

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

September 28, 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 07/31/2023 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: *06/02/2024*
 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: *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: *112* Waking Staff: *84*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *07/31/2023*

Inspection Dates and Department Representative

07/31/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *98* Residents Served: *86*

Secured Dementia Care Unit

In Home: *Yes* Area: *SDCU* Capacity: *22* Residents Served: *18*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *76*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *26* Have Physical Disability: *1*

Inspections / Reviews

07/31/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/18/2023*

08/22/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *09/27/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/27/2023*

Inspections / Reviews *(continued)*

08/28/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/27/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/27/2023

09/28/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/27/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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

Colgate toothpaste with manufacturer's label indicating "poisonous if swallowed", was unlocked and accessible in resident#1's bathroom. Not all the residents of the home, including resident#1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept [redacted] - 08/28/2023)

The toothpaste was locked up at the time of the survey.

Locks have been installed of the resident bathroom cabinets to allow caregivers to secure items immediately following use.

Caregivers will be re-educated on the risks associated with unsecured chemicals by the Memory Care Director by 9.1.23

The supervisor will make round after morning and evening care starting 8.25.23.

The Memory Care Director will complete a QA audit weekly for 8 weeks starting the week of 9.1.23 to monitor ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/28/2023

Implemented [redacted] - 09/28/2023)

95 - Furniture and Equipment

2. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 07/31/23 at 9:30am, the gate in the memory care courtyard that leads to an exit was blocked, as the gate was malfunctioning and needs repair. A metal plate that engages with the magnetic locking mechanism appears to have rusty bolts that are keeping the plate from being attached securely, which then hits a vinyl post on the other side of the gate, preventing it from opening all the way.

Plan of Correction

Accept [redacted] - 08/22/2023)

The memory care courtyard gate was repaired by the Director of Maintenance on 8.1.23 and is no longer hitting the handrail.

The gate will be checked during weekly audits by the Director of Maintenance or designee through September 1 2023 to ensure repair corrected the issue, then monitored through monthly inspections by the Director of Maintenance or designee.

Licensee's Proposed Overall Completion Date: 09/01/2023

Implemented [redacted] - 09/28/2023)

121a - Unobstructed Egress

3. Requirements

121a - Unobstructed Egress (continued)

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 07/31/2023 at 9:30 am, the gate use for exit from the memory care unit was malfunctioning blocking the egress from the home's courtyard.

Plan of Correction

Accept [redacted] - 08/22/2023)

The memory care courtyard gate was repaired on 8.1.23 and is no longer hitting the handrail.

The gate will be checked during weekly audits through September 1 2023 to ensure repair corrected the issue, then monitored through monthly inspections by the Director of Maintenance or designee.

Licensee's Proposed Overall Completion Date: 09/01/2023

Implemented [redacted] - 09/28/2023)

182b - Prescription Medication

4. Requirements

2600.

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

- 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 07/31/23 at 1pm, a [redacted] aide administered medications to resident#2 to include the following: Divalproex SOD DR 500mg Tab and Olanzapine 15mg tablet. The private duty aide is not 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.

Plan of Correction

Accept [redacted] - 08/28/2023)

In an effort to accommodate resident #2's erratic sleeping pattern, the staff were provided the medication to the resident's [redacted] caregivers who had received medication assistance certification through [redacted] agency. Moving forward, the community is working with the primary care physician to adjust the timing of medication administration to better align with resident #2's schedule. Medication provided in the community will only be done so by a staff person who has completed the medication administration training as specified in 2600.190.

The Health and Wellness Director or designee will monitor compliance weekly for 8 weeks beginning the week of 9.1.23

All community staff and private caregivers will be re- educated regarding the proper process for medication administration by a certified medication technician and the process for communicating the need for adjustments to the schedule by the Health and Wellness Director by September 1, 2023.

Ongoing compliance will be monitored weekly for 8 weeks by the Health and Wellness Director.

Licensee's Proposed Overall Completion Date: 10/28/2023

Implemented [redacted] - 09/28/2023)

182c - Medication Administration

5. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 6. Place the medication in the resident’s hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Description of Violation

On 07/31/23 at 1:00 pm, the home did not place the medication in the resident’s hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4) for resident #3, who requires this assistance to take Acetaminophen 325mg.

