

Department of Human Services
Bureau of Human Service Licensing

October 7, 2021

[REDACTED]
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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/28/2021, 07/29/2021 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* License #: *14484* License Expiration Date: *09/09/2021*
Address: *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

Resident Support Staff: *0* Total Daily Staff: *64* Waking Staff: *48*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *07/29/2021*

Inspection Dates and Department Representative

07/28/2021 - On-Site: [REDACTED]
07/29/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *103* Residents Served: *44*

Special Care Unit

In Home: *Yes* Area: *Opal* Capacity: *33* Residents Served: *10*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *43*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *20* Have Physical Disability: *2*

Inspections / Reviews

07/28/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/04/2021*

9/3/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/08/2021*

9/10/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/01/2021*

10/7/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

83a Indoor temperature

1. Requirements

2800.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

On 7/28/21 and 7/29/21, at 12:15PM, when residents were present in the residence, the temperature in the dining room was 66 degrees Fahrenheit.

Plan of Correction

Accept

A new thermostat has been ordered, and should be installed by 10/15/21. The Maintenance Director turned off one of the air conditioning units in the dining room. The temperature has been 70-74 degrees. The Administrator spoke with residents and they are comfortable with the temperature. The Food Service Director and/or Administrator will monitor the temperature during the workday. to ensure compliance is maintained. Any discrepancy will be reported to the Maintenance Director.

Completion Date: 10/15/2021

Document Submission

Implemented

see attached

85a Sanitary conditions

1. Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/28/21, at 10 am, a bucket with feces was found underneath the bathroom sink in room # B-302.

Plan of Correction

Accept

The bucket was immediately removed. The resident is independent with toileting. The RASP has been updated to include check bathroom shower, sink and toilet for feces. The Administrator and/or designee will monitor during rounds to ensure compliance is maintained.

Completion Date: 09/01/2021

Document Submission

Implemented

see attached

85b Infestation

1. Requirements

2800.

85.b. There may be no evidence of infestation of insects or rodents in the residence.

Description of Violation

Room #B115 has flying Gnats inside the room and bathroom.

85b Infestation (continued)

Plan of Correction

Accept

The exterminator from [REDACTED] fumigated the apartment on 7/30/2021. The resident was relocated to [REDACTED] permanently on [REDACTED]/2021. The residents will be reminded during September Resident Council to report any insects or rodents to the front desk. The front desk will log in exterminator log book. To maintain compliance the administrator and/or designee will check log book and apartments twice a month to ensure everything was completed.

Completion Date: 07/30/2021

Document Submission

Implemented

see attached

86b Bathroom ventilation

1. Requirements

2800.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Repeat Violation

The bathroom in room# B115, does not have an operable window. The ventilation exhaust fan is inoperable.

Repeated Violation: 2/26/2020

Plan of Correction

Accept

The vent was repaired by Maintenance Director on 7/30/2021. The resident moved to [REDACTED] permanently on [REDACTED] 2021. The Administrator and/or designee will complete room rounds monthly (attachment #4) to ensure the ventilation exhaust fan is operable.

Completion Date: 07/30/2021

Document Submission

Implemented

see attached

88a Floors, walls, ceilings, windows, doors

1. Requirements

2800.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

In the bathroom in room #B302, a 1 1/2 inches long by 1 inch wide round hole was observed near the light switch.

Plan of Correction

Accept

The Maintenance Director repaired hole on 7/28/2021 (attachment #1). The staff were re-educated to report items that are in need of repair on 8/25/2021 (attachment #5 and #6). The Administrator and/or designee will complete room rounds (attachment #4) monthly to ensure compliance is maintained.

Completion Date: 07/28/2021

Document Submission

Implemented

see attached

92 Windows/screens

1. Requirements

2800.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

In room #B302, the window screen was not present inside of the window and was found placed next to the resident's dresser.

Plan of Correction

Accept

The Maintenance Director replaced the screen on 7/28/2021 (attachment #2). The staff were re-educated to report items that are in need of repair on 8/25/2021 (attachment #5 and #6). The Administrator and/or designee will complete room rounds (attachment #4) monthly to ensure compliance is maintained.

