

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

May 5, 2023

[REDACTED]  
KAPG PHOENIXVILLE SENIOR HOUSING OPCO LLC  
[REDACTED]  
[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 03/27/2023, 03/31/2023, 04/06/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *SPRING MILL SENIOR LIVING* License #: *14632* License Expiration: *06/02/2023*  
 Address: *3000 BALFOUR CIRCLE, PHOENIXVILLE, PA 19460*  
 County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: *KAPG PHOENIXVILLE SENIOR HOUSING OPCO LLC*  
 Address: [Redacted]  
 Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *114* Waking Staff: *86*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *04/07/2023*

**Inspection Dates and Department Representative**

03/27/2023 On Site [Redacted]  
 03/31/2023 Off Site [Redacted]  
 04/06/2023 Off Site [Redacted]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *98* Residents Served: *84*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Memory Care* Capacity: *22* Residents Served: *18*

**Hospice**  
 Current Residents: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *84*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *30* Have Physical Disability: *2*

**Inspections / Reviews**

03/27/2023 - Partial  
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *04/17/2023*

Inspections / Reviews *(continued)*

04/26/2023 - POC Submission

Submitted By [REDACTED]

Date Submitted: 05/04/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/29/2023

05/05/2023 - Document Submission

Submitted By [REDACTED]

Date Submitted: 05/04/2023

Reviewer [REDACTED]

Follow-Up Type: Not Required

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [REDACTED] 2023, resident 1 did not receive extensive supervision as required by his/her support plan. According to the staff interviews, these services were not provided due to a lack of available direct care staffing in the memory care unit.

Plan of Correction

Accept ([REDACTED] - 04/26/2023)

- Memory Care Staff A was working an extra shift and was clocked out on a combined break sleeping in the living room area located in memory care.
- Previous Memory Care Director would permit Staff A to take a sleeping break while working extra shifts.
- Memory care staff was re educated on following resident care plans
- Memory care and personal care staff were re educated on the necessity to have appropriate awake staff on the memory care unit at all times.
- Memory care staff will no longer be permitted to take a sleeping break while still on the memory care unit
- Personal care staff are required to go into memory care and cover for staff breaks.
- Assistant Director of Health and Wellness, who is now responsible for staffing both memory care and personal care will schedule breaks for both units and schedule appropriate staff for the memory care unit and schedule the personal care staff to cover.
- Director of Health and Wellness will monitor weekly schedules to ensure appropriate staffing.
- Executive Director will monitor monthly schedules to ensure compliance.

Licensee's Proposed Overall Completion Date: 04/28/2023

Implemented ([REDACTED] 05/05/2023)

60b - Additional Staffing

2. Requirements

2600.

60.b. The Department may require additional staffing as necessary to protect the health, safety and well-being of the residents. Requirements for additional staffing will be based on the resident's assessment and support plan, the design and construction of the home and the operation and management of the home.

Description of Violation

On [REDACTED] 2023, 18 residents were present in the memory care area. There were two staff members on duty, but staff A was asleep from 5:00 a.m. to 6:00 a.m. Based on staff members interviews, staff member A combined both breaks to be able to rest as he/she was working a double shift. Per staff interviews their is not coverage for staff to take breaks.

Plan of Correction

Accept ([REDACTED] - 04/26/2023)

- Memory Care Staff A was working an extra shift and was clocked out on a combined break sleeping in the living room area located in memory care.
- Previous Memory Care Director would permit Staff A to take a sleeping break while working extra shifts.
- Memory care and personal care staff were re-educated on the necessity to have appropriate awake staff on

60b - Additional Staffing (continued)

the memory care unit at all times.

- Memory care staff will no longer be permitted to take a sleeping break while still on the memory care unit
- Personal care staff are required to go into memory care and cover for staff breaks.
- Assistant Director of Health and Wellness, who is now responsible for staffing both memory care and personal care will schedule breaks for both units and schedule appropriate staff for the memory care unit and schedule the personal care staff to cover.
- Director of Health and Wellness will monitor weekly schedules to ensure appropriate staffing.
- Executive Director will monitor monthly schedules to ensure compliance.

Licensee's Proposed Overall Completion Date: 04/28/2023

Implemented (redacted) - 05/05/2023)

141a 1-10 Medical Evaluation Information

3. 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 1's medical evaluation did not include special health or dietary needs of the resident.

Plan of Correction

Accepted (redacted) - 04/26/2023)

- Resident 1's medical evaluation did not include any special health or dietary needs.
- Resident 1's medical evaluation was sent to the Resident's physician on April 10, 2023 to clarify and address any special health or dietary needs.
- Re-education on what needs to be completed on a resident medical evaluation was completed with the Assistant Director of Health of Wellness, who is responsible for acquiring resident medical evaluations on April 10, 2023.
- Director of Health and Wellness will audit resident charts monthly checking medical evaluations for completion.
- Executive Director will audit random charts quarterly to ensure compliance.

Licensee's Proposed Overall Completion Date: 04/28/2023

141a 1-10 Medical Evaluation Information *(continued)**Implemented* [REDACTED] - 05/05/2023)

## 252 - Record Content

**4. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

**Description of Violation***Resident 1's record does not include a copy of the incident reports for the individual.***Plan of Correction***Accepted* [REDACTED] - 04/26/2023)

- *Executive sent a new incident report to DHS via email regarding an incident that occurred with Resident 1.*
- *The incident was being investigated by the Executive Director and a final incident report was not completed and sent to DHS.*
- *The incident report was not filed in Resident 1 chart due to an ongoing investigation.*
- *The incident report was filed in Resident 1 chart at the time of the DHS visit, as was the final incident report after it was completed and sent to DHS.*

**252 - Record Content (continued)**

- *Assistant Director of Health and Wellness will complete by April 28, 2023 an audit on resident charts to ensure all incident reports are filed in resident charts.*
- *Executive Director will ensure that all reportable incident reports are filed in resident charts as soon as they are sent into DHS.*

Licensee's Proposed Overall Completion Date: 04/28/2023

Implemented [REDACTED] 05/05/2023)