



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:** October 14, 2022

[REDACTED]  
[REDACTED]  
Springfield PCH, LLC  
[REDACTED]  
[REDACTED]

RE: Springfield Crossings  
463 West Sproul Road  
Springfield, Pennsylvania 19064  
License #: 146511

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection February 23, 2022 and June 21 and 22, 2022 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 146510 dated November 18, 2021 to November 18, 2022 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated November 18, 2021 to November 18, 2022 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from October 14, 2022 to April 14, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

[REDACTED]

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jeanne Parisi, Bureau Director  
Pennsylvania Department of Human Services  
Bureau of Human Services Licensing  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120  
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jamie Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

cc:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *SPRINGFIELD CROSSINGS* License #: *14651* License Expiration: *11/18/2022*  
Address: *463 WEST SPROUL ROAD, SPRINGFIELD, PA 19064*  
County: *DELAWARE* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *6105430700* Email: [REDACTED]

**Legal Entity**

Name: *SPRINGFIELD PCH LLC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *77* Waking Staff: *58*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Monitoring* Exit Conference Date: *06/23/2022*

**Inspection Dates and Department Representative**

06/21/2022 - On-Site: [REDACTED]  
06/22/2022 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *84* Residents Served: *62*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *6*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *62*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *15* Have Physical Disability: *0*

**Inspections / Reviews**

**06/21/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/28/2022*

**07/11/2022 - POC Submission**

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *07/12/2022*

07/21/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED]/22 for resident #1 was not signed by the resident, The residents RASP dated [REDACTED]/22 does not indicate any cognitive loss or inability to sign the contract.

The resident-home contract, dated [REDACTED]/22 for resident #2 was not signed by the resident, The contract was signed by the residents [REDACTED] who is the residents Power of Attorney (POA). The POA document does not indicate the [REDACTED] has the power to sign binding contracts

Plan of Correction

Accept

Plan of Correction : Completed by 7-12-22

1. All prior contracts were reviewed by Administrator/Designee for resident signature if resident signature not present Resident given additional opportunity to sign if resident refuses to sign documentation of refusal with multiple attempts provided will be documented within contract signature
2. Administrator/Designee will review all new admissions/addendums to contracts prior to admission or implementation of the contract. If resident refuses to sign multiple attempts will be made to obtain their signature. Attempts will be noted within the resident contract signature page.

Completion Date: 07/12/2022 **Licensee Proposed Date**

Document Submission

SW 7/21/22 Not Implemented

Plan of Correction : Completed by 7-12-22

1. All prior contracts were reviewed by Administrator/Designee for resident signature if resident signature not present Resident given additional opportunity to sign if resident refuses to sign documentation of refusal with multiple attempts provided will be documented within contract signature
2. Administrator/Designee will review all new admissions/addendums to contracts prior to admission or implementation of the contract. If resident refuses to sign multiple attempts will be made to obtain their signature. Attempts will be noted within the resident contract signature page.

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/21/22 at 11am black mold was found along the baseboard of resident room 115. The mold was 3 inches high along the entire exterior wall of the room. According to the administrator A, when it rains excessive water leaks into the room causing the carpet to become saturated.

On 6/21/22 at 11:20am black mold was found under the wallpaper located under the window in the second floor nursing office.

85a - Sanitary Conditions (continued)

**Plan of Correction**

**Accept**

85A -Sanitary Conditions Date of Correction 6-27-22

Plan of correction

At time of inspection room 115 was unoccupied with room offline for admission until water damaged could be repaired. Room will be treated by Environmental Company with removal of carpets and effected areas prior to room renovations and or occupancy.

- 1) A contractor has been hired to remediate affected area with a completion date of 7/8/22.
- 2) Administrator or Designee to complete random inspections of the environment for any sanitary condition concerns.

**Completion Date: 07/12/2022 Licensee Proposed Date**

**Document Submission**

**SW 7/21/22**

**Implemented**

85A -Sanitary Conditions Date of Correction 6-27-22

Plan of correction

At time of inspection room 115 was unoccupied with room offline for admission until water damaged could be repaired. Room will be treated by Environmental Company with removal of carpets and effected areas prior to room renovations and or occupancy.

- 1) A contractor has been hired to remediate affected area with a completion date of 7/8/22.
- 2) Administrator or Designee to complete random inspections of the environment for any sanitary condition concerns.

88a - Surfaces

**1. Requirements**

2600.

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

**Description of Violation**

There are six water stained (tea colored) ceiling tiles located in the second floor residential community library.

The ceiling light fixture has significant rust along the entire right edge of the light located in the ceiling of the 2nd floor residential library.

The carpet in front of the second floor elevator, near the library, is frayed approximately 18 inches long causing a potential tripping hazard.

The second floor exterior door handle has excessive cob webs covering the handle.

Resident room 313 has a 3 foot by 12 inch dirt stain in front of the residents sofa and a 5 foot by 5 foot water stain in front of the kitchenette sink to the closet door.

