

Department of Human Services  
Bureau of Human Service Licensing

June 14, 2021

[REDACTED], EXECUTIVE DIRECTOR  
KAPG PHOENIXVILLE SENIOR HOUSING OPCO LLC  
ONE TOWN CENTER ROAD, SUITE 300  
SUITE 300  
BOCA RATON, FL 33486

RE: SPRING MILL SENIOR LIVING  
3000 BALFOUR CIRCLE  
PHOENIXVILLE, PA, 19460  
LICENSE/COC#: 14632

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/21/2021 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: *SPRING MILL SENIOR LIVING* License #: *14632* License Expiration Date: *09/11/2021*  
Address: *3000 BALFOUR CIRCLE, PHOENIXVILLE, PA 19460*  
County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *6109337675* Email: [REDACTED]

**Legal Entity**

Name: *KAPG PHOENIXVILLE SENIOR HOUSING OPCO LLC*  
Address: *ONE TOWN CENTER ROAD, SUITE 300, SUITE 300, BOCA RATON, FL, 33486*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *78* Waking Staff: *59*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *04/21/2021*

**Inspection Dates and Department Representative**

04/21/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *98* Residents Served: *67*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Memory Care* Capacity: *22* Residents Served: *10*

**Hospice**

Current Residents: *x*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *66*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *11* Have Physical Disability: *1*

**Inspections / Reviews**

**04/21/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/13/2021*

Inspections / Reviews *(continued)*

5/10/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *06/10/2021*

6/14/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65a - FS Orientation 1st Day

1. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
  - 1. Evacuation procedures.
  - 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
  - 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
  - 4. Smoking safety procedures, the home’s smoking policy and location of smoking areas, if applicable.
  - 5. The location and use of fire extinguishers.
  - 6. Smoke detectors and fire alarms.
  - 7. Telephone use and notification of emergency services.

Description of Violation

The home uses agency staff when needed but failed to provide a documentation that agency staff A, B, and C received orientation on all the topics above prior to or during the first work day.

Plan of Correction

Accept

Spring Mill Senior Living submits the Plan of Correction to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of Spring Mill Senior Living or an agreement by Spring Mill Senior Living as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

At the time of the inspection, orientation for agency Staff A, B, and C were provided to the lead inspector; however, [REDACTED] would not accept them stating that the orientation must take place at the community on the first day of employment (Staff Person B Exhibit I). It was also confirmed that the agency who provided the staff, had all of Spring Mill Senior Living’s training documents and floorplans. These were also shown to the lead inspector.

Spring Mill Senior Living will provide onsite training to all agency staffing when the need arises. All Spring Mill Senior Living staff are compliant with Regulation 65a at this time. Director of Health & Wellness will maintain all orientation records for agency staff so they are available to the bureau upon request. Compliance will be reviewed by the Executive Director, or designee, at regularly scheduled Quality Assurance meetings.

Completion Date: 05/10/2021

Document Submission

Implemented

Spring Mill Senior Living remains in compliance with this regulation as shown in Exhibit I. If at any time, Spring Mill utilizes any new agency staff, first day training will be provided and documented so they are available to the bureau upon request

187b - Date/Time of Medication Admin.

1. Requirements

2600.

- 187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

187b - Date/Time of Medication Admin. (continued)

**Description of Violation**

Resident #1 is prescribed Lorazepam 1 mg on an as-needed basis (PRN). Resident #1's medication administration record does not include the initials of the staff person who administered this med on 03/15/2021 at 08:00 AM and 08:00 PM and on 04/15/2021 at 06:00 PM

**Plan of Correction**

**Accept**

Spring Mill Senior Living submits the Plan of Correction to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of Spring Mill Senior Living or an agreement by Spring Mill Senior Living as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

It was noted the Medication Administration (narcotic log book) was missing staff initials on 3/15/21 at 8am and 8pm and on 4/15/21 at 6:00pm. Staff initials were present in the electronic medication administration log.

All medication technicians and nurses were re-trained on Regulation 187b on 4/30/21 and the importance of documenting in both the eMAR and the narcotic log book (Exhibit II). The Director of Health & Wellness, or designee, will audit the narcotic log book weekly and address any issue as it arises. Compliance will be reviewed by the Executive Director, or designee, at regularly scheduled Quality Assurance meetings.

Completion Date: 05/10/2021

**Document Submission**

**Implemented**

Spring Mill Senior Living remains in compliance with this regulation. eMars and Narcotic Records are audited as per POC

231c - Preadmission Screening

**1. Requirements**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**Description of Violation**

Resident #1 was admitted to the Secured Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's written cognitive preadmission screening was completed on 03/02/2021.

**231c - Preadmission Screening (continued)****Plan of Correction****Accept**

*Spring Mill Senior Living submits the Plan of Correction to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of Spring Mill Senior Living or an agreement by Spring Mill Senior Living as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.*

*Resident #1 was admitted to the Secured Dementia Unit on [REDACTED] from our Personal Care Unit and did not have a cognitive pre-screening completed. On 3/2/21, the Director of Health & Wellness discovered this error and completed the pre-screening for Resident #1.*

*The Director of Health & Wellness and Assistant Director of Health & Wellness were re-inserviced on Regulation 231c on 4/30/21 (Exhibit III). The Director of Health & Wellness, or designee, will audit all resident files upon admission to ensure the cognitive pre-screening has been conducted within 72 hours of admission to the secured dementia unit. Compliance will be reviewed by the Executive Director, or designee, at regularly scheduled Quality Assurance meetings.*

**Completion Date:** 05/10/2021

**Document Submission****Implemented**

*Spring Mill Senior Living remains in compliance with this regulation*