

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

July 11, 2023

[REDACTED], ADMINISTRATOR
HUMANGOOD PENNSYLVANIA
2002 JOSHUA ROAD
LAFAYETTE HILL, PA, 19444

RE: SPRING MILL POINTE
2002 JOSHUA ROAD
LAFAYETTE HILL, PA, 19444
LICENSE/COC#: 12792

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/24/2023 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 POINTE* License #: *12792* License Expiration: *12/15/2023*
 Address: *2002 JOSHUA ROAD, LAFAYETTE HILL, PA 19444*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *HUMANGOOD PENNSYLVANIA*
 Address: *2002 JOSHUA ROAD, LAFAYETTE HILL, PA, 19444*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *11* Date: *10/15/2007* Issued By: *Commonwealth of PA*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *74* Waking Staff: *56*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/24/2023*

Inspection Dates and Department Representative

05/24/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *107* Residents Served: *47*

Secured Dementia Care Unit
 In Home: *Yes* Area: *SDCU* Capacity: *36* Residents Served: *27*

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *27* Have Physical Disability: *0*

Inspections / Reviews

05/24/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/15/2023*

06/14/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/11/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/20/2023*

Inspections / Reviews *(continued)*

06/15/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/11/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/14/2023

07/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/11/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

132d - Evacuation

1. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill on 10/25/22 at 9:40AM, it took 7 minutes to evacuate the home. The home's maximum safe evacuation time specified in writing within the past year by a fire safety expert is 6 minutes.

Plan of Correction

Accept () - 06/15/2023)

The administrator provided comprehensive training to the director of building and grounds regarding regulation 132.d on 06/12/2023. Going forward, any full evacuation drill exceeding 6 minutes will necessitate a redo within a week. Additionally, the director of building and grounds will be responsible for reporting the duration of evacuation drills on a monthly basis for an indefinitely to QAPI as part of our Quality Assurance Plan, ensuring adherence to the regulations.

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented () - 07/11/2023)

184a - Resident's Meds Labeled

2. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident 1 is prescribed () tablet 1 tablet by mouth 2 times a day at 8AM and 2PM. However, the medication label and controlled substance log read 1 tablet twice a day at 10am and 4pm.

Plan of Correction

Accept () - 06/14/2023)

Resident was administered correct dose at the correct prescribed times. Change of direction sticker on the medication was missing. Director of Resident Services provided education to the Nursing Team on 184a on 06/01/2023. Director of Resident Services completed a random audit to ensure prescriptions match the labels on 06/12/2023; No deficiencies were found. Director of Resident Services will conduct monthly random audits for the next 3 months to ensure compliance; Findings will be reported monthly to QAPI.

Licensee's Proposed Overall Completion Date: 08/14/2023

Implemented () - 07/11/2023)

187b - Date/Time of Medication Admin.

3. Requirements

2600.

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

Description of Violation

Resident 2 is prescribed () tablet three times daily. Resident 1's controlled substance log does not include the initials of the staff person who administered () on 5/24/23 at 1:11PM.

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

Plan of Correction

Accept (█) 06/14/2023)

Director of Resident Services provided education to Nursing Team on 187b on 06/01/2023. Director of resident services conducted an audit on Narcotic Records on 06/01/2023. No deficiencies were found. Director of Resident Services will conduct weekly audits for the next 3 months to ensure all controlled substances log are signed by staff person; Findings will be reported monthly to QAPI.

Licensee's Proposed Overall Completion Date: 08/14/2023

Implemented (█) - 07/11/2023)

225a - Assessment 15 Days

4. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 3 was admitted on █; however, the resident's assessment was not completed until █

Plan of Correction

Accept (█) 06/14/2023)

Administrator educated Director of Resident Services on 225a on 06/12/2023. Resident 3 was admitted to Personal Care Level on 7/14/22. Resident 3 transferred to Dementia Unit on 08/12/22. Director of Resident Services completed an audit to ensure all assessments were completed within 15days of admission for our Personal Care on 06/09/2023. Director of Resident Services will conduct random monthly audits and report monthly to QAPI for the next 6 months.

Licensee's Proposed Overall Completion Date: 12/12/2023

Implemented (█) - 07/11/2023)

231b - Medical Evaluation

5. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident 3 was admitted to the Secure Dementia Care Unit (SDCU) on █ however, the resident's medical evaluation completed on █ does not include the need for the resident to be served in a secured dementia care unit.

Plan of Correction

Accept (█) - 06/14/2023)

Administrator educated Director of Resident Services on 231b on 06/12/2023. Resident 3 was admitted to Personal Care Level on █ Resident 3 transferred to Dementia Unit on █. Director of Resident Services completed an audit to new admissions to the dementia unit records to ensure that all residents have a medical evaluation on 06/09/2023. No deficiencies were found. Director of Resident Services will complete audits for new admissions records and will report findings monthly to QAPI for the next 6 months.

Licensee's Proposed Overall Completion Date: 12/12/2023

231b - Medical Evaluation (continued)

Implemented (████) 07/11/2023)

234a - Admission Support Plan

6. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident 3 was admitted to the Secure Dementia Care Unit (SDCU) on █████. However, the resident's initial support plan was completed on █████.

Plan of Correction

Accept (████) - 06/14/2023)

Administrator educated Director of Resident Services on 234a on 06/12/2023. Director of resident services completed an audit of Dementia Unit Records to ensure that a support plan was developed and implemented within 72hours of admission. No deficiencies were found. Moving forward, Director of resident services will audit new admissions to the dementia unit records to ensure a support plan was developed and implemented within 72 hours. Director of resident service will report the findings to QAPI monthly for the next 6 months.

Licensee's Proposed Overall Completion Date: 12/12/2023

Implemented (████) - 07/11/2023)