

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

November 15, 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 09/05/2024 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:** *SPRINGFIELD SENIOR LIVING COMMUNITY*      **License #:** *14484*      **License Expiration:** *02/27/2025*  
**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:** *CWOPA L&I*

**Staffing Hours**

**Resident Support Staff:** *0*      **Total Daily Staff:** *56*      **Waking Staff:** *42*

**Inspection Information**

**Type:** *Partial*      **Notice:** *Unannounced*      **BHA Docket #:**  
**Reason:** *Fine*      **Exit Conference Date:** *09/05/2024*

**Inspection Dates and Department Representative**

*09/05/2024 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** *103*      **Residents Served:** *33*

**Special Care Unit**

**In Home:** *Yes*      **Area:** *SCDU*      **Capacity:** *34*      **Residents Served:** *13*

**Hospice**

**Current Residents:** *2*

**Number of Residents Who:**

**Receive Supplemental Security Income:** *10*      **Are 60 Years of Age or Older:** *46*  
**Diagnosed with Mental Illness:** *10*      **Diagnosed with Intellectual Disability:** *0*  
**Have Mobility Need:** *23*      **Have Physical Disability:** *1*

**Inspections / Reviews**

**09/05/2024**    *Partial*

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

**10/30/2024**    *- POC Submission*

**Submitted By:** [REDACTED]      **Date Submitted:** *11/06/2024*  
**Reviewer:** [REDACTED]      **Follow-Up Type:** *Document Submission*      **Follow-Up Date:** *11/06/2024*

Inspections / Reviews *(continued)*

11/15/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/06/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 82c Locked poisons

### 1. Requirements

2800.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

#### Description of Violation

*In the Memory care Supervisor Office there was a bottle of [REDACTED], with a manufacturer's label indicating "to contact poison control", unlocked, unattended, and accessible to residents. Not all the residents of the residence, including residents of the secure care dementia unit, have been assessed capable of recognizing and using poisons safely.*

*On the desk in the memory care nurse station there were two bottles of hand sanitizer, with a manufacturer's label indicating "to contact poison control", unlocked, unattended, and accessible to residents. Not all the residents of the residence, including resident of the secure care dementia unit, have been assessed capable of recognizing and using poisons safely.*

*In room [REDACTED] there were two tubes of optic white toothpaste, with a manufacturer's label indicating "to contact poison control", unlocked, unattended, and accessible to residents. Not all the residents of the residence, including resident of the secure care dementia unit, have been assessed capable of recognizing and using poisons safely.*

*In room [REDACTED] there was a speed stick deodorant, with a manufacturer's label indicating "to contact poison control", was unlocked, unattended, and accessible to residents. Not all the residents of the residence, including resident of the secure care dementia unit, have been assessed capable of recognizing and using poisons safely.*

*In room [REDACTED] there was Softsoap antibacterial, Colgate Optic White Mouthwash, Windex Glass Cleaner, Comet Cleaner with Bleach, Mr Clean Antibacterial Summer Citrus, HDX Lemon Scent Ammonia, Mop & Glo, Head & Shoulders Dry Scalp Care Shampoo/Conditioner, Ban unscented Deodorant, BioFreeze Pain Relief, Freshscent Roll on Deodorant, Olive Oil Exotic Scalp Care, Colgate Toothpaste, DawnMist Toothpaste, and Milk of Magnesia, all of these items have a manufacturer's label indicating "to contact poison control", were unlocked, unattended, and accessible to residents. Not all the residents of the residence, including resident of the secure care dementia unit, have been assessed capable of recognizing and using poisons safely.*

*In room [REDACTED] there was Lysol Multi-surface cleaner and Lysol All-purpose cleaner, with a manufacturer's label indicating "to contact poison control", unlocked, unattended, and accessible to residents. Not all the residents of the residence, including resident of the secure care dementia unit, have been assessed capable of recognizing and using poisons safely.*

*In room [REDACTED] there was Scope Mouthwash, Colgate Total toothpaste and Dove sensitive Deodorant, with a manufacturer's label indicating "to contact poison control", unlocked, unattended, and accessible to residents. Not all the residents of the residence, including resident of the secure care dementia unit, have been assessed capable of recognizing and using poisons safely.*

*Repeated Violation: 2/12/24; 12/22/23, et al*

82c Locked poisons (continued)

Plan of Correction

Accept [redacted] - 10/30/2024)

The items were immediately removed. Memory care supervisor instructed to keep any poisonous items in the locked closet located at the nursing station. Wellness team members were re educated on 82c on 2/20/24 and 2/21/24 (see attached). When questioned by Administrator, team was knowledgeable about regulation. However, DON will re educate wellness team 10/11/2024 on regulation 82c. (attached). Leadership Team members were re educated on 9/6/24 by administrator (see attached). To maintain compliance, beginning 9/9/24 the leadership team will also make frequent rounds in memory care. A revised memo was sent to memory care families on 9/9/2024 and will also be given to new memory care residents (attached). To ensure compliance is maintained, beginning 9/9/2024 the Administrator and/or designee will complete a memory care apartment audit 3 times per week for 3 months (attached).

