

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

April 9, 2024

[REDACTED], RDO  
KAPG PHOENIXVILLE SENIOR HOUSING OPCO LLC

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 01/29/2024, 01/30/2024 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]

**Certificate(s) of Occupancy**

<b>Type:</b> I-1	<b>Date:</b> 09/10/2009	<b>Issued By:</b> East Pikeland Township
<b>Type:</b> I-2	<b>Date:</b> 12/02/2016	<b>Issued By:</b> East Pikeland Township

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 115      **Waking Staff:** 86

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**

**Reason:** Renewal      **Exit Conference Date:** 01/30/2024

**Inspection Dates and Department Representative**

01/29/2024 - On-Site: [REDACTED]

01/30/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 98      **Residents Served:** 89

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** SDCU      **Capacity:** 22      **Residents Served:** 17

**Hospice**

**Current Residents:** 5

**Number of Residents Who:**

<b>Receive Supplemental Security Income:</b> 0	<b>Are 60 Years of Age or Older:</b> 89
<b>Diagnosed with Mental Illness:</b> 1	<b>Diagnosed with Intellectual Disability:</b> 1
<b>Have Mobility Need:</b> 26	<b>Have Physical Disability:</b> 1

**Inspections / Reviews**

01/29/2024 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 02/25/2024

Inspections / Reviews *(continued)*

02/28/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/08/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/08/2024

04/09/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/08/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 1/30/24 at 10:22 am, the narcotics logbook was unlocked, unattended, and accessible on the Medication Cart A.

Plan of Correction

Accept ( [redacted] ) - 02/28/2024)

The narcotic log was placed n the locked drawer at the time of the survey.

All medication staff will be re-educated regarding the requirement for maintaining confidential records by the Health and Wellness Director by 3.07.24

The Health Care Coordinator will monitor ongoing compliance through q shift audits for 14 days starting 3.08.24

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented ( [redacted] ) - 04/09/2024)

42s - Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [redacted] at [redacted], Staff Person A administered medication to Resident 1 while the resident was sitting in the dining room with two other residents present at the table.

Plan of Correction

Accept ( [redacted] ) - 02/28/2024)

All medication staff will be re-educated regarding the requirement for maintaining privacy during medication administration by the Heath and Wellness Director by 3.8.24

The Health Care Coordinator will monitor ongoing compliance through q shift audits for 14 days starting 3.8.24

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented ( [redacted] ) - 04/09/2024)

65e - 12 Hours Annual Training

3. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

65e - 12 Hours Annual Training (continued)

**Description of Violation**

*Direct Care Staff Person B received only 11 hours of annual training in the training year 2023.*

**Plan of Correction**

Accept (█) - 02/28/2024)

*All staff members will complete 12 hours of training on required topics annually through a combination of relias online training and in house live training opportunities per the 2024 Staff Training Plan.*

*100% audit of all existing staff will be completed by the Business Office Manager monthly throughout 2024 to assist department managers in monitoring compliance [through the QMP process].*

*Any team member who does not meet their training requirements by Nov 1 2024 will be removed from the schedule until training requirements are completed.*

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented (█) - 04/09/2024)

65f - Training Topics

**4. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

**Description of Violation**

*Direct Care Staff Person C did not receive training on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the training year 2023.*

**Plan of Correction**

Accept (█) - 02/28/2024)

*All staff members will complete 12 hours of training on required topics annually through a combination of relias online training and in house live training opportunities per the 2024 Staff Training Plan.*

*100% audit of all existing staff will be completed by the Business Office Manager monthly throughout 2024 to assist department managers in monitoring compliance [through the QMP process].*

*Any team member who does not meet their training requirements by Nov 1 2024 will be removed from the schedule until training requirements are completed.*

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented (█) - 04/09/2024)

65g - Annual Training Content

**5. Requirements**

2600.

65g - Annual Training Content (continued)

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 5. Falls and accident prevention.

Description of Violation

Staff Person B did not receive training in the following areas during the training year 2023:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3. Falls and accident prevention.

