Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY - PUBLIC

November 15, 2024

KAPG PHOENIXVILLE SENIOR HOUSING OPCO LLC
SUITE 300

RE: SPRING MILL SENIOR LIVING
3000 BALFOUR CIRCLE
PHOENIXVILLE, PA, 19460
LICENSE/COC#: 14632

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/26/2024 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,

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: **Phone**: **Email**:

Legal Entity

Name: *KAPG PHOENIXVILLE SENIOR HOUSING OPCO LLC*

Address:

Phone: **Email**:

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 townhip*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *111* **Waking Staff**: *83*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *08/26/2024*

Inspection Dates and Department Representative

08/26/2024 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *98* **Residents Served**: *84*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *SCDU* **Capacity**: *22* **Residents Served**: *12*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *84*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *27* **Have Physical Disability**: *0*

Inspections / Reviews

08/26/2024 Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/03/2024*

10/30/2024 - POC Submission

Submitted By: **Date Submitted**: *11/05/2024*

Reviewer: **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *11/05/2024*

Inspections / Reviews *(continued)*

11/15/2024 Document Submission

Submitted By: [redacted] **Date Submitted:** *11/05/2024*

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 [redacted], the nursing office was observed unlocked and unsecured. Resident records are stored in the office.

Plan of Correction ***Accept[redacted] - 10/30/2024)***

- *On 8/26/2024, DHS Inspector observed the nursing office was unlocked and unsecured.*
- *Nursing office door handle and lock were replaced on 9/5/2024 with a self-locking key-less entry coded door lock.*
- *Community nursing staff will only have the code to enter the nursing office.*
- *Outside agencies will need to have community nursing staff open the nursing office.*
- *Nursing staff will be re-educated 10/3/2024 on keeping the nursing door locked at all times to ensure resident record confidentiality.*
- *Director of Health and Wellness/Designee will monitor nursing office daily to ensure the door is locked.*
- *Executive Director will monitor for compliance.*

Proposed Overall Completion Date: 10/11/2024

Licensee's Proposed Overall Completion Date: *10/11/2024*

Implemented[redacted] - 11/15/2024)

42b Abuse

2. 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 [redacted] states they waited for long periods of time when they ring their call pendant. Resident [redacted] states that they have had to throw themself on the floor to get the staff of the home to come assist them. On 8/20/2024, at 9:20 am, resident [redacted] rang their call pendant due to having an episode of [redacted]. The resident states that when they rang the bell they waited for a long time to the point they had an accident and soiled themself. They felt humiliated by the situation because now they had to be cleaned up by the staff and have their bedding changed. According to call bell records resident pushed their call bell at 9:20 am and waited 45 minutes for staff to answer. The resident states they wait for over an hour at times for staff to come assist them.

Resident [redacted] states they wait for long periods of time when they ring their call pendant for assistance. Resident [redacted] is in a wheelchair and needs assistance with toileting, transferring in and out of bed. Resident [redacted] states that they wait for over an hour sometimes when they ring their pendant. Resident [redacted] states when [redacted] waits for long periods of time it usually results in an accident with [redacted] bladder or bowels. This then requires them to have to be cleaned up by staff and they feel embarrassed about the situation. They feel that if they answer the bell timely it would not happen, and they would not have to feel that way. According to call bell records resident [redacted] pushed their call bell on 8/20/24, at 9:07 am and

42b Abuse (continued)

waited 1 hour and 2 minutes for staff to answer.

Plan of Correction ***Accept - 10/30/2024)***

- *Resident and Resident stated that they waited for long periods of time 8/20/2024 when they rang their call pendant.*
- *Executive Director reviewed team member response times for 8/20/2024.*
- *Resident waited 45 minutes for team members to respond.*
- *Resident waited 1 hour and 2 minutes.*
- *Team member assigned on 8/20/2024 to care for Resident and Resident will sign a memo of understanding by 10/3/2024 and received a verbal disciplinary warning on 10/3/2024.*
- *Executive Director will have all nursing team members sign a memo of understanding by 10/18/2024 on the importance and expectation of responding and assisting residents promptly when a resident rings their call pendant.*
- *Executive Director/Designee will audit and review team member response times through the resident call system weekly for the next 3 months and monthly thereafter.*
- *Executive Director/Designee will review audit and investigate any response times longer than 15 minutes.*
- *Any team member response time longer than 15 minutes will be reviewed and may result in disciplinary action for the team member.*
- *Executive Director will review call bell response times monthly to ensure compliance.*

Proposed Overall Completion Date: 10/18/2024

Licensee's Proposed Overall Completion Date: *10/18/2024*

Implemented - 11/15/2024)

42c - Treatment of Residents

3. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On , resident was waiting for their medications and to have their to be checked. Staff person A was having a conversation with staff person B conducting a shift change with the medications. Staff person A informed resident of this situation and asked if they could wait a little while they sign off and count medications for shift change. Resident acknowledged and began to wait. Resident states that after about 30 minutes while they still were waiting, they began to hear staff person A and staff person B start to have a personal conversation. Resident reminded them they were waiting, and staff person A ran off to get a supervisor while yelling and arguing with resident . Resident followed staff person A down the hallway to the management area. Staff person A got their supervisor. Staff person C then came out and stood between the resident and staff person while they shouted at each other using obscenities.