**Plan of Correction**

**Accept**

88a - Surfaces (continued)

88A - Surfaces

Plan of correction Date of Compliance – 7/12/22

- 1) The six water stained tile were replaced on 6-21-22
- 2) The identified ceiling light fixtures on on the 2nd floor were cleaned on 6-27-22.
- 3) The carpet in front of the second floor elevator is scheduled for repair on 6-29-22.
- 4) The second floor exterior door handle was cleaned on \_6-21-22.
- 5) Resident room number 313 has dirt and water stained areas cleaned on 6-28-22.
- 6) Administrator or designee will complete random observations of resident rooms and public areas to ensure they are free of hazard and in good repair.

Completion Date: 07/12/2022 **Licensee Proposed Date**

Document Submission

**SW 7/21/22 Implemented**

88A - Surfaces

Plan of correction Date of Compliance – 7/12/22

- 1) The six water stained tile were replaced on 6-21-22
- 2) The identified ceiling light fixtures on on the 2nd floor were cleaned on 6-27-22.
- 3) The carpet in front of the second floor elevator is scheduled for repair on 6-29-22.
- 4) The second floor exterior door handle was cleaned on \_6-21-22.
- 5) Resident room number 313 has dirt and water stained areas cleaned on 6-28-22.
- 6) Administrator or designee will complete random observations of resident rooms and public areas to ensure they are free of hazard and in good repair.

123c - Evacuation Diagrams

1. Requirements

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The home currently serves 62 residents. However, the emergency evacuation diagram posted does not include a line of travel.

Plan of Correction

**Accept**

123C - Evacuation Diagram

Plan of Correction Date of Compliance – 7/12/22

- 1) Emergency evacuation diagram has been updated to include a line of travel if evacuation needed.
- 2) Administrator or Designee to review all emergency evacuation postings to ensure travel plan noted on diagram.

Completion Date: 07/12/2022 **Licensee Proposed Date**

Document Submission

**SW 7/21/22 Implemented**

123C - Evacuation Diagram

Plan of Correction Date of Compliance – 7/12/22

- 1) Emergency evacuation diagram has been updated to include a line of travel if evacuation needed.

123c - Evacuation Diagrams (continued)

2) Administrator or Designee to review all emergency evacuation postings to ensure travel plan noted on diagram.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #6’s medical evaluation, dated 4/22/22, did not include dietary needs.

Plan of Correction

Accept

141A – Medical Evaluation Information.

Plan of Correction Date of Compliance 7/12/22

- 1) Addendum to Medical evaluation date 4/22/22 completed to include dietary needs. Dietary needs were included in physician orders. DME updated by Physician initialing dietary need on DME by 7-12-22.
- 2) All current DME’s to be audited by 7-12-22 to ensure all components of medical evaluation are present.
- 3) All new DME’s to be reviewed by DON/designee going forward to ensure all components are present.

Completion Date: 07/12/2022 Licensee Proposed Date

Document Submission

SW 7/21/22 Not Implemented

141A – Medical Evaluation Information.

Plan of Correction Date of Compliance 7/12/22

- 1) Addendum to Medical evaluation date 4/22/22 completed to include dietary needs. Dietary needs were included in physician orders. DME updated by Physician initialing dietary need on DME by 7-12-22.
- 2) All current DME’s to be audited by 7-12-22 to ensure all components of medical evaluation are present.
- 3) All new DME’s to be reviewed by DON/designee going forward to ensure all components are present.

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 6/21/22, Geri-Lanta Sus prescribed for individual #4, was in the home’s med cart; however, the medication expired

183d - Prescription Current (continued)

on 4/2022.

Plan of Correction

Accept

183D – Prescription Current Date of Compliance 7/12/22

- 1) Geri-Lanta Sus prescribed for Resident #4 was removed from medication cart and replaced.
- 2) Nurses and Med Techs have been educated to check carts to ensure only current prescriptions, OTC, and CAM are found in carts.
- 3) An audit has been conducted on all medication carts to ensure only current prescriptions, OTC, sample and CAM are found in carts.
- 4) A monthly audit will be conducted time 3 months to ensure only current prescriptions, OTC, sample and CAM are found in carts.
- 5) Copy of audits to be reviewed at the Quality Assurance meeting.

Completion Date: 07/12/2022 Licensee Proposed Date

Document Submission

SW 7/21/22 NOT Implemented

183D – Prescription Current Date of Compliance 7/12/22

- 1) Geri-Lanta Sus prescribed for Resident #4 was removed from medication cart and replaced.
- 2) Nurses and Med Techs have been educated to check carts to ensure only current prescriptions, OTC, and CAM are found in carts.
- 3) An audit has been conducted on all medication carts to ensure only current prescriptions, OTC, sample and CAM are found in carts.
- 4) A monthly audit will be conducted time 3 months to ensure only current prescriptions, OTC, sample and CAM are found in carts.
- 5) Copy of audits to be reviewed at the Quality Assurance meeting.