Staff Person D did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations during the training year 2023.

Plan of Correction

Accept [redacted] - 02/28/2024)

All staff members will complete 12 hours of training on required topics annually through a combination of online training and in house live training opportunities per the 2024 Staff Training Plan.

100% audit of all existing staff will be completed by the Business Office Manager monthly throughout 2024 to assist department managers in monitoring compliance [through the QMP process].

Any team member who does not meet their training requirements by Nov 1 2024 will be removed from the schedule until training requirements are completed.

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented ([redacted] - 04/09/2024)

81b - Resident Personal Equipment

6. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 1/30/24, the following bedside mobility devices were present on residents' beds, posing possible hazardous conditions for the residents:

- A bedside mobility device with openings measuring 7 inches wide by 18 inches long was securely attached to the structure of Resident 2's bed. However, the device opening was covered by a loose white pillowcase that slips easily.
- A bedside mobility device with openings measuring 7 inches wide by 18 inches long, easily pulled out from Resident 3's bed and was far from the bedside. The device is not securely attached to the structure of the bed,

81b Resident Personal Equipment (continued)

as the bars slip under the mattress and were not secured with straps. Additionally, the device opening was covered by a flowered pillowcase that slips easily.

- A bedside mobility device on Resident 4's bed pulled out over 4½ inches away from the bedside. Though there were straps attaching it to the bedsprings, those were not tightly secured to the structure of the bed. The device opening was covered by a white pillowcase that slips easily.

Plan of Correction

Accept [redacted] - 02/28/2024)

During the licensing survey the community received new guidance regarding the attachment of enabler devices for residents. All devices are being measured against the new guidelines and will be replaced as needed by 3.15.24

Staff will be educated regarding the updated requirements for enabler devices by the Health and Wellness Director by 3.07.24

A master list of enabler equipment will be maintained by the Health and Wellness Director with monthly safety checks conducted by the Maintenance Director or designee for 3 months to ensure compliance.

Licensee's Proposed Overall Completion Date: 06/15/2024

Implemented ([redacted] - 04/09/2024)

85a - Sanitary Conditions

7. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 1/29/24 at 10:20 am, there were crumbs, spills, food particles, and debris at the bottom of the memory care kitchen refrigerator. Additionally, there were splashed food particles inside the refrigerator door.

On 1/30/24 at 11:15 am, there was strong odor of feces in Resident 5's bathroom, caused by two soiled pairs of underwear on top of the resident's bathroom sink.

Plan of Correction

Accept [redacted] - 02/28/2024)

Food particles were addressed at the time of survey. The memory care kitchen is maintain on daily and weekly cleaning task schedules.

Staff will be re educated by the dining services director re cleaning schedules and cleaning at the time of service prior to returning dishes to the kitchen by 3.7.24

The Dining Services Dlrrector or designee will monitor ongoing compliance with post meal audits daily for 14 day starting 3.8.24 then per regular community audits.

Resident 5 is usually continent of bowel and bladder and does not require routine assistance with toileting. On

**85a - Sanitary Conditions (continued)**

1.30.24 the resident had an accident that she attempted to manage without notifying staff. At the time of the survey staff assisted the resident with laundry needs of soiled undergarments.

Staff will be re-educated regarding notification of nursing when medical or functional changes are noted to facilitate support plan or assessment change needs by 3.7.24 by the Health and Wellness Director.

Resident will continue to be assessed according to policy or changes of condition by the Health and Wellness Director or designee.

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented ( ) - 04/09/2024

**88a - Surfaces**

**8. 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**

On 1/29/24, at 10:02 am, the rubber threshold cover was not flush with the threshold, causing a tripping hazard in the second-floor activities room.

On 1/30/24 at 9:45 am, the baseboard next to the shower in Resident 6's bathroom was detached from the wall.