Proposed Overall Completion Date: 10/11/2024

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

Implemented ([redacted] - 11/15/2024)

101j7 Lighting/operable lamp

2. Requirements

2800.

101.j. Each resident shall have the following in the living unit:

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

Description of Violation

Resident [redacted] does not have access to a source of light that can be turned on/off at bedside.

Resident [redacted] does not have access to a source of light that can be turned on/off at bedside.

Repeated Violation: 12/22/23, et al

Plan of Correction

Accept [redacted] - 10/30/2024)

Resident [redacted] and [redacted] both have a source of light that can be turned on/off at bedside (see attached). Marketing and Memory Care supervisor were re educated on the regulation 101j on 9/6/24 (attached). The marketing director will ensure compliance with 101j on the day of resident move in. To ensure compliance is maintained, beginning 9/9/24, the Administrator and/or designee will audit resident apartments 3 times per week for 3 months (attached).

Proposed Overall Completion Date: 10/03/2024

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

Implemented ([redacted] - 11/15/2024)

183b Medications and syringes locked

3. Requirements

2800.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's living unit.

183b Medications and syringes locked (continued)

Description of Violation

On 9/4/2024, [redacted] was unlocked, unattended, and accessible in resident [redacted] room.

On 9/4/2024, [redacted] was unlocked, unattended, and accessible in resident [redacted] room.

Repeated Violation: 1/22/24, et al; 12/22/23, et al

Plan of Correction

Accept [redacted] - 10/30/2024)

The items were immediately removed from resident [redacted] apartment. Resident [redacted] family member was personally contacted by the administrator on 9/6/24 to explain regulation 183.b. Wellness team will be re-educated on 183.b by Administrator or Nursing Director no later than 10/11/2024 (attached). A letter was sent to responsible party and/or family members on 9/9/24 (attached). To ensure compliance is maintained, beginning 9/9/2024, the Administrator and/or designee will complete a memory care apartment audit three times per week for 3 months. (attached).

Proposed Overall Completion Date: 10/11/2024

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

Implemented ([redacted] - 11/15/2024)

183e Storing Medications

4. Requirements

2800.

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 9/4/2024, at 12:37 pm, there two loose pills observed in the drawer of the medication cart in memory care unit.

Repeated Violation: 12/22/23, et al

Plan of Correction

Accept ([redacted] - 10/30/2024)

The pills were immediately removed. The Nursing Director and/or designee completes weekly medication cart audits, as of 9/5/24, loose pills was added (see attached). The medication cart audits will be completed for the next 3 months. The Nursing Director will re-educate the Medication Technicians by 10/11/24 on ensuring that there are no loose pills in the medication cart. To ensure compliance is maintained, the Administrator and/or designee will complete medication cart audit monthly for the next 3 months. (attached).

Proposed Overall Completion Date: 10/11/2024

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

Implemented ([redacted] - 11/15/2024)

184a Resident meds labeled

5. Requirements

2800.

184a Resident meds labeled (continued)

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

There was no pharmacy label for resident [redacted] Milk of Magnesia located in the resident room.

There was no pharmacy label for resident [redacted] Biofreeze topical pain relief located in the resident room.

Repeated Violation: 12/22/23, et al

Plan of Correction

Accept [redacted] - 10/30/2024)

The [redacted] and [redacted] was immediately removed. The medications were purchased by resident [redacted] family member. The Administrator spoke with family to inform them that medications are not allowed in resident apartments, this includes OTC medications. The Nursing Director will re-educate the Medication Technicians by 10/11/24 on ensuring that there are no medications in resident apartments. If noted, report to nursing supervisor to follow-up. To ensure compliance is maintained, the Administrator and/or designee check apartments three times a week for the next 3 months (attached).

Proposed Overall Completion Date: 10/11/2024

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

Implemented [redacted] - 11/15/2024)

185a Storage procedures

6. Requirements

2800.

185.a. The residence 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 [redacted] is prescribed [redacted] as needed for pain every 12 hours. On 9/4/2024, this medication was not available in the residence.