183e - Storing Medications

1. Requirements

- 2600.
- 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 6/21/22 resident # 5's eye drops, Latanoprost 0.005% and Timolol Maleate 0.5% were opened and stored in the med cart on the 2nd floor. The eye drops were not dated to indicate when they were opened, According to the manufacturer's instructions Latanoprost must be discarded after six weeks of opening and Timolol Maleate must be discarded after 4 weeks..

Plan of Correction

Accept

183e - Storing Medications (continued)

183E -Storing Medication Date of Compliance 7-12-22

- 1) Eyedrops discarded with new open container dated with open date
- 2) Nurses and Med Techs have been educated to check carts to ensure only current prescriptions, OTC, and CAM are found in carts.
- 3) An audit has been conducted on all medication carts to ensure only current prescriptions, OTC, sample and CAM are found in carts.
- 4) A monthly audit will be conducted time x 3 months to ensure only current prescriptions, OTC, sample and CAM are found in carts.
- 5) Copy of audits to be reviewed Quality Assurance meeting.

Completion Date: 07/12/2022 **Licensee Proposed Date**

Document Submission

**SW 7/21/22 Not Implemented**

183E -Storing Medication Date of Compliance 7-12-22

- 1) Eyedrops discarded with new open container dated with open date
- 2) Nurses and Med Techs have been educated to check carts to ensure only current prescriptions, OTC, and CAM are found in carts.
- 3) An audit has been conducted on all medication carts to ensure only current prescriptions, OTC, sample and CAM are found in carts.
- 4) A monthly audit will be conducted time x 3 months to ensure only current prescriptions, OTC, sample and CAM are found in carts.
- 5) Copy of audits to be reviewed Quality Assurance meeting.

185b - Medication Procedures

1. Requirements

2600.

185.b. At a minimum, the procedures must include:

**Description of Violation**

Resident #3 is prescribed Seroquel PRN 12.5mg by mouth at bedtime. However, resident #3 was administered a straight order of 25mg of Seroquel at bedtime, daily.

Resident #3 is prescribed Alprazolam 05mg PRN every six hours as needed. However, resident #3 was administered the medication twice daily.

Resident #4 is prescribed Ondansetron 4 mg PRN and was not available on 6/21/22.

**Plan of Correction**

**Accept**

- 1) Resident # 3 orders for Seroquel and Alprazolam were reviewed and order clarified. Medication change of order sticker put in place. 6-21-22  
Resident #4 has Ondansetron in medication cart. Resident received medication in am as scheduled. PM dose was to be delivered to community by 3pm for pm administration. PM dose was delivered and is in house 6-21-22.
- 2) Medication audits to be completed monthly by DON/Designee to begin by 7-12-22

185b - Medication Procedures (continued)

3) Monthly audit findings to be reviewed by Administrator/DON during monthly quality assurance meeting.

Completion Date: 07/12/2022 Licensee Proposed Date

Document Submission

SW 7/21/22 Not Implemented

1) Resident # 3 orders for Seroquel and Alprazolam were reviewed and order clarified.

Medication change of order sticker put in place. 6-21-22

Resident #4 has Ondansetron in medication cart. Resident received medication in am as scheduled. PM dose was to be delivered to community by 3pm for pm administration. PM dose was delivered and is in house 6-21-22.

2) Medication audits to be completed monthly by DON/Designee to begin by 7-12-22

3) Monthly audit findings to be reviewed by Administrator/DON during monthly quality assurance meeting.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed Seroquel PRN 12.5mg by mouth at bedtime. However, resident #3 was administered a straight order of 25mg of Seroquel at bedtime, daily.

Resident #3 is prescribed Alprazolam 05mg PRN every six hours as needed. However, resident #3 was administered the medication twice daily.

Resident #4 is prescribed Ondansetron 4 mg PRN and was not available for administration on 6/21/22.

Plan of Correction

Accept

1) # 3 orders for Seroquel and Alprazolam were reviewed and order clarified.

Medication change of order sticker put in place. 6-21-22

2) Nurses and Med Techs have been educated to check carts to ensure only current prescriptions, OTC, and CAM are found in carts.

3) An audit has been conducted on all medication carts to ensure only current prescriptions, OTC, sample and CAM are found in carts.

4) A monthly audit will be conducted time 3 months to ensure only current prescriptions, OTC, sample and CAM are found in carts.

5) Copy of audits to be reviewed Quality Assurance meeting.

Completion Date: 07/12/2022 Licensee Proposed Date

Document Submission

SW 7/21/22 Not Implemented

1) # 3 orders for Seroquel and Alprazolam were reviewed and order clarified.

Medication change of order sticker put in place. 6-21-22

2) Nurses and Med Techs have been educated to check carts to ensure only current prescriptions, OTC, and CAM are found in carts.

3) An audit has been conducted on all medication carts to ensure only current prescriptions, OTC, sample and CAM are found in carts.

4) A monthly audit will be conducted time 3 months to ensure only current prescriptions, OTC, sample and CAM

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

*are found in carts.*

*5) Copy of audits to be reviewed Quality Assurance meeting.*