

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

September 6, 2024

[REDACTED], ADMINISTRATOR
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 06/11/2024 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: *06/02/2025*
 Address: *3000 BALFOUR CIRCLE, PHOENIXVILLE, PA 19460*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED]

Legal Entity

Name: *KAPG PHOENIXVILLE SENIOR HOUSING OPCO LLC*
 Address: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *118* Waking Staff: *89*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *06/11/2024*

Inspection Dates and Department Representative

06/11/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *98* Residents Served: *92*

Secured Dementia Care Unit
 In Home: *Yes* Area: *SDCU* Capacity: *22* Residents Served: *17*

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *92*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *26* Have Physical Disability: *1*

Inspections / Reviews

06/11/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/10/2024*

09/06/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/06/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

09/06/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/06/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

There were two incidents of alleged abuse by staff person A toward resident 1 and resident 2 that occurred on [REDACTED] Resident 2 sent an email to staff person B, on [REDACTED] regarding the abuse and neglect allegations by staff person A. The home did not report the suspected abuse to Aging until [REDACTED]

Plan of Correction

Accept ([REDACTED] - 09/06/2024)

See attached.

Resident #2 sent an email to previous Assistant Director of Health and Wellness and Director of Health and Wellness on [REDACTED] regarding abuse and neglect allegations by Staff person A.

A staff person in memory care wrote a statement and gave to Director of Health and Wellness regarding abuse and neglect allegations toward Resident #1 on [REDACTED]

Previous Assistant Director of Health and Wellness did not report the email received by Resident #2 regarding abuse and neglect allegations.

Director of Health and Wellness reported abuse and neglect allegations toward Resident #1 and #2 to Executive Director on 5/30/2024.

Executive Director reported abuse and neglect allegations toward Resident #1 and #2 to Aging on [REDACTED]

Executive Director will educate Director of Health and Wellness to immediately report suspected abuse of a resident served in the home in accordance with the Older Adult protective Services Act and comply with the requirements regarding restrictions on staff persons by July 12, 2024

Executive Director will educate all team members to immediately report suspected abuse of a resident served in the home in accordance with the Older Adult protective Services Act and comply with the requirements regarding restrictions on staff persons by July 31, 2024

Executive Director/Designee will educate all team members quarterly to immediately report suspected abuse of a resident served in the home in accordance with the Older Adult protective Services Act and comply with the requirements regarding restrictions on staff persons.

Executive Director will monitor for compliance.

Licensee's Proposed Overall Completion Date: 07/31/2024

Proposed Overall Completion Date: 09/03/2024

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented ([REDACTED] - 09/06/2024)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

16c Written Incident Report (continued)

Description of Violation

On [REDACTED], there were two incidents that occurred alleging abuse. The two allegations of staff to resident abuse was reported to staff person C on [REDACTED]. These incidents were not reported to the Department until [REDACTED].

Plan of Correction

Accept ([REDACTED] - 09/06/2024)

Resident #2 sent an email to previous Assistant Director of Health and Wellness and Director of Health and Wellness on [REDACTED] regarding abuse and neglect allegations by Staff person A. A staff person in memory care wrote a statement and gave to Director of Health and Wellness regarding abuse and neglect allegations toward Resident #1 on [REDACTED]. Previous Assistant Director of Health and Wellness did not report to Executor Director, the email received by Resident #2 regarding abuse and neglect allegations. Director of Health and Wellness reported abuse and neglect allegations toward Resident #1 and #2 to Executive Director on 5/30/2024. Executive Director reported abuse and neglect allegations toward Resident #1 and #2 to Department's personal care home regional office on 5/30/2024. Executive Director will re educate Director of Health and Wellness and Director of Memory Care by 7/12/2024, immediately report suspected abuse allegations to the Executive Director so they are able to immediately report the allegation to Protective Services at County Office of Aging and begin investigation. Executive Director will educate all team members by 7/31/2024, immediately report suspected abuse allegations to the Executive Director or Department Manager to immediately report the allegation to Protective Services at County Office of Aging and begin investigation. Executive Director will monitor for compliance. Licensee's Proposed Overall Completion Date: 07/31/2024 See attached.