**Plan of Correction**

Accept ( ) - 02/28/2024

The rubber threshold cover and baseboard repair needs were reported and fixed during the survey

Staff will be re-educated by the Maintenance Director by 3.7.24 regarding the continued use of work orders for reporting repair needs in the community.

Monthly safety checks will be conducted by the Maintenance Director or designee for 3 months starting March 2024 to ensure compliance.

Licensee's Proposed Overall Completion Date: 06/15/2024

Implemented ( ) - 04/09/2024

**95 - Furniture and Equipment**

**9. Requirements**

2600.

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

**Description of Violation**

On 10/29/24, the memory care kitchen cabinet door under the heating table was off the hinges.

On 10/29/24, there was an inoperable clothes dryer in the memory care laundry room.

On 10/29/24, there was an inoperable washer and an inoperable clothes dryer in the second-floor laundry room.

95 Furniture and Equipment (continued)

On 10/30/24, a bureau was missing the bottom left hand drawer in Resident 6's bedroom.

Plan of Correction

Accept ( ) - 02/28/2024)

Items listed had previously been identified and were in process of repair. Washer and Dryer parts had been ordered, and the dresser drawer had been removed for repair. All items have been repaired and are in working order.

Staff will be re educated by the Maintenance Director by 3.7.24 regarding the continued use of work orders for reporting repair needs in the community.

Monthly safety checks conducted by the Maintenance Director or designee for 3 months starting March 2024 to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented ( ) - 04/09/2024)

101j7 - Lighting/Operable Lamp

10. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On ( ) Resident 6 and Resident 7 did not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept ( ) - 02/28/2024)

Resident 6 and 7 had bedside lamps that had been placed at the head of the bed when the bed was moved against the wall. Stick on push lights are available in the community and were installed at the time of the survey. All residents currently had a working light within reach of the bed.

Staff will be re educated regarding lighting options for residents with high fall risk by the Health and Wellness Director by 3.15.24

Monthly safety checks will be conducted by the Maintenance Director or designee for 3 months starting March 2024 to ensure compliance.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented ( ) - 04/09/2024)

141b1 - Annual Medical Evaluation

12. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 2's most recent medical evaluation was completed on ( ). The resident's previous medical evaluation was not completed in the year 2022.

Resident 7's most recent medical evaluation was completed on ( ). The resident's previous medical evaluation

141b1 Annual Medical Evaluation (continued)

was completed on 8/18/22.

Resident 8's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Resident 9's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was not completed in the year 2022.

Plan of Correction

Accept [REDACTED] - 02/28/2024)

All residents will receive a ne documentation of medical evaluation within 365 days or on significant change. Notification of DME requirements will be made one month prior to the month due by the Health and Wellness Director

Staff will be re educated regarding the DME completion requirement by the Health and Wellness Director by 3.7.24

Audits of DMEs will be completed by the Executive Director or designee monthly for ongoing compliance for 3 months starting March 2024 then monitored through the QMP Process

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented [REDACTED] - 04/09/2024)

183e - Storing Medications

13. 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 [REDACTED] at [REDACTED], there were two loose pills in the medication cart in the memory care unit.

Plan of Correction

Accept [REDACTED] - 02/28/2024)

All medication staff will be re educated re medication storage procedures by the Health and Wellness Director by 3.7.24

The Director of Health and Wellness or designee will complete weekly medication storage audits for 3 months starting March 8 2024 to ensure ongoing compliances.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented [REDACTED] - 04/09/2024)

185a - Implement Storage Procedures

14. 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 1 is prescribed [REDACTED] tablet, take 3 tablets by mouth every 6 hours as needed for [REDACTED]. On [REDACTED] at [REDACTED] the medication was not available in the home.

185a - Implement Storage Procedures (continued)

On [redacted] at [redacted] Resident 2's blood glucose reading was [redacted]. However, it was documented as [redacted] on the Medication Administration Record (MAR).

On [redacted] at [redacted], Resident 2's blood glucose reading was [redacted]. However, it was documented as [redacted] on the MAR.

