01/2021

101j7 Lighting/operable lamp *(continued)***Document Submission****Implemented***see attached*

133.2 E it signs direction

1. Requirements

2800.

133.2. Access to exits shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

An exit sign in the 2nd floor hallway by the elevator points towards a locked activity room. The exit stairwell is on the opposite side of the hallway from the activity room.

An exit sign at the end of the 1st floor hallway points towards a resident room. The exit stairwell is on the opposite side of the hallway from the resident room.

Plan of Correction**Accept**

The exit signs were immediately corrected (see attachments #4). All exit signs were checked in the community and compliant. To ensure compliance Maintenance Director and/or Administrator will verify correct placement throughout workday.

Completion Date 07/01/2021

Document Submission**Implemented***see attached*

183b Medications and syringes locked

1. Requirements

2800.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's living unit.

Description of Violation

On 6/11/20 at 11:48am the medication cart on the first floor was unlocked, unattended, and accessible in the hallway.

Plan of Correction**Accept**

The medication cart was immediately locked. The Medication Administrator's were re-educated on locking medication cart when unattended. To ensure compliance is maintained the DON and/or Administrator will spot check medication carts throughout the workday.

Completion Date: 07/01/2021

Document Submission**Implemented***see attached*

183d Current medications

1. Requirements

2800.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

183d Current medications (continued)

Description of Violation

On 6/11/21 at 12:15pm, Plavix 75MG tablet (take 1 tablet by mouth once daily) prescribed for resident #1, was in the 3rd floor medication cart; however, the medication was discontinued on 5/10/21

On 6/11/21 at 1:20pm, Atorvastatin Tab 20MG take 1 tablet by mouth at bedtime prescribed for resident #3 was on the medication cart, however it was discontinued on 4/1/21.

On 6/11/21 at 1:45pm, Fluticasone Nasal spray prescribed for resident #4 was on the medication cart, however it is not on [redacted] medication administration record.

Plan of Correction

Accept

The items were immediately removed from the medication cart. The licensed nurses were re-educated to remove discontinued medications from the cart, as soon as physician order is received (see attachment #5). The medication administrator's were also re-educated to remove any discontinued medications from the medication cart and give to nursing supervisor. The DON and/or Administrator will check the medication cart for any discontinued medications after MD visits based on MD orders.

Completion Date: 07/01/2021

Document Submission

Implemented

see attached

183e Storing Medications

1. Requirements

2800.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 6/11/21 at 1:15pm there were 2 loose white circular pills in the 2nd floor medication cart.

Plan of Correction

Accept

The pills were immediately removed from the medication cart. The medication administrators were re-educated to remove any loose pills from cart and give to Nursing Supervisor. The administrator and/or designee will ensure compliance during weekly medication cart audit.

Completion Date: 07/01/2021

Document Submission

Implemented

see attached

183f Discontinued medications

1. Requirements

2800.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the residence shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the residence, the resident s medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the residence.

183f Discontinued medications (*cont nued*)**Description of Violation**

On 6/11/21 at 12:15pm, Pilocarpine Eye Drops prescribed for resident #2 was in the 3rd floor medication cart, however they expired on 5/21/21.

Plan of Correction**Accept**

Resident #2's family was made aware and brought eye drops to community. An updated list of duration of eye drops was requested from pharmacy. The list will be placed in each MAR book. The DON and/or designee will also check for expiration during weekly cart audit.

Completion Date: 07/01/2021

Document Submission**Implemented**

see attached

184b Resident meds labeled

1. Requirements

2800.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 6/11/21 at 1:15pm, there was a Bottle of Vitamin D3 50mcg(2000iu) in the 2nd floor medication cart and was not identified by a resident's name or room number.

Plan of Correction**Accept**

The resident's name was placed on the medication bottle. Family members who provide OTC medications were also reminded to place name on bottle. The medication administrators were re-educated to ensure that each medication is labeled with resident name (see attachment #10). The DON and/or designee will ensure compliance during weekly medication cart audit.

Completion Date: 07/01/2021

Document Submission**Implemented**

see attached

185a Storage procedures

1. 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.

185a Storage procedures (continued)

Description of Violation

The Glucometer reading for Resident #3 on 6/9/21 at 9:00pm was 234 but was documented in the Medication Administration Record as 223.

Resident #3's glucometer was not calibrated to correct date and time. The glucometer read 6/10/21 9:34pm on 6/11/21 at 1:06pm

The Glucometer reading for Resident #4 on 6/11/21 at 8:00am was 187 but was documented in the Medication Administration Record as 183.

Resident #5's glucometer was not calibrated to correct date and time. The glucometer read 9/9/21 2:07pm on 6/11/21 at 2:07pm.