Completion Date: 07/28/2021

Document Submission

Implemented

see attached

95 Furniture & Equipment

1. Requirements

2800.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

In room #B302, the dresser drawers were broken and falling off of the hinges.

Plan of Correction

Accept

The Maintenance Director replaced the dresser on 7/28/2021 (attachment #3). The staff were re-educated to report items that are in need of repair on 8/25/2021 (attachment #5 and #6). The Administrator and/or designee will complete room rounds (attachment #4) monthly to ensure compliance is maintained.

Completion Date: 07/28/2021

Document Submission

Implemented

see attached

105e Clean linen storage

1. Requirements

2800.

- 105.e. Clean linens and towels shall be stored in an area separate from soiled linen and clothing.

Description of Violation

On 7/28/21, dirty linens were stored in the same closet as clean linens.

Plan of Correction

Accept

The linen was immediately removed. The staff were re-educated on 8/25/2021 (attachment #5 and #6) on the process for storing clean and dirty linen. To maintain compliance the Administrator and/or designee will monitor during daily rounds.

Completion Date: 07/28/2021

105e Clean linen storage (continued)

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 Repeat Violation

On 7/28/21 at 12pm, Latanoprost Sol 0.005% was labeled as opened on 7/9/21. However, the bottle was unopened and sealed. According to the manufacturer's instructions, this medication, when unopened, should be stored under refrigeration at 2° to 8°C (36° to 46°F).

Repeated Violation: 2/26/2020 et al

Plan of Correction

Accept

The Medication Administrators were re-educated on 8/25/2021 to date medications upon opening, not upon receiving from pharmacy (attachment #5 and #6). The Administrator and/or designee will complete monthly medication audits for 3 months to ensure compliance is maintained (attachment #12).

Completion Date: 11/30/2021

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.

Description of Repeat Violation

Resident #2 is prescribed Latanoprost, 1 drop into the right eye at bedtime. On 7/28/21 at 12pm, Resident #2's medication administration record shows the 9pm medication was administered. The medication was found on the cart with a label showing an open date of 7/9/21, but the medication bottle was unopened and sealed.

Repeated Violation: 2/26/2020 et al

Plan of Correction

Do Not Accept

The Medication Administrator stated [redacted] discarded an eye drop bottle on 7/27/2021. The Medication Administrators were re-educated on 8/25/2021 (attachment #5 and #6) to date medications upon opening, not upon receiving from pharmacy. The Administrator and/or designee will complete monthly audits for 3 months to ensure compliance is maintained.

Completion Date: 11/30/2021

187a Medication record (*continued*)**Plan of Correction****Directed**

The medication administrators will be re-educated on dating medication labels on the date that it was given by 9/30/21. To ensure compliance the administrator and/or designee will complete medication cart audits monthly times 3 months (attachment #2) to ensure medication is dated prior to administration only.

Directed Plan of Correction 9/10/21 CM:

Starting 9/11/21, once per week, the administrator or designee will conduct an audit of resident MAR to ensure that medications are not documented as administered prior to the prescribed administration time. Documentation of audit will be provided to the Department.

By 9/30/21, all medication trained staff will be in-serviced on the regulations found in 187a.

Completion Date: 09/30/2021

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 Repeat Violation**

Resident #1 is prescribed sliding scale insulin administration of Amelog Solostar with meals as follows:

151 - 200 = 2 units

201 - 251 = 4 units

251 - 300 = 6 units

301 - 350 = 8 units

351 - 400 = 10 units

>401 or <70 = call doctor

On 7/5/21 at 12pm, Resident #1's blood sugar reading was 450. 10 units of insulin was administered. The physician was not contacted. At 5pm, Resident #1's blood sugar reading was 453. 10 units of insulin was administered. The physician was not contacted.

On 7/9/21 at 12pm, Resident #1's blood sugar reading was 410. 10 units of insulin was administered. The physician was not contacted. At 5pm, Resident #1's blood sugar reading was 521. 10 units of insulin was administered. The physician was not contacted.

