

Department of Human Services  
Bureau of Human Service Licensing

January 13, 2022

[REDACTED], ADMINISTRATOR  
[REDACTED]  
[REDACTED]  
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 12/13/2021, 12/14/2021 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,  
[REDACTED]

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: *03/07/2022*  
 Address: *3000 BALFOUR CIRCLE, PHOENIXVILLE, PA 19460*  
 County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

[REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *09/10/2009* Issued By: *East Pikeland Township*  
 Type: *I-2* Date: *12/02/2016* Issued By: *East Pikeland Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *89* Waking Staff: *67*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Provisional* Exit Conference Date: *12/14/2021*

**Inspection Dates and Department Representative**

12/13/2021 - On-Site: [REDACTED]

12/14/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *98* Residents Served: *71*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Memory Care* Capacity: *22* Residents Served: *11*

**Hospice**

Current Residents: *5*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *18* Have Physical Disability: *1*

Inspection Dates and Department Representative (*continued*)

Inspections / Reviews

12/13/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/08/2022*

01/13/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/17/2022*

## 42s - Privacy

## 1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

**Description of Violation**

*The home has video recording on the premises. There are no signs indicating that images are being recorded posted in the areas that are being recorded.*

**Plan of Correction****Accept**

*In accordance with PA Code 2600.42S, our community has posted signs, made visible, in all areas that the security cameras are recording.*

*Completion Date: 12/22/2021*

*The community will continue to monitor the signs durability and ensure they stay secure in the locations they have been placed. If any sign needs to be relocated due to camera angle change, it will be done in the same process as the move. If any sign needs to be replaced due to wear and tear, that will be done immediately, so there are no interruptions to visible communication of the cameras purpose.*

**Completion Date:** 12/22/2021

## 82c - Locking Poisonous Materials

## 1. Requirements

2600.

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

**Description of Violation**

*An Oasis 146 Multi-Quat Sanitizer, with a manufacture's label indicating "Do Not Drink", was unlocked, unattended, and accessible to residents in the memory care common area.*

**Plan of Correction****Accept**

*In accordance with PA Code 2600.82C, our community has replaced the 2-way lock on the memory care kitchenette door with a 1-way door handle lock. This will ensure that the kitchen will always stay locked. We also installed locks on the cabinet under the sink to help with properly securing cleaning chemicals away.*

*Completion Date: 12/15/2021*

*The community will ensure all doors and cabinets therein stay locked and secure. Daily monitoring and checks by Memory Care Director or designee of this area will take place for the next 90 days. Random checks will occur weekly after 90 days to ensure the cabinet remains secure. Any repairs needed will be done immediately to ensure safety of residents and staff.*

**Completion Date:** 12/15/2021

## 141b1 - Annual Medical Evaluation

## 1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

*Resident #1's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was*

141b1 - Annual Medical Evaluation (continued)

completed on [REDACTED]

**Plan of Correction**

**Accept**

100% of all new move in audits were completed for the prior quarter by DHW. All found to be in 100% compliance.

Completion Date: 12/31/2021

50% of all resident charts were audited for timely completion of DME's for 100% compliance

Completion Date: 12/31/2021

100% audit for compliance and completion of DMEs by the DHW or designee will be completed for all new move ins for the next 3 months. Ongoing random audits will be completed by DHW and reported at quarterly QA.

100% audit for compliance and completion of all new move ins for the prior month by the DHW or designee will be completed by the 10th of each month.

**Completion Date:** 12/31/2021

181e - Capable to Self Administer

**1. Requirements**

2600.

181.e. To be considered capable to self-administer medications, a resident shall:

1. Be able to recognize and distinguish his medication.
2. Know how much medication is to be taken.
3. Know when medication is to be taken.

**Description of Violation**

Resident #2 self-administers medications. On 12/14/21, the resident was unable to identify how much of each medication is to be taken and when each medication is to be taken.