The Glucometer reading for Resident #5's on 6/10/21 at 12:00pm was 193 but was documented in the Medication Administration Record as 191.

Plan of Correction

Accept

Resident #3 MD and RP were made aware of documentation error (see attachment #7). Resident #3 glucometer was immediately calibrated (see attachment #13). Resident #5 glucometer was immediately calibrated (see attachment #9). Resident #5 MD and RP were notified of documentation error (see attachment #10). The medication administrator's were re-educated on proper documentation (see attachment #1). The Administrator and/or DON will verify each blood sugar is properly documented when they are in the building (see attachments A-P). Once 100% accuracy is achieved for 30 days, then weekly checks will be completed. Any discrepancy will be immediately reported. The medication administrator's will attend a diabetic training by Corporate Clinical Team by 7/30/21.

Completion Date: 07/30/2021

Document Submission

Implemented

see attached

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:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.

187a Medication record (continued)

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #4 is prescribed Accuchecks at bedtime. Resident # 4's medication administration record does not include the initials of the staff person who administered the accucheck on 6/1/21 at 9:00pm.

Plan of Correction

Accept

The Medication Administrator who was responsible is no longer employed at The Home. The Medication Administrators were re-educated on signing medication record after administration (see attachment #1). The Administrator will check MAR for initials when in building until 100% compliance is maintained for 30 days. Once 100% compliance is maintained then weekly checks.

Completion Date: 07/01/2021

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 Violation

Resident #4 is prescribed Accucheck at bedtime. Resident # 4's medication administration record does not include the initials of the staff person who administered the accucheck on 6/1/21 at 9:00pm.

Plan of Correction

Accept

The Medication Administrator who was responsible is no longer employed at The Home. The Medication Administrators were re educated on signing medication record after administration (see attachment #1). The Administrator will check MAR for initials when in building until 100% compliance is maintained for 30 days. Once 100% compliance is maintained then weekly checks.

Completion Date 07/01/2021

Document Submission

Implemented

see attached

187d Follow prescriber's orders

1. Requirements

2800.

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

187d Follow prescriber's orders (continued)

Description of Violation

Resident #1 is prescribed Admelog solo inj 100U/ML 3 times daily on sliding scale: If blood glucose is 201-250 give 4 units; 251-300 give 6 units; 301 – 350 give 8 units. On 6/8/21 at 12:00pm [redacted] blood glucose level was 347, which translates to 8 units, however 18 units were given. On 6/6/21 at 12:00pm [redacted] blood glucose level was 264, which translates to 6 units, however it was documented as 250 and 4 units were given.

The following readings for resident #1 were recorded on the MAR but were not in their Glucometer:
6/5/21 8:00am - 215

Resident #3 is prescribed Latanoprost Sol .005% instill 1 drop into both eyes at bedtime, however on 6/11/21 this medication was not available.

Resident #4 is prescribed Accuchecks 3 times daily, before meals on sliding scale: If blood glucose is 150 – 200 give 2 units. On 6/5/21 at 12:00pm [redacted] blood glucose level was 149, which translates to 0 units, however 7 units were given. On 6/1/21 at 5:00pm [redacted] blood glucose level was 160, which translates to 2 units, however 0 units were given.

Plan of Correction

Accept

Resident #1 MD and RP were made aware of error (see attachment #11). The medication administrator who recorded reading for resident #1 is no longer employed at The Home. Resident #3 MD and RP were made aware of the need for Latanoprost. This could not be refilled at that time, due to an insurance issue. MD gave order to hold until issue was resolved (see attachment #7). Resident #4 and MD were made aware of sliding scale error (see attachment #8). Medication Administrator responsible was removed from medication administration, until a retraining and competency can be completed. The DON and/or Administrator are checking blood sugar, sliding scale coverage and glucometers for accuracy when they are in the building (see attachments A-P). Once 100% compliance is achieved for 30 days, then checks will be completed weekly. Any discrepancy will be immediately reported. The Medication Administrators were also re-educated (see attachment #1). The Corporate Clinical team will provide a diabetic training to medication administrators by 7/30/21.

Completion Date: 07/30/2021

Document Submission

Implemented

see attached

227g Support plan - signatures

1. Requirements

2800.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Repeat Violation

Resident # 3 participated in the development of his/her support plan on 3/27/21. However, the resident did not sign the support plan.

Plan of Correction

Accept

Resident #3 was unable to sign [redacted] support plan. The administrator completed an audit of support plans to ensure each was signed and dated. To maintain compliance the administrator will check each support plan before it is filed in the medical record.

Completion Date: 07/01/2021

227g Support plan - signatures *(continued)*

Document Submission

Implemented

see attached