On 7/10/21 at 5pm, Resident #1's blood sugar reading was 555. 10 units of insulin was administered. The physician was not contacted.

On 7/15/21 at 12pm, Resident #1's blood sugar level was 69. The physician was not contacted. At 5pm, Resident #1's blood sugar reading was 419. 10 units of insulin was administered. The physician was not contacted.

On 7/16/21 at 5pm, Resident #1's blood sugar reading was 565. 10 units of insulin was administered. The physician was not contacted.

On 7/18/21 at 12pm, Resident #1's blood sugar reading was 467. 10 units of insulin was administered. The physician was not contacted.

On 7/19/21 at 12pm, Resident #1's blood sugar reading was 567. 10 units of insulin was administered. The physician was not contacted.

Resident #2 is prescribed Latanoprost .005mg 1 drop into right eye at bedtime. Resident #2's July 2021 medication administration record reflects that this medication has been administered from July 1st through July 28th at 9pm. However, though the medication bottle found on the cart has a label showing an open date of 7/9/21, the bottle's seal was not broken.

Repeated Violation: 2/12/2020 et al

187d Follow prescriber’s orders (continued)

Plan of Correction

Accept

The MD was notified on 8/31/2021 (attachment #8). The Medication Administrator's were re-educated on 8/25/2021 on the protocol to notify the MD per sliding scale order. (attachment #5 and #6). The Medication Administrator will complete MD/Nurse Blood Sugar Notification form (attachment #9). The Director of Nursing and/or designee will check documented blood sugars of residents daily for 3 months when in the building to ensure compliance is maintained. Any discrepancies will be reported to doctor.

Completion Date: 11/30/2021

Document Submission

Implemented

see attached

190a Completion of course–meds

1. Requirements

2800.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department’s performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Repeat Violation

Staff person A, who has not successfully completed the Department-approved medications administration course, administered medications to Resident #1 on 7/2/21, 3, 14, 20, 24, and 7/28/21.

Repeated Violation: 2/12/2020 et al

Plan of Correction

Accept

The Home respectfully asked that the violation be withdrawn (attachments #10). If not withdrawn, the administrator will review the training with the medication train the trainer during observations. To ensure compliance, the due date will be tracked on the computer via a task reminder. Any medication administrator who does not attend appropriate training will be removed from medication administration.

Completion Date: 07/28/2021

Document Submission

Implemented

see attached

225a1 Assessment – annually

1. Requirements

2800.

225.a.1. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department’s assessment form. Additional written assessments shall be completed as follows: Annually.

Description of Violation

Resident #3’s most recent assessment was completed on 5/10/20. The resident’s previous assessment was completed on 5/30/18.

Repeated Violation: 2/12/2020 et al

225a1 Assessment – annually (*continued*)**Plan of Correction****Accept**

The Home respectfully asked the violation be withdrawn. The medical record was with the inspector. Upon mention at the exit interview that it was missing, the administrator found the assessment (attachment #11) in the medical record which was misfiled. If not withdrawn, the administrator and/or designee will continue to follow assessment tracking system to ensure compliance is maintained.

Completion Date: 07/29/2021

Document Submission**Implemented**

see attached

227c Final support plan - revision

1. Requirements

2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

Description of Repeat Violation

Resident #3's support plan has not been reviewed on a quarterly basis. The last review was completed on 5/10/20.

Repeated Violation: 2/26/2020 et al

Plan of Correction**Do Not Accept**

The Home respectfully asked the violation to be withdrawn. The assessment was misfiled in the medical record that the inspector had. This was shown during our exit interview. The support plan was reviewed on 4/4/21 and 7/2/21 (see attachment #11). If not withdrawn, the administrator and/or designee will continue to follow assessment tracking system to ensure compliance is maintained.

Completion Date: 07/29/2021

Plan of Correction**Accept**

All Resident assessments have been audited to ensure quarterly assessments were completed. The Administrator and/or designee tracks resident assessments monthly to ensure compliance is maintained (attachment #1).

Completion Date: 09/03/2021

Document Submission**Implemented**

see attached

227d Support plan – med/dental

1. Requirements

2800.

