

Department of Human Services
Bureau of Human Service Licensing

April 20, 2022

[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 licensing inspections on 03/18/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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 - PUBLIC

Facility Information

Name: *SPRINGFIELD SENIOR LIVING COMMUNITY* License #: *14484* License Expiration: *09/09/2021*
Address: *551 EAST EVERGREEN AVENUE, WYNDMOOR, PA 19038*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *215-233-6300* Email: [REDACTED]

Legal Entity

Name: *WYNDMOOR ASSISTED LIVING COMPANY LLC*
Address: *551 EAST EVERGREEN AVENUE, WYNDMOOR, PA, 19038*
Phone: *215-233-6300* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *66* Waking Staff: *50*

Inspection Information

Type: *Interim - POC* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring, Interim* Exit Conference Date: *03/18/2022*

Inspection Dates and Department Representative

03/18/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *103* Residents Served: *46*

Special Care Unit

In Home: *Yes* Area: *3rd floor* 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: *44*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *20* Have Physical Disability: *2*

Inspections / Reviews

03/18/2022 - Interim - POC

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/02/2022*

04/20/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/27/2022*

63a First Aid/CPR 1:35

1. Requirements

2800.

63.a. For every 35 residents, there shall be at least one staff person trained in first aid and certified in obstructed airway techniques and CPR present in the residence at all times to meet the needs of the residents.

Description of Violation

On 3/7/22, from 11pm to 7:00am, 46 residents were present in the residence. During this time only 1 staff person was present in the residence who was trained in first aid and certified in obstructed airway techniques and CPR.

On 3/10/22, from 11pm to 7:00am, 46 residents were present in the residence. During this time only 1 staff person was present in the residence who was trained in first aid and certified in obstructed airway techniques and CPR.

Plan of Correction

Accept

Why did it happen? All staff persons scheduled on 3/7/22 11p-7a did not have First Aid/CPR training on file.

How do we prevent this from happening again? DON will audit staff First Aid/CPR training records monthly. Audits will be submitted to the Administrator for review.

Timeline/Work Plan: Missing First Aid/CPR trainings will be completed by 04/01/2022.

Completion Date: 04/01/2022

85a Sanitary conditions

1. Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/18/22, at approximately 11:20am, there was no means of hand-drying in the restroom located inside the activities room in the memory care unit. .

Plan of Correction

Accept

Why did it happen? Paper towels were not refilled in this restroom at the time of inspection.

What do we do right now to fix the problem? Housekeeping staff refilled paper towels on 03/18/2022.

How do we prevent this from happening again? Housekeeping staff will confirm daily that paper towels are stocked.

Timeline/Work Plan: Housekeeping staff refilled paper towels on 03/18/2022.

Completion Date: 03/18/2022

89a Hot/cold water pressure

1. Requirements

2800.

89.a. The residence must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On 3/18/22, at approximately 11:30am, the residence did not have sufficient hot water in resident #2s room to bathe or wash hands. As stated by multiple residents during interview, the home has had issues with hot water for multiple weeks and though the water may get to room temperature, it is never hot enough to bathe comfortably. .

Plan of Correction

Accept

Why did it happen? The facility's boiler was awaiting repair at the time of inspection.

What do we do right now to fix the problem? Plumbing and Heating company was contacted to schedule repair.

89a Hot/cold water pressure (continued)

*How do we prevent this from happening again? CALA will audit temperature of facility water monthly. Maintenance Director will complete random daily water temperature checks and report any issues to CALA daily.
Timeline/Work Plan: CALA contacted Plumbing and Heating company on 03/02/2022.*

Completion Date: 04/07/2022

102h Toilet paper

1. Requirements

- 2800.
- 102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 3/18/22, at approximately 11:20am, there was no toilet paper for the toilet in the restroom in the activities room located in the memory care unit. .

Plan of Correction

Accept

*Why did it happen? Toilet paper was not refilled in this restroom at the time of inspection.
What do we do right now to fix the problem? Housekeeping staff refilled toilet paper on 03/18/2022.
How do we prevent this from happening again? Housekeeping staff will confirm daily that toilet tissue is stocked.
Timeline/Work Plan: Housekeeping staff refilled toilet paper on 03/18/2022.*

Completion Date: 03/18/2022

102i Soap dispenser

1. Requirements

- 2800.
- 102.i. Bar soap or a dispenser with soap shall be provided within reach of each bathroom sink. Bar soap, however, is not permitted when a living unit is shared unless there is a separate bar clearly labeled for each resident sharing the living unit.

Description of Violation

There was no bar soap or a dispenser with soap within reach of the bathroom sink in the restroom located in the activities room in the memory care unit.

Plan of Correction

Accept

*Why did it happen? Soap dispenser was missing from this restroom at the time of inspection.
What do we do right now to fix the problem? Soap dispenser was added to this bathroom on 03/18/2022.
How do we prevent this from happening again? Housekeeping aides will confirm daily that soap dispenser is stocked.
How do we prevent this from happening again? Housekeeping aides will confirm daily that soap dispenser is stocked.
Timeline/Work Plan: Soap dispenser was added to this bathroom on 03/18/2022.*

Completion Date: 03/18/2022

183e Storing Medications

1. Requirements

- 2800.

