Department of Human Services
Bureau of Human Service Licensing

March 29, 2022

[redacted]
KAPG PHOENIXVILLE SENIOR HOUSING OPCO LLC
[redacted]

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 02/07/2022 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: *SPRING MILL SENIOR LIVING* **License #**: *14632* **License Expiration**: *03/07/2022*

Address: *3000 BALFOUR CIRCLE, PHOENIXVILLE, PA 19460*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: *610-933-7675* **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: *6107261286* **Email**: [redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *91* **Waking Staff**: *68*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *02/07/2022*

Inspection Dates and Department Representative

02/07/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *98* **Residents Served**: *70*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *22* **Residents Served**: *12*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *69*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *21* **Have Physical Disability**: *1*

Inspections / Reviews

02/07/2022 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/21/2022*

Inspections / Reviews *(continued)*

03/23/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *03/28/2022*

03/29/2022 - Document Submission

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [redacted], for resident #1 indicates the resident requires total physical assistance with transferring and total physical assistance with repositioning every two hours as tolerated by resident. On 1/7/22 between 12:00am and approximately 6:00am, the resident did not receive this assistance as required.

Plan of Correction ***Accept***

Team member responsible for providing care to resident was immediately suspended pending investigation and state determination. Team member was questioned about why [redacted] did not perform [redacted] room checks. Other Team members on shift at the time were also questioned as to the timeline of events and what took place from their perspective. After discussions with the resident and staff members, the Director of Health and Wellness immediately reported the incident to the Department of Aging and Department of Human Services. 1/6/2022
Lead Med Tech and Care manager updated all assignment sheets to ensure that care needs were properly reflected from the RASP and clearly written so that all care staff is aware of services to be provided. 1/10/2022
In-service provided to the Healthcare Coordinators on each shift to ensure that care staff are following the assignments. At the beginning of each shift Healthcare coordinators are to review assignment sheets with each care staff. During the shift healthcare coordinators are to monitor care staff and ensure services are being provided in accordance with the RASP. 1/11/2022 and 1/19/2022

Completion Date: *01/19/2022*

Document Submission ***Implemented***

Team member responsible for providing care to resident was immediately suspended pending investigation and state determination. Team member was questioned about why she did not perform her room checks. Other Team members on shift at the time were also questioned as to the timeline of events and what took place from their perspective. After discussions with the resident and staff members, the Director of Health and Wellness immediately reported the incident to the Department of Aging and Department of Human Services. 1/6/2022
Lead Med Tech and Care manager updated all assignment sheets to ensure that care needs were properly reflected from the RASP and clearly written so that all care staff is aware of services to be provided. 1/10/2022
In-service provided to the Healthcare Coordinators on each shift to ensure that care staff are following the assignments. At the beginning of each shift Healthcare coordinators are to review assignment sheets with each care staff. During the shift healthcare coordinators are to monitor care staff and ensure services are being provided in accordance with the RASP. 1/11/2022 and 1/19/2022

42b - Abuse

1. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1 uses a hospital bed in their room as well as a pendent alert button to call for assistance from nursing or care staff. During interview, Staff person A, stated that resident #1 "missuses" their pendant alarm too often for non

42b - Abuse (continued)

emergency needs, just for attention, when not really needing any help, and that Staff person A is often annoyed at this. Staff person A reports that on 1/6/22 at approximately 11:30pm, they forgot to return Resident #1's pendant alert button to the resident after providing care to resident. Staff person A placed pendant on a table away from and out of reach of the resident, while providing care, and then they neglected to return it to Resident 1 prior to leaving the resident's room. Around midnight, Resident 1 began having shortness of breath due to the upright positioning of their hospital bed. Resident 1 can safely operate their hospital bed, however, it was determined that, at the time, resident was also unable to find the bed remote control in the bed linens at the time. Resident 1 could not call for assistance from nursing or aides as the resident did not have access to their pendant button or to a phone and no one responded to the resident's verbal calls for help. Resident 1 resorted to sliding themselves out of bed and onto the floor to breathe better after not being able to call for assistance from staff. Resident 1's RASP dated [redacted] indicates that resident requires total physical assistance from direct care staff for transferring and turning or positioning in bed or chairs, and that resident is to be repositioned every two hours as tolerated by the resident, however, no staff person checked on resident between the hours of midnight and 6am on 1/7/22, when resident was found still lying on the floor positioned partially under their bed, calling out for help again.

Plan of Correction ***Accept***

Team member responsible for providing care to resident was immediately suspended pending an investigation and state determination. Team member was questioned about why [redacted] left the pendant out of reach of the resident. Other Team members on shift at the time were also questioned as to the timeline of events and what took place from their perspective. After discussions with the resident and staff members, the Director of Health and Wellness immediately reported the incident to the Department of Aging and Department of Human Services. 1/6/2022
After investigation and state determination was completed, team member in question was terminated. Team Member remained suspended and was not permitted in the community until investigation and state determination was completed. 2/7/2022
Training for all care staff provided regarding Customer Service, Resident Safety, Resident Rights, and processes to follow prior to exiting a resident's apartment (such as making sure the pendant is within reach). 1/26/2022
In addition to the above listed trainings, overall community training for all staff on abuse/neglect being provided. 3/30/2022

Completion Date: *03/30/2022*

Document Submission ***Implemented***

Team member responsible for providing care to resident was immediately suspended pending an investigation and state determination. Team member was questioned about why [redacted] left the pendant out of reach of the resident. Other Team members on shift at the time were also questioned as to the timeline of events and what took place from their perspective. After discussions with the resident and staff members, the Director of Health and Wellness immediately reported the incident to the Department of Aging and Department of Human Services. 1/6/2022
After investigation and state determination was completed, team member in question was terminated. Team Member remained suspended and was not permitted in the community until investigation and state determination was completed. 2/7/2022
Training for all care staff provided regarding Customer Service, Resident Safety, Resident Rights, and processes to follow prior to exiting a resident's apartment (such as making sure the pendant is within reach). 1/26/2022
In addition to the above listed trainings, overall community training for all staff on abuse/neglect being provided. 3/30/2022

65d - Initial Direct Care Training

1. Requirements

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on 0[redacted] has been providing unsupervised ADL services since hire date. However, the staff person does not have a completed and passed Department-approved direct care training course and competency test on file.