Plan of Correction ***Accept - 10/30/2024)***

- *Staff A was re educated on 7/2/2024, 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*

42c - Treatment of Residents (continued)

disciplined in anyway.

- *Management witnessed the incident on 7/30/2024 between Staff A and Resident █.*
- *Staff C, who was a manager intervened and stood between Staff A and Resident █ and attempted to de-escalate.*
- *Executive Director immediately entered the area of the incident and directed Staff A to walk away and go to the conference room.*
- *Executive Director interviewed management that witnessed the incident between Staff A and Resident █ on 7/30/2024.*
- *Executive Director interviewed Staff A and Resident █ on 7/30/2024.*
- *Upon completion of the interviews, Staff A was terminated 7/30/2024.*
- *Executive Director will re-educate all team 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 anyway by 10/18/2024.*
- *Executive Director will educate all team members by 10/31/2024 on de-escalation training, teach all team members how to identify and respond to a resident that is upset by using techniques that convey empathy, understanding and respect.*
- *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 anyway.*
- *Education and training on resident abuse, neglect, dignity and de-escalation will be provided during new employee orientation and documented.*
- *Executive Director will monitor for compliance by conducting random resident and team member interviews and observations monthly for the next 6 months, starting immediately.*

Proposed Overall Completion Date: 10/31/2024

Licensee's Proposed Overall Completion Date: *10/31/2024*

Implemented █ - 11/15/2024)

60a - Staff/Support Plan

4. Requirements

2600.
60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident’s assessment and support plan.

Description of Violation

On █, at approximately 5:06 am, staff person D had to leave for an emergency. Staff person E did not come into work until 6:37 am. There were no trained medication administration staff to provide medication administration services from 5:06 am to 6:37 am. The home has multiple residents who require as needed medications.

Plan of Correction ***Accept █ - 10/30/2024)***

- *The schedule for 11pm-7am shift on 8/17/2024 was as follows; 1 med tech and 4 caregivers.*
- *On 8/17/2024, around 4:30am Staff person D, who was the med tech contacted previous Director of Health and Wellness and stated they needed to leave due to an emergency.*
- *Previous Director of Health and Wellness contacted Staff person E, an LPN and asked if they could come in*

60a - Staff/Support Plan (continued)

immediately due to Staff person D needing to leave for an emergency.

- *Staff person E agreed to come in immediately to cover for Staff person D needing to leave for emergency.*
- *Previous Director of Health and Wellness contacted Staff person D and stated Staff person E was coming in to cover, but Staff person D needed to stay until Staff person E arrived.*
- *Staff person D clocked out at 5:07am.*
- *4 caregivers remained in the community, but they were not trained to dispense medications.*
- *Staff person E clocked in at 6:37am.*
- *Previous Director of Health and Wellness was not made aware that Staff person D did not wait for Staff person E to arrive.*
- *Staff person D received a verbal warning on 10/3/2024 for not waiting for coverage prior to leaving.*
- *Director of Health and Wellness is no longer at the community.*
- *Staff person E is no longer at the community.*
- *Executive Director will re-educate all team members in the nursing department, team members may not clock out and leave the community unless there is adequate coverage for the community by 10/18/2024.*
- *Team members are required to immediately contact the Director of Health and Wellness/Executive Director if a team member must leave their shift prior to their scheduled time, as well as if there is not adequate coverage for the community.*
- *Executive Director will monitor schedules monthly to ensure compliance.*

Proposed Overall Completion Date: 10/18/2024

Licensee's Proposed Overall Completion Date: *10/18/2024*

Implemented (- 11/15/2024)

225a - Assessment 15 Days

5. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident , who was admitted to the home on 6/30/2024.

