

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

April 29, 2024

[REDACTED]
WYNDMOOR ASSISTED LIVING COMPANY LLC
[REDACTED]
[REDACTED]

RE: SPRINGFIELD SENIOR LIVING
COMMUNITY
551 EAST EVERGREEN AVENUE
WYNDMOOR, PA, 19038
LICENSE/COC#: 14484

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/27/2023 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: *SPRINGFIELD SENIOR LIVING COMMUNITY* License #: *14484* License Expiration: *05/12/2024*
Address: *551 EAST EVERGREEN AVENUE, WYNDMOOR, PA 19038*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *WYNDMOOR ASSISTED LIVING COMPANY LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/16/1987* Issued By: *Commonweath of PA L&I*

Staffing Hours

Resident Support Staff: *17* Total Daily Staff: *87* Waking Staff: *65*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *12/27/2023*

Inspection Dates and Department Representative

12/27/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: <i>103</i>	Residents Served: <i>49</i>		
Special Care Unit			
In Home: <i>Yes</i>	Area: <i>SDCU</i>	Capacity: <i>33</i>	Residents Served: <i>5</i>
Hospice			
Current Residents: <i>1</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>47</i>		
Diagnosed with Mental Illness: <i>4</i>	Diagnosed with Intellectual Disability: <i>1</i>		
Have Mobility Need: <i>21</i>	Have Physical Disability: <i>11</i>		

Inspections / Reviews

12/27/2023 - Partial
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/13/2024*

01/12/2024 - POC Submission
Submitted By: [REDACTED] Date Submitted: *03/26/2024*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/17/2024*

Inspections / Reviews *(continued)*

01/18/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 02/28/2024

04/29/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

57c 2 hrs/day/immob. resident

1. Requirements

2800.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On [redacted], there were [redacted] residents in the residence, including [redacted] residents with mobility needs, requiring a total minimum of 66 hours of direct care service. On this date, only 54 hours of direct care staffing were provided. On [redacted], there were [redacted] residents in the residence, including [redacted] residents with mobility needs, requiring a total minimum of 66 hours of direct care service. On this date, only 49.5 hours of direct care staffing were provided. On [redacted] there were [redacted] residents in the residence, including [redacted] residents with mobility needs, requiring a total minimum of 66 hours of direct care service. On this date, only 54 hours of direct care staffing were provided.

Although the home's schedule reflected sufficient hours worked by direct care staff persons on these days, staff persons spent roughly three hours of each eight-hour shift on ancillary duties, making actual direct care coverage insufficient.

Plan of Correction

Accept [redacted] - 01/18/2024)

1. The facility approved overtime by Interim Administrator when staffing levels are below required hours, there is not dietary staff is available to serve, environmental issues affecting the home's operations, extreme weather, call offs, sicknesses and vacations.

The facility hired 3 PCAs,; 1 started on [redacted] and 1 is starting [redacted]. 1 who didn't show for on floor training. Dietary 1 cook was rehired [redacted] and 1 Dietary Aide [redacted]. DON and ADON will review staffing daily to ensure compliance with this requirement. Administrator will monitor staffing daily x4 weeks then weekly ongoing. Administrator will reconcile hours for previous day in the timekeeping system with the schedule will review schedule for the next day and week ahead for variances in hours to identify if staffing levels are low. If staffing levels are lower than require additional staff will be provided by offering bonuses, overtime, or calling an agency if needed.

2. ++++++

57c 2 hrs/day/immob. resident (continued)

2.

Proposed Overall Completion Date: 02/01/2024

Licensee's Proposed Overall Completion Date: 02/01/2024

Implemented [REDACTED] - 04/29/2024)

57d Waking staff hours

2. Requirements

2800.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On [REDACTED], a total of 49.5 hours of direct care were required during waking hours. However, only 40.5 hours of direct care staffing were provided during waking hours. On [REDACTED] a total of 49.5 hours of direct care were required during waking hours. However, only 36 hours of direct care staffing were provided during waking hours. On [REDACTED] a total of 49.5 hours of direct care were required during waking hours. However, only 40.5 hours of direct care staffing were provided during waking hours.