183e Storing Medications (continued)

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 3/18/22, a Novolog Insulin pen belonging to resident #4, was in the top drawer of med cart 2. There was no opened on date written on the pen.. According to the manufacturer's instructions this medication is to be discarded 28 days after being opened.

Plan of Correction

Accept

Why did it happen? Nursing staff did not write opened on date on the insulin pen at the time of inspection.

What do we do right now to fix the problem? Nursing staff disposed of insulin pen on 03/18/2022. A new one was labeled and added to the cart.

How do we prevent this from happening again? DON reeducated nursing staff regarding medication storage, and will continue monthly re-education to maintain compliance.

Timeline/Work Plan: DON reeducated nursing staff regarding medication storage on 03/29/2022.

Completion Date: 03/29/2022

187d Follow prescriber's orders

1. Requirements

2800.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident # 6 is prescribed the following medications to be administered daily at 9am. Amlodipine 10mg- 1 tablet by mouth once daily, Aspirin 81mg- 1 tablet by mouth once daily, Gabapentin 300mg-1 capsule by mouth twice daily at 9am and 5pm, Vitamin C 50mg- 1 tablet by mouth once daily, Xtandi 80mg-1 capsule by mouth once daily. However, these medications were not administered to resident as ordered on 3/14/22. Additionally, the residents prescribed Amlodipine was not administered on 3/16/22.

Plan of Correction

Accept

Why did it happen? The scheduled nurse did not sign out medications via the MAR at the time of inspection.

What do we do right now to fix the problem? DON confirmed with staff medications were administered on 03/18/2022. MAR for mentioned dates was corrected. Staff was re-educated on 03/29/2022.

How do we prevent this from happening again? DON will conduct weekly MAR audits, and submit to CALA monthly.

Timeline/Work Plan: DON confirmed with staff medications were administered on 03/18/2022. MAR for mentioned dates was corrected. Staff was re-educated on 03/29/2022.

Completion Date: 03/29/2022

82c Locked poisons

1. Requirements

2800.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

A tube of Secret Deodorant, with a manufacture's label indicating "If swallowed, get medical help or contact a Poison Control Center right away.", was unlocked, unattended, and accessible to residents in resident 1's room. Not all the residents of the residence, including resident # residents in the memory care area

82c Locked poisons (continued)

, have been assessed capable of recognizing and using poisons safely.

Repeat Violation Dates: 8/5/21

Plan of Correction

Accept

Why did it happen? Deodorant was not locked up at the time of inspection.

What do we do right now to fix the problem? Deodorant was placed in a locked area on 03/18/2022.

How do we prevent this from happening again? Nursing and Caregiving staff will confirm poisonous materials are locked up daily. DON re-educated staff regarding storage of poisonous materials on 03/29/2022 and will continue to re-educate staff monthly.

Timeline/Work Plan: DON re-educated staff regarding storage of poisonous materials on 03/29/2022.

Completion Date: 03/29/2022

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

The laminate flooring in the hallway on the 3rd floor near the elevators between B and C wing, is damaged and there is a hole or indentation approximately 4inches by 2 inches wide, creating a tripping hazard.

Repeat Violation Date: 8/5/21

Plan of Correction

Accept

Why did it happen? The flooring in the mentioned area was not repaired at the time of inspection.

What do we do right now to fix the problem? Maintenance Director repaired the flooring on 03/29/2022.

How do we prevent this from happening again? Maintenance Director will conduct weekly unit rounds to ensure tripping hazards are addressed. Maintenance Director will report findings to CALA for follow-up.

Timeline/Work Plan: Maintenance Director repaired the flooring on 03/29/2022.

Completion Date: 03/29/2022

144d Smoking outside

1. Requirements

2800.

144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On 3/18/22, at 11:40am, resident # 3, evidence that the resident was smoking in their room was observed. A half smoked cigarette and ashes were observed in an ashtray on the residents dresser as well as a strong odor of cigarette smoke in the residents room. The residence's designated smoking area is in the courtyard outside of the home.

Repeat Violation Date: 8/5/21

Plan of Correction

Accept

Why did it happen? Resident #3 was smoking in their room prior to the time of inspection.

What do we do right now to fix the problem? CALA reiterated the facility's smoking policy and reviewed the

144d Smoking outside (continued)

smoking policy that resident signed. Cigarette and ashes were removed from resident's room on 03/18/2022.

How do we prevent this from happening again? CALA will conduct room audits weekly to check for signs of smoking in resident rooms, and reiterate the smoking policy.

Timeline/Work Plan: Cigarette and ashes were removed from resident's room on 03/18/2022.

Completion Date: 03/18/2022

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 3/18/22, a 3 bottles of Sodium Hypochlorite 0.25% Solution, belonging to resident # 5 were in medication cart 5. and were not labeled with the resident's name.

Repeat Violation Dates: 8/5/21 and 6/11/21

Plan of Correction**Accept**

Why did it happen? Medications were not labeled at the time of inspection.

What do we do right now to fix the problem? Medications were labeled on 03/18/2022.

How do we prevent this from happening again? DON will conduct monthly medication cart audits and submit to CALA for review.

Timeline/Work Plan: Medications were labeled on 03/18/2022.

Completion Date: 03/18/2022