Plan of Correction

Accept [REDACTED] **08/28/2023)**

Residents must take their medication in the presence of the medication technician/ nurse.

Education regarding this requirement will be provided to all medication technicians and nurses by the Health and Wellness Director or designee by September 1, 2023.

Ongoing compliance will be monitored through medication administration audits monthly x 3 months by the Health and Wellness Director or designee and ongoing through the Department Medication Administration Observation process beginning in September 2023.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] **09/28/2023)**

184a - Resident's Meds Labeled

6. Requirements

2600.

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

Description of Violation

The pharmacy label for resident #2's Levothyroxine 112mcg, take 1 tablet by mouth once daily does not include a change of directions sticker for administration. The pharmacy label indicates take 1 tablet daily at 8am.

Plan of Correction

Accept [REDACTED] **- 08/28/2023)**

A change of direction sticker was affixed to the medication to indicate a change in the time.

The requirement for medication labels will be reviewed with all med techs and nurses by the Health and Wellness Director or designee by September 1 2023.

Ongoing compliance will be monitored through monthly cart audits for three months by the Health and Wellness Director or designee starting in September 2023.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] **- 09/28/2023)**

185a - Implement Storage Procedures

7. 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 #2 is prescribed Lorazepam 1mg tab, as needed, for Anxiety. On 07/19/23 at 2am and 07/30/23 at 11am, there is no notation in the resident file that they were experiencing anxiety and the reason for the medication

185a - Implement Storage Procedures (continued)

administration was not recorded.

Plan of Correction

Accept [REDACTED] - 08/28/2023)

Med Techs and nurses are being re-educated on the proper use of the MAR system for medication documentation by September 1 by the Health and Wellness Director or designee.

Ongoing compliance will be monitored through monthly MAR audits for 3 months by the Health and Wellness Director or designee beginning in September 2023.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] - 09/28/2023)

187b - Date/Time of Medication Admin.**8. 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 Lorazepam 1 mg tab, take 1 tablet by mouth twice a day as needed for anxiety. Resident #2's July 2023 medication administration record does not include the initials of the staff person who administered Lorazepam 1mg tab on 07/19/23 at 2 am and 07/30/23 at 11 am.

Plan of Correction

Accept [REDACTED] - 08/28/2023)

Med Techs and nurses are being re-educated on the proper use of the MAR system for medication documentation by September 1 by the Health and Wellness Director or designee.

Ongoing compliance will be monitored through monthly MAR audits for three months by the Health and Wellness Director or designee beginning in September 2023.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] - 09/28/2023)

187d - Follow Prescriber's Orders**9. Requirements**

2600.

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

Description of Violation

Resident #3 is prescribed Acetaminophen 500 mg Tab, take 2 tablets by mouth three times a day, 9am, 1pm and 5pm. However, resident #3 was administered Acetaminophen 500 mg Tab on 07/31/23 at 3:00 pm.

Resident #3 is prescribed Melatonin 5 mg Tab, take 1 tablet by mouth at bedtime. However, resident #3 was not administered Melatonin 5 mg Tab on 07/29/23 at 9:00 pm and on 07/30/23 at 9:00 pm.

Plan of Correction

Accept [REDACTED] 08/28/2023)

Med Techs and nurses are being re-educated on the proper use of the MAR system for medication documentation and the process for documenting refusals or missed medications by September 1 by the Health and Wellness Director or designee.

Ongoing compliance will be monitored through monthly MAR audits for three months by the Health and Wellness Director or designee beginning in September 2023.

187d - Follow Prescriber's Orders (continued)

Quarterly audits will be conducted by the Health and Wellness Director or designee through the quality management plan process.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [redacted] - 09/28/2023)

201 - Positive Interventions

10. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident#2 with diagnosis of schizophrenia and psychosis. The residence has not carried out helpful efforts to curb or change the habit. Staff member A was moving resident #2 from the wheelchair to the bed on July 8th at 11pm. First, Resident #2 was shoved into the middle of the bed after being dropped onto it. Resident #2 can stand but needs hands-on assistance when transferring, according to a support plan dated 06/19/23. According to an interview with staff member B, resident#2 tends to fall to the ground if the changeover from wheelchair to bed or couch is not made quickly.