Resident [redacted] is prescribed [redacted] as needed for moderate pain. On 9/4/2024, this medication was not available in the residence.

Resident [redacted] is prescribed [redacted] as needed for dry eyes. On 9/4/2024, this medication was not available in the residence.

Repeated Violation: 1/22/24, et al; 12/22/23, et al

185a Storage procedures (continued)

Plan of Correction

Accept (█ - 10/30/2024)

Resident █ received on 4/17/24. was located in the bottom of the medication cart (attached). Resident █ was ordered from pharmacy on 9/6/24 (attached). Resident █ family replaced refresh tears (see attached). The Nursing Director will re-educate the medication technicians by 10/11/2024 to order from pharmacy when a resident has 7 days of a PRN medication available (attached). As of 9/6/24, The Nursing Director and/or designee completes weekly medication cart audits (see attached). Medication audits will be on-going for the next three months. To ensure compliance is maintained, beginning 9/9/24, the administrator and/or designee will audit 5 resident medication record weekly for the next 3 months, which includes confirming prn medications are available (attached).

Proposed Overall Completion Date: 10/11/2024

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

Implemented (█ - 11/15/2024)

187a Medication record

7. Requirements

2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident █ is prescribed █ on a sliding scale. This medication was administered on 8/14/2024, 8/20/2024, and 8/30/2024, at 8:00 am; however, it is not included on resident █ 08/2024 medication administration record.

Resident █ is prescribed █ on a sliding scale. This medication was administered on 8/08/2024, 8/17/2024, 8/20/2024, 8/25/2024, and 8/30/2024, at 12:00 pm; however, it is not included on resident █ 08/2024 medication administration record.

Resident █ is prescribed █ on a sliding scale. This medication was administered on 8/01/2024 and 8/15/2024 at 5:00 pm; however, it is not included on resident █ 08/2024 medication administration record.

187a Medication record (continued)

Repeated Violation: 12/22/23, et al

Plan of Correction

Accept [redacted] - 10/30/2024)

The nursing director will re-educate the medication technicians by 10/11/24 on the importance of following the rights of medication administration, which includes signing medications as given on the medication record (attached). As of 9/3/24, and for the next 3 months the nursing director and/or designee completes weekly medication record audits which include verifying medication record is signed appropriately (attached) To ensure compliance is maintained, as of 9/9/24, the administrator and/or designee completes an audit of 5 residents MAR weekly for the next 3 months, which includes medication record completion (attached).

Proposed Overall Completion Date: 10/11/2024

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

Implemented [redacted] 11/15/2024)

187d Follow prescriber's orders

8. Requirements

2800.

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

Description of Violation

Resident [redacted] is prescribed [redacted] However, resident [redacted] was not administered [redacted] on 8/5/2024, at 6:30 am.

Resident [redacted] is prescribed [redacted] However, resident [redacted] was not administered [redacted] on 9/5/2024, at 9:00 am.

Resident [redacted] is prescribed [redacted] hold if SBP less than 120 and HR less than 70. Resident [redacted] was not administered [redacted] on 9/5/2024, at 9:00 am. Resident [redacted] blood pressure parameters were not taken and/or documented.

Resident [redacted] is prescribed [redacted] hold if SBP less than 120 and HR less than 70. Resident [redacted] was administered [redacted] on 9/4/2024, at 9:00 am. However the blood pressure parameters were not taken and/or documented before this administration.

Resident [redacted] is prescribed [redacted]. However, resident [redacted] was not administered [redacted] on 9/4/2024 and 9/5/2024, at 9:00 am.

Resident [redacted] is prescribed [redacted]. However, resident [redacted] was not administered [redacted] on 9/4/2024 and 9/5/2024, at 9:00 am.

Repeated Violation: 1/22/24, et al; 12/22/23, et al

**187d Follow prescriber's orders (continued)****Plan of Correction****Accept [REDACTED] - 10/30/2024)**

*Nursing Director spoke with resident [REDACTED] who confirmed medication was given. On 9/5/24, resident refused blood pressure check, so [REDACTED] and [REDACTED] could not be given (attached), The Medication technicians responsible were re educated on 9/9 (attached). As of 9/3/24 and for the next 3 months, the Nursing Director and/or designee completes weekly MAR audits to ensure medication record is signed out appropriately. To ensure compliance is maintained, as of 9/9/24 and the next 3 months, the Administrator and/or designee will audit 5 medication records per week to ensure MAR is signed out appropriately (see attached).*

*Proposed Overall Completion Date: 10/03/2024*

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

**Implemented [REDACTED] - 11/15/2024)**