227d Support plan – med/dental (continued)

227.d. Each residence shall document in the resident’s final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

The assessment for resident #3, dated 5/10/20, indicates the resident has a need for dietary services , medical services , vision services , hearing services , and mental health or other behavioral care services. The resident's support plan, dated 5/10/20, does not document how this need will be met.

Repeated Violation: 2/12/2020

Plan of Correction

Do Not Accept

Resident #3 assessment dated 7/2/21 (attachment #3) addresses dietary, and no issues for vision, and hearing services. The Administrator will verify that each annual assessment address medical, mental and behavioral care services. This will allow The Home to maintain compliance.

Completion Date: 09/01/2021

Plan of Correction

Accept

The administrator and/or designee will complete an audit of ASP's by 9/30/21 to ensure ASP's are completed entirely and meet the needs of the residents (attachment #1). To maintain compliance, the administrator and/or designee will review each updated assessment.

Completion Date: 09/30/2021

Document Submission

Implemented

see attached

231b Medical evaluation

1. Requirements

2800.

231.b. Medical evaluation. A resident or potential resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission.

1. Documentation for a special care unit for residents with Alzheimer’s disease or dementia must include the resident’s diagnosis of Alzheimer’s disease or dementia and the need for the resident to be served in a special care unit.

Description of Violation

Resident #4’s medical evaluation, dated 2/3/21, does not include the resident’s diagnosis of Alzheimer’s disease or dementia.

231b Medical evaluation (continued)

Plan of Correction

Do Not Accept

The Administrator and/or designee will audit memory care ADME's to ensure a diagnosis of Alzheimer's Disease or Dementia is documented. To maintain compliance, The administrator and/or designee will review each new memory care ADME to ensure compliance is maintained. Any discrepancies will be reported to the MD.

Completion Date: 09/30/2021

Plan of Correction

Accept

The Administrator and/or designee will audit memory care ADME's to ensure a diagnosis of Alzheimer's Disease or Dementia is documented by 9/30/2021. To maintain compliance, The administrator and/or designee will review each new memory care ADME to ensure compliance is maintained. Any discrepancies will be reported to the MD.

Completion Date: 09/30/2021

Document Submission

Implemented

see attached

231d No objection statement

1. Requirements

2800.

231.d. Resident admission to special care unit. Each resident record must have documentation that the resident or potential resident and, when appropriate, the resident's designated person or the resident's family have agreed to the resident's admission or transfer to the special care unit.

Description of Violation

Resident #4 was admitted to the special care unit on [redacted]/19. However, the resident's record does not include documentation that the resident and the resident's designated person or the resident's family have agreed to the resident's admission to the special care unit.

Plan of Correction

Accept

An audit was completed (attachment #12). Consents were sent to the family members of resident's who moved in to memory care prior to [redacted] 19. The Marketing Director and/or designee will ensure consent is completed and signed prior to move. To maintain compliance The Administrator and/or designee will check each new memory care move in to ensure consent was signed.

Completion Date: 08/27/2021

Document Submission

Implemented

see attached

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.

234b Support plan - elements (continued)

Description of Violation

The support plan [and the rehabilitation plan], dated 2/5/21, for resident # 4 does not include a plan to meet the resident's medical or psychological needs.

Plan of Correction

Accept

Resident #2 support plan will be updated to include a plan to meet the residents medical and psychological needs. The Administrator and/or designee will audit support plans to ensure there is a plan to meet the residents medical or psychological needs. To maintain compliance, the administrator and/or designee will review each new support plan.

Completion Date: 10/15/2021

Document Submission

Implemented

see attached

252 Records – content

1. Requirements

2800.

252. Content of Resident Records - Each resident’s record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident #5's record does not include a photograph of the resident that is no more than 2 years old.

Plan of Correction

Accept

Resident #5 picture was updated on 7/29/2021 (see attachment #13). An audit was completed and all pictures are current. To ensure compliance, residents will have their picture taken during their annual assessment.

Completion Date: 08/09/2021

Document Submission

Implemented

see attached