Plan of Correction

Accept [REDACTED] - 01/18/2024)

1. Facility approved overtime to schedule additional hours to ensure compliance with the waking hours requirement. We hired additional staff too to ensure compliance, The facility hired 3 PCAs,; 1 started on [REDACTED] and 1 is starting [REDACTED]. 1 who didn't show for on floor training. Dietary 1 cook was rehired [REDACTED] and 1 Dietary Aide [REDACTED]

2. The root causes the waking hour violation were unqualified candidates during the recruiting process. Recruiting will continue with ongoing hiring

2. DON and ADON to review staffing and schedule daily and Administrator to review daily by reconciling the previous day with the timekeeping system and nursing schedule and subsequent days by verifying the hours from the nursing schedule to ensure the waking hour staffing requirements remain in compliance. If staffing levels fall below the requirement additional staff will be provided by offering bonuses, overtime, or calling an agency if needed.

Proposed Overall Completion Date: 02/01/2024

Licensee's Proposed Overall Completion Date: 02/01/2024

Implemented [REDACTED] - 04/29/2024)

83a Indoor temperature

3. Requirements

2800.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

On [REDACTED], at [REDACTED] when [REDACTED] residents were present in the residence, the temperature in the C-wing of the 3rd floor was 68 degrees Fahrenheit. Logs show temperatures were below 70 degrees in this wing, as well in the third-floor hallway and third-floor B wing, on [REDACTED] between 3:00 pm and 9:00 pm, and on [REDACTED] between 8:00 am and 4:00 pm.

Plan of Correction

Directed [REDACTED] - 01/18/2024)

1. Monster Mechanical arrived at the facility on [REDACTED] and quotes were obtained to repaired system. Monster Mechanical repaired the system utilizing a bypass to increase system to an operable condition. Quotes approved, parts ordered, and awaiting parts. The hallway system will be up and operational by [REDACTED]

2.

2. Temperatures will be taken by facility staff at minimum weekly by Maintenance/Housekeeping Staff. Administrator/designee will monitor temperatures for compliance, If hallway HVAC system is below temperature, resident will be encourage to go to warmer sections of the hallway or common rooms at temperature by the nursing

A preventative maintenance task will be developed for the hallway HVAC system by the Administrator, Maintenance Director and with input from vendor

Proposed Overall Completion Date: 02/01/2024

Directed Plan of Correction 1/18/24 [REDACTED]:

Starting Immediately, and continuing through 4/30/24, the administrator will monitor temperatures in at least one common area, two resident rooms on each floor, and the dining area daily.

If any is unable to maintain a temperature of at least 70 degrees, the administrator shall relocate residents to warmer areas and immediately contact an outside HVAC company for evaluation and repair. The administrator shall notify the department of such conditions.

Directed Completion Date: 02/15/2024

Implemented [REDACTED] - 04/29/2024)

89a Hot/cold water pressure

4. Requirements

2800.

89a Hot/cold water pressure (continued)

89.a. The residence must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On [REDACTED], at approximately [REDACTED] room [REDACTED] did not have sufficient hot water pressure for resident [REDACTED] to make full use of the bathroom sink and shower. The shower slowly warmed to a lukewarm 89 degrees.

Plan of Correction

Accept [REDACTED] 01/18/2024)

1. Plumber was notified and replaced the circulator pump on January 4, 2024

2. The root cause of the issue that the circulator pump was leaking, Circulator pump was replaced and hot water is circulating throughout the home to accommodate the needs of the residents. Maintenance staff will test water temps at least weekly to ensure the residents have hot and cold water under pressure to accommodate the resident's needs, Administrator will review temperature logs for compliance with this requirement weekly x4 weeks then monthly

Proposed Overall Completion Date: 02/01/2024

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented [REDACTED] - 04/29/2024)

127a Portable space heaters

5. Requirements

2800.

127.a. Portable space heaters are prohibited.

Description of Violation

On [REDACTED], at approximately [REDACTED] a portable space heater was providing heat in room [REDACTED] At [REDACTED] second space heater was observed on the floor of the common area in the first-floor B wing.

Plan of Correction

Directed [REDACTED] 01/18/2024)

1. Portable space heaters were removed from the rooms that had space heaters.

2. Maintenance and Housekeeping staff will audit resident rooms and offices that had space heaters weekly x4 then monthly x2. to ensure they are not being used. Administrator will review audits weekly x4 then monthly x2 for compliance with this requirement.

Proposed Overall Completion Date: 02/01/2024

Directed Plan of Correction 1/18/24 [REDACTED]

Starting immediately, the administrator or designee shall complete daily audits of all resident rooms, common areas, staff areas, and entry areas for the use of space heaters.

Within 10 days of the receipt of the acceptable plan of correction, the administrator shall educate all staff and residents on the prohibition of the use of space heaters.

Directed Completion Date: 02/28/2024

Implemented [REDACTED] - 04/29/2024)