On [redacted] at [redacted], Resident 2's blood glucose reading was [redacted]. However, it was documented as [redacted] on the MAR.

On [redacted], Resident 2's glucometer was not calibrated to the correct date and time. The glucometer was set to [redacted].

On [redacted], Resident 7's glucometer was not calibrated to the correct date. The glucometer was set to [redacted].

Plan of Correction

Accept ( [redacted] - 02/28/2024)

Resident 1 received a new supply of [redacted] at time of survey

Resident 2 and 7 glucometers had been recalibrated on [redacted] and showed incorrect dates/ times on [redacted]. new glucometers have been ordered due to calibration issues.

Staff will be re-educated regarding glucometer calibration by the Health and Wellness Director by 3.7.24. Audits of glucometers and readings will be completed by the Health and Wellness Director weekly starting 3.8.24 for ongoing compliance for 3 months and then per the community audit procedures.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented ( [redacted] - 04/09/2024)

187d - Follow Prescriber's Orders

15. Requirements

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 1/5/24, Resident 1's prescription of [redacted] tablet was not available in the home to be administered to the resident at bedtime.

Resident 2's glucometer did not register a reading, but the blood glucose level was documented on the Medication Administration Record on the following dates:

- On [redacted] at [redacted] blood glucose level of [redacted]
- On [redacted] at [redacted] blood glucose level of [redacted]
- On [redacted] at [redacted] blood glucose level of [redacted]
- On [redacted] at [redacted] a blood glucose level of [redacted]
- On [redacted] at [redacted] blood glucose level of [redacted]

187d - Follow Prescriber's Orders (continued)

Resident 7 is prescribed [redacted] capsule (take 1 capsule by mouth at bedtime), [redacted] tab (take 1 tablet by mouth two times daily), and [redacted] tab (take 1 tablet by mouth once daily). These medications were not administered to the resident on [redacted].

Plan of Correction

Accept ([redacted] - 02/28/2024)

Residents will receive medication as ordered by the physician.

Staff will be re-educated regarding communication and documentation of pharmacy delays, resident refusals, and LOAs by Health and Wellness Director by 3.7.24

Compliance with physician orders will be monitored through weekly audits starting 3.8.24 by the health and wellness director for 3 months starting March 2024 then ongoing through the community management plan.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented ([redacted] - 04/09/2024)

225c - Additional Assessment

16. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident 3's annual assessment was completed on [redacted]. However, the resident's previous assessment was completed on [redacted].

Plan of Correction

Accept ([redacted] - 02/28/2024)

All residents will receive a new resident assessment within 365 days or on significant change. Notification of RASP requirements will be made one month prior to the month due by the Health and Wellness Director

Staff will be re-educated regarding the RASP completion requirement by the Health and Wellness Director by 3.7.24

Audits of RASPs will be completed by the Executive Director or designee monthly for ongoing compliance for 3 months starting March 2024 then per community management plan.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented ([redacted] - 04/09/2024)

227d - Support Plan Medical/Dental

17. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

227d - Support Plan Medical/Dental (continued)

**Description of Violation**

Resident 3 uses a bedside mobility device for transferring in and out of bed. Resident 3's assessment and support plan, dated 7/19/23, does not indicate that the resident has a need for a bedside mobility device and how this need will be met. Additionally, Resident 3's assessment and support plan does not indicate the psychological medical diagnoses, which is [REDACTED], as indicated in their preadmission screening, dated [REDACTED]

Resident 5's assessment and support plan, dated [REDACTED], does not indicate that the resident has a special dietary need for no added [REDACTED].

**Plan of Correction**

Accept ( [REDACTED] - 02/28/2024)

All residents will receive a support plan that is updated with special services.

Staff will be re-educated regarding the RASP completion and special services requirement by the Health and Wellness Director by 3.7.24

Audits of RASPS will be completed by the Executive Director or designee monthly for ongoing compliance for 3 months starting March 2024 then ongoing through the community management plan.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented ( [REDACTED] - 04/09/2024)