Plan of Correction ***Accept (- 10/30/2024)***

- *Resident moved into the community on 6/30/2024.*
- *Resident did not have a completed assessment filed in Resident file at the time of inspection.*
- *Per POC dated 6/11/2024, Executive Director completed an audit on PC resident's files on 7/31/2024.*
- *Executive Director audit completed on 7/31/2024 included all PC resident assessments.*
- *At the time of the inspection on 8/26/2024, the Executive Director was not in the community.*
- *Resident assessment was completed by the Executive Director on 7/12/2024.*
- *Resident assessment was not filed in Resident file at the time of inspection 8/26/2024.*
- *Director of Health and Wellness/Designee will audit prior month move ins.*
- *Audit results will be discussed at quarterly QA meetings.*
- *Executive Director will monitor quarterly for compliance.*

Proposed Overall Completion Date: 10/03/2024

225a - Assessment 15 Days *(continued)*

Licensee's Proposed Overall Completion Date: *10/03/2024*

Implemented (- 11/15/2024)

225c - Additional Assessment

6. 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.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident most recent assessment was completed on 1/23/2023.

Resident most recent assessment was completed on 3/31/2023.

Plan of Correction ***Accept (- 10/30/2024)***

- *Resident most recent assessment filed in Resident file was completed on 1/23/2023.*
- *Resident most recent assessment filed in Resident file was completed on 3/31/2023.*
- *Per POC dated 6/11/2024, Executive Director completed an audit on PC resident's files on 7/31/2024.*
- *Previous Director of Health and Wellness*
- *Executive Director audit completed on 7/31/2024 included all PC resident assessments and support plans.*
- *Non-compliance was documented on the resident assessment and support plan.*
- *At the time of the inspection on 8/26/2024, the Executive Director was not in the community.*
- *Resident assessment and support plan was completed by the Executive Director on 7/26/2024.*
- *Executive Director documented non-compliance on Resident assessment and support plan.*
- *Resident assessment and support plan was not filed in Resident file at the time of inspection 8/26/2024.*
- *Resident assessment and support plan was completed by the Director of Memory Care on 7/19/2024 upon transferring into the Memory Care Community.*
- *Non-compliance was documented on the resident assessment and support plan.*
- *Resident assessment and support plan was not filed in Resident file at the time of inspection on 8/26/20024.*
- *Resident and Resident assessment and support plans were filed in the Resident file on 8/28/2024.*
- *Director of Health and Wellness/Designee will audit prior month move ins.*
- *Audit results will be discussed at quarterly QA meetings.*
- *Executive Director will monitor quarterly for compliance.*

Proposed Overall Completion Date: 10/03/2024

Licensee's Proposed Overall Completion Date: *10/03/2024*

Implemented (- 11/15/2024)

227a - Support Plan 30 Days

7. Requirements

2600.

227a - Support Plan 30 Days *(continued)*

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident was admitted on however, the resident's initial support plan was not completed.

Plan of Correction ***Accept (- 10/30/2024)***

- *Resident moved into the community on 6/30/2024.*
- *Resident did not have a completed support plan filed in Resident file at the time of inspection.*
- *Per POC dated 6/11/2024, Executive Director completed an audit on PC resident's files on 7/31/2024.*
- *Executive Director audit completed on 7/31/2024 included all PC resident assessments.*
- *At the time of the inspection on 8/26/2024, the Executive Director was not in the community.*
- *Resident s support plan was completed by the Executive Director on 7/12/2024.*
- *Resident s support plan was not filed in Resident file at the time of inspection 8/26/2024.*
- *Director of Health and Wellness/Designee will audit prior month move ins.*
- *Audit results will be discussed at quarterly QA meetings.*
- *Executive Director will monitor quarterly for compliance.*

Proposed Overall Completion Date: 10/03/2024

Licensee's Proposed Overall Completion Date: *10/03/2024*

Implemented - 11/15/2024)

252 - Record Content

8. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident record does not include a copy of the incident report for the incident that occurred on 7/30/2024.

Plan of Correction ***Accept 10/30/2024)***

- *Resident record did not include a copy of the incident report for the incident that occurred on 7/30/2024 at the time of inspection on 8/26/2024.*
- *A copy of the incident report dated 7/30/2024 was filed in the Reportable Incident binder located in the Executive Director's office, as well as in a folder for DHS awaiting arrival to investigate the incident.*
- *At the time of the inspection on 8/26/2024, the Executive Director was not in the community.*
- *A copy of the incident report dated 7/30/2024 was filed in Resident file on 8/29/2024 by the Executive Director.*
- *Director of Health and Wellness/Designee will audit prior month reportable incidents to ensure they are filed in resident record.*
- *Audit results will be discussed at quarterly QA meetings.*
- *Executive Director will monitor quarterly for compliance.*

Proposed Overall Completion Date: 10/03/2024

Licensee's Proposed Overall Completion Date: *10/03/2024*

252 Record Content *(continued)*

Implemented [redacted] 11/15/2024)