Plan of Correction

Accept [redacted] - 08/28/2023)

Staff member A did not follow the plan of care for resident #2 and their position with the company was terminated on [redacted]/23 following an internal investigation.

Staff will be re-educated on the community's policies regarding positive interventions by the Health and Wellness Director or designee by 9.1.23. Additional training on person directed care and positive interventions are scheduled through the LTC RISE grant throughout 2023.

Ongoing assessment and revision of the support plan will be made through the community care plan process and communicated to the staff by the Health and Wellness Director or designee through 12/23.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [redacted] - 09/28/2023)

231b - Medical Evaluation

11. 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 #1 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]/23; however, the resident's medical evaluation completed on [redacted]/22, did not indicate the need for a secure dementia unit.

Plan of Correction

Accept [redacted] - 08/28/2023)

The physician was contacted and the DME was updated to reflect the need for a secure neighborhood on 8.1.23.

A full community audit of DME will be conducted by the Health and Wellness Director or designee by 9.30.23.

231b - Medical Evaluation (continued)

All DMEs will be audited by the Health and Wellness Director or designee upon completion for accuracy. Quarterly audits will be conducted by the Health and Wellness Director or designee through the quality management plan process beginning September 2023.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented [redacted] - 09/28/2023)

231e - No Objection Statement

12. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] 23. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction

Accept [redacted] - 08/28/2023)

The resident and designated person do not have objections to the admission to a secure unit, and that was added to the RASP on 8/1/23.

The Resident Agreement has been amended to include the statement that there are no objections to the secure dementia unit by the home office.

The Memory Care Director will update all current resident RASP to ensure appropriate documentation by 9/1/23.

Moving forward all new residents will sign the amended agreement at move in.

Quarterly audits will be conducted by the Health and Wellness Director or designee beginning September 2023 through the quality management plan process.

Licensee's Proposed Overall Completion Date: 09/01/2023

Implemented [redacted] - 09/28/2023)

234a - Admission Support Plan

13. 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 #4 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] /23. However, the resident's initial support plan was completed on [redacted] /23.

The support plan for resident #5, admitted to the SDCU on [redacted] /23 does not have a date of completion.

Plan of Correction

Accept [redacted] - 08/28/2023)

The Memory Care Director and Health and Wellness management team has been re-educated on the 72 hour completion requirement for memory care residents by the Executive Director.

All new resident files will be audited by the Health and Wellness Director or designee within 72 hours of move in to ensure compliance.

Quarterly audits will be conducted by the Health and Wellness Director or designee beginning September 2023

234a - Admission Support Plan (continued)

through the quality management plan process.

Licensee's Proposed Overall Completion Date: 09/01/2023

Implemented [redacted] - 09/28/2023)

234b - Support Plan Needs Elements

14. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan for resident #5 does not have a date of completion and does not address supervision and mobility.

Plan of Correction

Accept [redacted] - 08/28/2023)

The Memory Care Director and Health and Wellness management team has been re-educated on support plan requirement by the Executive Director.

All new resident files will be audited by the Health and Wellness Director or designee within 72 hours of move in to ensure compliance.

Quarterly audits will be conducted by the Health and Wellness Director or designee beginning September 2023 through the quality management plan process.

Licensee's Proposed Overall Completion Date: 09/01/2023

Implemented [redacted] - 09/28/2023)

234e - Involvement/Participation

15. Requirements

2600.

234.e. The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

Description of Violation

Resident #5 support plan was developed on [redacted]/23. Neither the resident nor the resident's designated person were involved in the development.

Plan of Correction

Accept [redacted] - 08/28/2023)

All residents or the resident's designated person will be including in the development of the support plan and will be offered the opportunity to sign the document at completion.

All current RASP will be audited by the Health and Wellness Director by 9.30.23 to ensure compliance.

Quarterly audits will be conducted by the Health and Wellness Director or designee beginning September 2023 through the quality management plan process.

This Plan of Correction is submitted as required under State and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of the Community as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of the Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence, corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this

234e - Involvement/Participation (continued)

plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented [REDACTED] - 09/28/2023)