Proposed Overall Completion Date: 09/03/2024

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented ([REDACTED] - 09/06/2024)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident 1 requires assistance with ambulation and uses a rolling walker, according to his/her support plan dated [REDACTED]. On [REDACTED], staff person A took resident 1's walker away and moved it across the room where the resident could not access it. According to multiple staff of the SDCU, staff person A purposely visits resident 1 in the SDCU to antagonize him/her. On [REDACTED], staff person A visited resident 1 in the SDCU unit to poke the resident on his/her arms, back of neck, and head despite the resident requesting for staff person B to stop.

Resident 2 requires assistance with showering according to the support plan dated [REDACTED]. On [REDACTED], staff person A

42b - Abuse (continued)

left resident 2, naked and alone in the shower despite requiring assistance.

Plan of Correction

Accept [REDACTED] - 09/06/2024)

Staff person A was suspended [REDACTED] until investigation was completed.

Upon completion of the investigation on [REDACTED] Staff person A was terminated.

During the investigation, [REDACTED] Executive Director educated staff members during interviewing, residents are to be treated with dignity and respect and may not be neglected, intimidated, physically or verbally

abused, mistreated, subject to corporal punishment or disciplined in any way.

Executive Director will re-educate all staff members, residents are to be treated with dignity and respect and may not be neglected, intimidated, physically or verbally abused, mistreated, subject to corporal punishment or disciplined in any way by July 31, 2024.

Executive Director/Designee will educate all staff members quarterly residents are to be treated with dignity and respect and may not be neglected, intimidated, physically or verbally abused, mistreated, subject to corporal punishment or disciplined in any way.

Education and training on resident abuse, neglect and dignity will be provided during new employee orientation and documented.

Executive Director will monitor for compliance within 7 days of hire by conducting random interviews and observations monthly for the next six months of all new staff, starting immediately. See attached.

Proposed Overall Completion Date: 09/03/2024

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented [REDACTED] - 09/06/2024)

42c - Treatment of Residents**4. Requirements**

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED], staff person A who was assigned to Personal Care, however, went into the Secure Unit to purposely poke and touch resident 1. This increased the resident's agitation and then the staff person A took resident's 1 walker and placed it out of reach of the resident across the room. According to the resident's 1 support plan dated [REDACTED], the resident requires assistance as she/he becomes easily agitated and for staff to use a calm approach. On this same day, the staff person A was observed walking behind the resident to scare her/him, increasing the resident's agitation causing her/him to become startled.

On [REDACTED] staff person A was providing care for resident 2. During the care, the resident told the staff how he/she likes his/her shower, the staff replied, "don't tell me how to do my job." Resident 2 said, everyone likes different things. Staff person A went on to say, "you want to know why no one likes you, this is why no one likes you". The resident reported she/he was upset and crying. Staff person A left the resident in the shower, naked and alone. During an interview on [REDACTED], resident 2 reported she/he is still upset and tearful over what staff person A said.

42c Treatment of Residents (continued)

Plan of Correction

Accept ([redacted] - 09/06/2024)

Staff person A was suspended [redacted]

Upon completion, of the investigation on [redacted] Staff person A was terminated.

During the investigation of the allegations, [redacted] Executive Director educated staff members during interviews, residents are to be treated with dignity and respect and may not be neglected, intimidated, physically or verbally abused, mistreated, subject to corporal punishment or disciplined in any way.

Executive Director will re educate all staff members, residents are to be treated with dignity and respect and may not be neglected, intimidated, physically or verbally abused, mistreated, subject to corporal punishment

or disciplined in any way by July 31, 2024.

Executive Director/Designee will educate all staff members quarterly residents are to be treated with dignity and respect and may not be neglected, intimidated, physically or verbally abused, mistreated, subject to corporal punishment or disciplined in any way.

Education and training will be provided during new employee orientation and documented.

Executive Director will monitor within 7 days of hire for compliance. See attached.

Proposed Overall Completion Date: 09/03/2024

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented ([redacted] - 09/06/2024)

65a - FS Orientation 1st Day

5. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person B date of hire [redacted], did not complete orientation on the following topics: Fire Safety, evacuation procedures, meeting place, smoking safety, location of fire extinguishers, smoke detectors or staff duties during fire drills.