**Plan of Correction**

**Accept**

Physician orders were reviewed by the DHW for resident [REDACTED] with PCP. Per resident preference for administration, on 12/17/21 new orders were received from PCP to adjust administration times to resident preferred evening administration times. New orders to administer daily medications every evening per resident preference. Cognitive screen completed for [REDACTED] on 12/22/21. Score of 29/30

Reassessment of self-medication administration completed on 12/15/21. Resident [REDACTED] safe to self-administer medications.

All residents to be reassessed to ensure compliance and safe ability to self-administer medications. DHW or designee to complete audits. Medication self-administration evaluation form to be completed in TabulaPro.

Completion Date: 1/10/2022

Residents and families will be educated of new process for medication refills and new medication orders. Medications will be given to DHW or designee for

Completion Date: 1/10/2022

Resident [REDACTED] will have self-medication audit completed monthly for three months (Jan/ Feb/ March) by DHW or designee. Self-medication tool will be completed in TabulaPro.

DHW will review all new medication orders weekly for 12 weeks for self-medicating residents for compliance.

Random audits of 10% of self-medicating residents quarterly.

**Completion Date:** 01/10/2022

## 183f - Discontinued Medications

## 1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home 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 home, 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 home.

## Description of Violation

On 12/14/21, a [REDACTED] belonging to resident #3 with an opened date of 11/1/21 was on the medication cart. The medication was to be discarded 30 days after opening.

## Plan of Correction

Accept

All insulin has been checked for expiration dates. Expired insulin for resident [REDACTED] was removed from the cart immediately and discarded by DHW.

Completion Date: 12/14/2021

All insulin in use were audited for compliance by DHW on 12/15/2021 and again on 12/22/2021.

Completion Date: 12/22/21

100% of all insulin in use to be audited by DHW monthly by the 15th of the month x 6 months. After 6 months 100% of all insulin in use to be audited by Lead Med Tech or LPN by the 15th of the month. DHW to audit for substantial compliance.

Completion Date: 12/22/2021

## 185a - Implement Storage Procedures

## 1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

## Description of Violation

Resident #4 is prescribed [REDACTED] and [REDACTED] as needed. On 12/14/21 the medications were not available in the home.

Resident #5 is prescribed [REDACTED] as needed. On 12/14/21 the medication was not available in the home.

Resident #6 is prescribed [REDACTED] for pain as needed and [REDACTED] for fever as needed. On 12/14/21 the medications were not available in the home.

Resident #7 is prescribed [REDACTED] as needed. On 12/14/21 the medication was not available in the home.

## Plan of Correction

Accept

All physician orders to be audited for PRN usage by DHW. Will request physician to discontinue PRN medications not used in past 60 Days.

Re-education on proper administration of medication for all Med Techs and LPNs. Will be done by DHW.

Completion Date: 1/5/22

20% of all physician orders to be audited for PRN usage x 6 months by DHW or designee. Will continue to review at QA for compliance.

Completion Date: 01/05/2022

185a - Implement Storage Procedures (*continued*)

## 2. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*For 12/1/21, the glucometer for Resident #3 has a PM reading of 123. This reading is not recorded on the resident's Medication Administration Record.*

*For 12/2/21, the Medication Administration Record for Resident #3 has an PM reading of 102. This reading on the resident's glucometer is 105.*

*For 12/7/21, the Medication Administration Record for Resident #3 has an PM reading of 101 This reading is not on the resident's glucometer.*

*For 12/11/21, the Medication Administration Record for Resident #3 has an AM reading of 128. This reading is not on the resident's glucometer.*

**Plan of Correction****Accept**

*Re-education will be done by DHW on usage of Dexcom and Glucometers for all Med Techs and LPNs.*

*Completion Date: 1/5/22*

*Weekly audit of glucometer readings against MAR for compliance by DHW or designee for four weeks. Audits will then be completed by Lead Med Tech or designee will then complete weekly audits starting week of 2/1/22. DHW to perform monthly audits for 6 months to ensure substantial compliance.*

**Completion Date: 01/05/2022**

## 187a - Medication Record

## 1. Requirements

2600.

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

## 187a - Medication Record (continued)

**Description of Violation**

Resident #3 is prescribed [REDACTED]

[REDACTED] However, resident #3's medication administration record does not indicate date and time of medication administration for any of these medications.