Plan of Correction ***Accept***

After investigation was complete, team member in question was terminated. 2/7/2022
Business Office Manager performed staff chart audits between 2/7/2022 and 2/21/2022. Executive Director completed audit of all employee files to ensure all staff have Direct Care Staff training and certification in place. 3/17/22
Business Office Manager completes file audits for all new hires prior to orientation and after orientation. Direct Care staff training information provided to employees during pre-employment screening and verified on day of orientation. Quarterly audits will be completed by the Business Office Manager and recorded at QA.

Completion Date: *03/17/2022*

Document Submission ***Implemented***

After investigation was complete, team member in question was terminated. 2/7/2022
Business Office Manager performed staff chart audits between 2/7/2022 and 2/21/2022. Executive Director completed audit of all employee files to ensure all staff have Direct Care Staff training and certification in place. 3/17/22
Business Office Manager completes file audits for all new hires prior to orientation and after orientation. Direct Care staff training information provided to employees during pre-employment screening and verified on day of orientation. Quarterly audits will be completed by the Business Office Manager and recorded at QA.

181c - Self-administration Assessment

1. Requirements

2600.
181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

On 1/11/22, Resident #1's medical record has a notation that resident has been self administering Afrin nasal spray and an unnamed inhaler. However, resident #1's DME dated [redacted] and RASP dated [redacted] indicates that resident is NOT capable of self administering medications. Additionally, there are no corresponding medications on the residents current list of prescribed medications.

Plan of Correction ***Accept***

All medications were removed from resident's apartment. The requirements of a resident who is not self-administering their own medications was communicated to the family/POA upon move in and documented in the lease agreement. On 1/11/2022 and 1/31/2022 the POA was re-educated on the medication program and that any medications that are kept in the resident's apartment must include a physician's order and medication assessment

181c - Self-administration Assessment (continued)

for resident appropriateness to self-manage medication. 1/11/2022 and 1/31/2022
For Resident #1, Daily room checks are occurring to ensure that family and resident remain compliant with medication. If medications are identified in resident #1's apartment, resident and family will be notified of removal of medication. For Length of Resident Stay
Quarterly self-medication audits are completed by Director of Health and Wellness or designee and recorded at QA.

Completion Date: *01/31/2022*

Document Submission ***Implemented***

All medications were removed from resident's apartment. The requirements of a resident who is not self-administering their own medications was communicated to the family/POA upon move in and documented in the lease agreement. On 1/11/2022 and 1/31/2022 the POA was re-educated on the medication program and that any medications that are kept in the resident's apartment must include a physician's order and medication assessment for resident appropriateness to self-manage medication. 1/11/2022 and 1/31/2022
For Resident #1, Daily room checks are occurring to ensure that family and resident remain compliant with medication. If medications are identified in resident #1's apartment, resident and family will be notified of removal of medication. For Length of Resident Stay
Quarterly self-medication audits are completed by Director of Health and Wellness or designee and recorded at QA.

182b - Prescription Medication

1. Requirements

2600.
182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

On 01/31/22, Resident #1's morning medication were not administered by any of the approved persons. On 1/31/22 a med tech entered the residents room to administer medications to find that a private hire companion aide not employed by the personal care home was already administering medications to resident from a bag of medications left in residents room by family. The home was able to determine which medications were administered from the bag of medications and subsequently, the med tech did not administer the medications from the residents medication supply stored by the home.

Plan of Correction ***Accept***

All medications were removed from resident's apartment. The requirements of a resident who is not self-administering their own medications was communicated to the family/POA upon move in and documented in the lease agreement. On 1/11/2022 and 1/31/2022 the POA was re-educated on the medication program and that any medications that are kept in the resident's apartment must include a physician's order and medication assessment for resident appropriateness to self-manage medication. POA was also re-educated on medication safety and regulations stating all medications must be administered by a designated community staff member. 1/11/2022 and 1/31/2022

182b - Prescription Medication (continued)

For Resident #1, Daily room checks are occurring to ensure that family and resident remain compliant with medication. If medications are identified in resident #1's apartment, resident and family will be notified of removal of medication. For Length of Resident Stay

Completion Date: *01/31/2022*

Document Submission ***Implemented***

All medications were removed from resident's apartment. The requirements of a resident who is not self-administering their own medications was communicated to the family/POA upon move in and documented in the lease agreement. On 1/11/2022 and 1/31/2022 the POA was re-educated on the medication program and that any medications that are kept in the resident's apartment must include a physician's order and medication assessment for resident appropriateness to self-manage medication. POA was also re-educated on medication safety and regulations stating all medications must be administered by a designated community staff member. 1/11/2022 and 1/31/2022

For Resident #1, Daily room checks are occurring to ensure that family and resident remain compliant with medication. If medications are identified in resident #1's apartment, resident and family will be notified of removal of medication. For Length of Resident Stay