

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

June 21, 2024

[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 04/11/2024 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] Email: [REDACTED]

Legal Entity

Name: *KAPG PHOENIXVILLE SENIOR HOUSING OPCO LLC*
 Address: [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: Total Daily Staff: *133* Waking Staff: *100*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *04/11/2024*

Inspection Dates and Department Representative

04/11/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *98* Residents Served: *93*

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

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *92*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *40* Have Physical Disability: *0*

Inspections / Reviews

04/11/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/09/2024*

05/14/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/14/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/17/2024*

Inspections / Reviews *(continued)*

06/03/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/14/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/15/2024

06/21/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/14/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff member A hired [REDACTED], a background check was not completed until [REDACTED]

Plan of Correction

Accept [REDACTED] - 06/03/2024)

- The community performed a routine internal audit in September 2023.
- During the audit it was identified that Staff Member A hired [REDACTED] did not have documentation of a background check.
- A background check was completed [REDACTED].
- Background check on Staff Member A was clear.
- Standard community practice - new hires are not scheduled for orientation until a background check has been completed.
- Executive Director will re-educate Business Office Manager by 5/24/2024 on standard community practice, as well as criminal history checks and hiring policies in accordance with Adult Protective Services Act .
- Business Office Manager/Designee will complete and validate background checks on all new hires prior to scheduling orientation.
- The Business Office Manager completed an audit on all employee files October
- 100% compliance was confirmed.
- Monthly the Business Office Manager/Designee will audit employee files hired the previous month to ensure compliance.
- Executive Director will monitor new hire files monthly for compliance.

Proposed Overall Completion Date: 06/07/2024

Licensee's Proposed Overall Completion Date: 06/07/2024

Implemented [REDACTED] - 06/21/2024)

227g -Support Plan Signatures

2. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 1 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan.

Plan of Correction

Accept ([REDACTED]/03/2024)

- Resident #1 participated in the development of their support plan, but the support plan was not signed by the Resident.
- Residents are offered the opportunity to participate in the development of their support plan.

227g -Support Plan Signatures (continued)

- Documentation of participation or declination are documented on the support plan at the time the support plan is completed.
- Executive Director will re-educate Director of Health and Wellness by 5/31/2024 on development of support plan, individuals signing and dating the support plan if they participate in the development of the support plan and documenting if decline participating.
- Executive Director/Designee will audit all resident files by 6/7/2024
- Non-compliance will be documented on the support plan with the corrective action.
- Director of Health and Wellness/Designee will audit prior month move in.
- Director of Health and Wellness will conduct audits monthly for three months and then quarterly there after.
- Audit results will be discussed at quarterly QA meeting.
- Executive Director will monitor quarterly for compliance.

Proposed Overall Completion Date: 06/07/2024

Licensee's Proposed Overall Completion Date: 06/07/2024

Implemented (████) - 06/21/2024)

231e - No Objection Statement

3. 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 1 was admitted to the Secure Dementia Care Unit (SDCU) on ██████████. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Resident 2 was admitted to the Secure Dementia Care Unit (SDCU) on ██████████. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Repeat Violation: 07/31/2023 et al.

Plan of Correction

Accept (████) - 06/03/2024)

- Resident Agreement is signed by resident and the resident legal representative.
- Resident Agreement indicates acknowledgement of services received in secured dementia unit and no objection to admission to secured dementia unit.
- Executive Director added Addendum to the Resident Agreement acknowledging admission to secured dementia unit.
- Executive Director will educate Business Office Manager, Director of Health and Wellness and Director of Memory Care by 6/7/2024 on the Addendum to the Resident Agreement.
- Executive Director/Designee will audit resident charts of residents in Secured Memory Care Unit by 6/7/2024.

231e - No Objection Statement (continued)

- Executive Director/Designee will have all residents living in Secured Memory Care Unit and their legal representative review and sign the Addendum to the Resident Agreement and file in resident financial file located in the Business Office Manager Office by 6/14/2024.
- Business Office Manager/Director of Health and Wellness/ Director of Memory Care will review the Resident Agreement on the day of move in to ensure Acknowledge Addendum has been signed by the resident and the legal representative.
- Executive Director will monitor monthly for compliance.

Proposed Overall Completion Date: 06/14/2024

Licensee's Proposed Overall Completion Date: 06/14/2024

Implemented [REDACTED] - 06/21/2024)

234a - Admission Support Plan

4. 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 1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] However, the resident's initial support plan was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 06/03/2024)

- Resident#1 did not have the initial support plan completed within 72 hours of move in or within 72 hours prior to move into Secure Dementia Unit.
- Executive Director will re educate Director of Health and Wellness and Director of Memory Care by 6/7/2024 on developing, implementing and documenting support plans for residents moving into Secure Dementia Unit.
- Director of Health and Wellness/Director of Memory Care/Designee will develop, implement and document support plan on the day a resident moves into Secured Dementia Unit.
- Executive Director/Designee will audit all residents that have moved in the Secure Dementia Unit by 6/10/2024 to ensure compliance.
- Non compliance will be documented on the resident support plan.
- Director of Health and Wellness/Director of Memory Care/Designee will monthly audit resident support plans that are in the Secured Dementia Unit.
- Executive Director will monitor quarterly for compliance.

Proposed Overall Completion Date: 06/10/2024

Licensee's Proposed Overall Completion Date: 06/10/2024

Implemented [REDACTED] - 06/21/2024)

252 - Record Content

5. 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 shows a language of English, however staff interviews indicate resident 1 speaks Swedish and communicates with gestures and facial expressions.

Plan of Correction

Accept ([REDACTED] - 06/03/2024)

- *Resident #1 follows instructions in English but will respond in a blend of languages due to advanced dementia.*
- *Executive Director will re-educate Director of Health and Wellness and Director of Memory by 6/7/2024 on documenting special communicating techniques for residents on resident support plan.*
- *Director of Health and Wellness/Director of Memory Care/Designee will document on Resident #1 support plan communication techniques and facial expressions by [REDACTED]*
- *Executive Director/Designee will audit all resident charts in Secure Dementia Unit by 6/14/2024 to ensure resident files include all necessary information.*
- *Director of Health and Wellness/Director of Memory Care/Designee will audit resident charts in Secure Dementia Unit monthly to ensure resident charts have all necessary information and have been updated will any resident changes.*

252 - Record Content (continued)

- Executive Director will monitor quarterly for compliance.

Proposed Overall Completion Date: 06/14/2024

Licensee's Proposed Overall Completion Date: 06/14/2024

Implemented (█ - 06/21/2024)