Resident #4 is prescribed [REDACTED]

[REDACTED] However, resident #4's medication administration record does not indicate date and time of medication administration for any of these medications.

Resident #5 is prescribed [REDACTED]

[REDACTED] However, resident 5's medication administration record does not indicate date and time of medication administration for any of these medications.

Resident #6 is prescribed [REDACTED]

[REDACTED] However, resident 6's medication administration record does not indicate date and time of medication administration for any of these medications.

Resident #7 is prescribed [REDACTED]

[REDACTED] However, resident #7's medication administration record does not indicate date and time of medication administration for any of these medications.

Resident #8 is prescribed [REDACTED]

[REDACTED]. However, resident #8's medication administration record does not indicate date and time of medication administration for any of these medications.

Resident #9 is prescribed [REDACTED]

[REDACTED]. However, resident 9's medication administration record does not indicate date and time of medication administration for any of these medications.

Resident #10 is prescribed [REDACTED]

[REDACTED]. However, resident #10's medication administration record does not indicate date and time of medication administration for any of these medications.

**Plan of Correction****Accept**

On 12/21/21 DHW spoke with Curtis at QuickMAR customer support regarding our current eMAR (QUICKMAR). The administration times are connected to medication orders and present on the record.

Current eMAR (QuickMAR) provided administration times connected with each medication order and is present in the record. To increase visibility/availability of medication times the DHW or designee will complete a 100% audit and orders will be changed to specify an hourly medication time such as 9a or 6p vs in the morning/evening.

All orders to be changed manually with specific times by DHW and designee. All orders reviewed by DHW.

Completion Date: 1/17/22

25% of all MAR's will be reviewed for compliance by the 15th of each month x 6 months by DHW or designee.

Weekly audit of glucometer readings against MAR for compliance by DHW or designee for four weeks. Audits will then be completed by Lead Med Tech or designee will then complete weekly audits starting week of 2/1/22. DHW

**187a - Medication Record (continued)**

to perform monthly audits for 6 months to ensure substantial compliance.

**Completion Date:** 01/17/2022

**187d - Follow Prescriber's Orders****1. Requirements**

2600.

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

**Description of Violation**

Resident #2 is prescribed [REDACTED], [REDACTED].  
[REDACTED] However, these medications are not available in the home.

Resident #5 is prescribed [REDACTED]. However, this medication was not available in the home.

**Plan of Correction****Accept**

12/17/21 PCP was notified of resident's preference to administer daily medications in the evening. New orders were received to change times based on resident's preference by DHW.

Re-education provided to all med techs and LPN's for proper medication administration. Safe self-medication administration by DHW.

Completion Date: 1/05/2022

Weekly audit of glucometer readings against MAR for compliance by DHW for four weeks.

Lead Med Tech or designee will then complete weekly audits starting week of 2/1/22. DHW to perform monthly audits for 6 months to ensure substantial compliance.

**Completion Date:** 01/05/2022

**2. Requirements**

2600.

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

**Description of Violation**

Resident #10 is prescribed to have [REDACTED] changed every 10 days. However, according to the Medication Administration Record, the device is not being changed. The resident stated the device is changed every 14 days.

On 12/11/21, Resident #10 had a blood sugar reading of 170 and was administered 8 units of [REDACTED]. According to the resident's sliding scale, the resident should have been issued 6 units of [REDACTED].

**Plan of Correction****Accept**

12/17/21 PCP was notified of resident's preference to administer daily medications in the evening. New orders were received to change times based on resident's preference by DHW.

Re-education provided to all med techs and LPN's for proper medication administration. Safe self-medication administration by DHW.

Completion Date: 1/05/2022

Weekly audit of glucometer readings against MAR for compliance by DHW for four weeks.

Lead Med Tech or designee will then complete weekly audits starting week of 2/1/22. DHW to perform monthly audits for 6 months to ensure substantial compliance.

**Completion Date:** 01/05/2022

187d - Follow Prescriber's Orders (*continued*)