Plan of Correction

Accept ([redacted] - 09/06/2024)

Staff person B was hired [redacted] and did not complete orientation in general fire safety and emergency preparedness.

Staff person B was terminated on [redacted].

65a - FS Orientation 1st Day (continued)

An audit was performed September 2023 on all staff member files by newly hired Business Office Manager. Business Office Manager will complete an audit of all staff member files by July 31, 2024. Any staff members found without training will complete required training by August 9, 2024. A new hire training and education checklist has been implemented on 7/8/2024 to ensure all new hire training and education has been completed per regulations. New hire training and education is monitored by the Business Office Manager. Executive Director reviews new hire training and education checklist within 7 days of hire to ensure compliance. Licensee's Proposed Overall Completion Date: 07/10/2024 See attached.

Proposed Overall Completion Date: 09/03/2024

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented [redacted] - 09/06/2024)

65b - Rights/Abuse 40 Hours

6. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A date of hire [redacted], orientation training did not include Emergency medical plan and reportable incident reporting.

Staff person B date of hire [redacted] did not complete orientation within 40 hours of working on medical emergency plan, and reportable incident reporting.

Plan of Correction

Accept [redacted] - 09/06/2024)

Staff person A was hired [redacted] and did not complete training on emergency medical plan and reportable incident reporting.

Staff person A was terminated [redacted]

Staff person B was hired [redacted] and did not complete orientation on medical emergency plan and reportable incident reporting within 40 hours of working.

Staff person B was terminated June 12, 2024.

An audit was performed and completed September 2023 on all staff member files by newly hired Business Office Manager.

Business Office Manager will complete an audit of all staff member files by July 12, 2024.

65b - Rights/Abuse 40 Hours (continued)

Any staff who did not complete trainings will complete trainings by August 9, 2024.
A new hire training and education checklist has been implemented on 7/8/2024 to ensure all new hire training and education has been completed per regulations.
New hire training and education is monitored by the Business Office Manager.
Executive Director reviews new hire training and education checklist within 7 days of hire to ensure compliance.
Licensee's Proposed Overall Completion Date: 07/10/2024
See attached.

Proposed Overall Completion Date: 09/03/2024

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented (redacted) - 09/06/2024)

65d - Initial Direct Care Training

7. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
i. Safe management techniques.
ii. ADLs and IADLs
iii. Personal hygiene.
iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
vi. Implementation of the initial assessment, annual assessment and support plan.
vii. Nutrition, food handling and sanitation.
viii. Recreation, socialization, community resources, social services and activities in the community.
ix. Gerontology.
x. Staff person supervision, if applicable.
xi. Care and needs of residents with special emphasis on the residents being served in the home.
xii. Safety management and hazard prevention.
xiii. Universal precautions.
xiv. The requirements of this chapter.
xv. Infection control.
xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Staff person B date of hire (redacted), did not complete the direct care training competency test prior to providing care. Staff person B completed direct care training on (redacted).

Plan of Correction

Accept (redacted) - 09/06/2024)

Staff person B was hired 4/27/2021 and did not complete the direct care training competency test prior to providing care.

65d Initial Direct Care Training (continued)

An audit was performed and completed September 2023 on all staff member files by newly hired Business Office Manager.

Business Office Manager noted that the direct care training competency test was not completed prior to providing care.

Business Office Manager notified prior Executive Director that Staff person B did not complete the direct care training competency test when hired 4/27/2021.

Prior Executive Director did not follow through with ensuring Staff person B completed the direct care competency test.

Staff person B completed the direct care competency test June 9, 2024 after termination.

Business Office Manager will complete an audit of all staff member files by July 31, 2024.

Any staff found without direct care training competency test will complete by August 9, 2024.

A new hire training and education checklist has been implemented on 7/8/2024 to ensure all new hire training and education including the direct care training competency test has been completed per regulations.

New hire training, education and orientation is monitored and by the Business Office Manager.

Executive Director reviews new hire training and education checklist within 7 days of hire to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/12/2024 See attached.

Proposed Overall Completion Date: 09/03/2024

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented ([REDACTED] - 09/06/2024)

65e - 12 Hours Annual Training

8. 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.

Description of Violation

Staff person B date of hire [REDACTED], completed only 9.75 hours of annual training in training year 2023.

Repeat Violation: 1/29/24 et al

Plan of Correction

Accept ([REDACTED] - 09/06/2024)

Staff person B only completed 9.75 hours of annual training for 2023.

Staff person B was terminated [REDACTED]

During prior management Department Managers were responsible for monitoring staff members in their department completed annually training.

Executive Director will implement new annual training plan by July 31, 2024.

Business Office Manager will monthly monitor all staff member annual training is completed beginning July 31, 2024.

Executive Director will review quarterly to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/31/2024 See attached.

Proposed Overall Completion Date: 09/03/2024

65e - 12 Hours Annual Training (continued)

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented [REDACTED] - 09/06/2024)

65g - Annual Training Content

9. Requirements

2600.

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.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B date of hire [REDACTED], did not complete training for Fire safety, emergency preparedness and falls during the 2023 training year.

Repeat Violation: 1/29/24 et al

Plan of Correction

Accept [REDACTED] - 09/06/2024)

Staff person B only completed 9.75 hours of annual training for 2023.

During prior management Department Managers were responsible for monitoring staff members in their department completed annually training.

Executive Director will implement new annual training plan by July 31, 2024.

Business Office Manager will monthly monitor all staff member annual training is completed beginning July 31, 2024.

Executive Director will review quarterly to ensure compliance. See attached.

Proposed Overall Completion Date: 09/03/2024

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented [REDACTED] - 09/06/2024)

141b1 - Annual Medical Evaluation

10. Requirements

2600.

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

Description of Violation

Resident 1 most recent medical evaluation is dated [REDACTED]

Repeat Violation: 1/29/24 et al

141b1 Annual Medical Evaluation (continued)

Plan of Correction

Accept [redacted] - 09/06/2024)

Resident #1 recent medical evaluation was dated [redacted]

Resident#1 was evaluated on [redacted] and medical evaluation was completed by physician on [redacted]. Executive Director will re educate Director of Health and Wellness and Director of Memory Care by July 12, 2024, residents need to have a medical evaluation, at least yearly.

Executive Director completed audit June 7, 2024 on all resident files in Memory Care and noted if not compliant.

Executive Director/Designee will complete audit by July 31, 2024 on all resident files in Personal Care. Non compliance will be documented on the support plan.

Residents found with a late DME will have a medical evaluation scheduled with their provider and a DME completed by August 30, 2024.

Director of Health and Wellness/Designee will audit prior month move ins.

Director of Health and Wellness/Designee will conduct audits monthly for three months and then quarterly there after.

Audit results will be discussed at quarterly QA meetings.

Executive Director will monitor quarterly for compliance. See attached.

Proposed Overall Completion Date: 09/03/2024

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented [redacted] - 09/06/2024)

227g -Support Plan Signatures

11. 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 did not sign or date the support plan completed on [redacted].

Resident 2 participated in the development of his/her support plan on [redacted]. However, the resident did not date the signature on the support plan.

Plan of Correction

Accept [redacted] - 09/06/2024)

Resident #1 did not sign or date support plan completed on [redacted]

Resident #2 participated in the development of their support plan on [redacted]

Resident #2 signed the support plan that was developed on [redacted], but did not sign.

Executive Director reviewed support plan on [redacted] and support plan was dated and re signed by Resident #2.

Executive Director completed re educating Director of Health and Wellness [redacted] on development of

227g Support Plan Signatures (continued)

support plan, individuals signing and dating the support plan if they participate in the development of the support plan and documenting if decline participation.

Executive Director will complete re educating Director of Memory by July 12, 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 participation.

Executive Director will completed audit June 7, 2024 on all resident files in Memory Care and noted if not compliant.

Executive Director/Designee will complete audit by July 31, 2024 on all resident files in Personal Care.

Non compliance will be documented on the support plan.

Director of Health and Wellness/Designee will audit prior month move ins.

Director of Health and Wellness/Designee will conduct audits monthly for three months and then quarterly there after.

Audit results will be discussed at quarterly QA meetings.

Executive Director will monitor quarterly for compliance. See attached.

Proposed Overall Completion Date: 09/03/2024

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented [redacted] - 09/06/2024)