

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

October 17, 2024

[REDACTED], ADMINISTRATOR  
HUMANGOOD PENNSYLVANIA  
2002 JOSHUA ROAD  
LAFAYETTE HILL, PA, 19444

RE: SPRING MILL POINTE  
2002 JOSHUA ROAD  
LAFAYETTE HILL, PA, 19444  
LICENSE/COC#: 12792

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/25/2024 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 POINTE* License #: *12792* License Expiration: *12/15/2024*  
 Address: *2002 JOSHUA ROAD, LAFAYETTE HILL, PA 19444*  
 County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *HUMANGOOD PENNSYLVANIA*  
 Address: *2002 JOSHUA ROAD, LAFAYETTE HILL, PA, 19444*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *10/15/2007* Issued By: *COPA*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *74* Waking Staff: *56*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *09/25/2024*

**Inspection Dates and Department Representative**

09/25/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *107* Residents Served: *45*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Cedar Grove* Capacity: *36* Residents Served: *27*

**Hospice**  
 Current Residents: *3*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *45*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *29* Have Physical Disability: *0*

**Inspections / Reviews**

09/25/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/19/2024*

10/17/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *10/17/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

10/17/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/17/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 was not signed by the resident.

The resident-home contract, dated [REDACTED], for resident #2 was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 10/17/2024)

On [REDACTED] residents #1 and #2 refused to sign the contract. The administrator made another attempt on [REDACTED] to have both residents sign the contract, but they again refused (see attached documentation).

The Administrator and Director of Sales were re-educated on regulation 25b. Moving forward, the Administrator will audit all resident contracts for compliance with regulation 25b upon move-in. Audit results will be reported monthly to the Quality Assurance Performance Improvement (QAPI) plan over the next six months to ensure ongoing compliance with regulation 25b.

Licensee's Proposed Overall Completion Date: 10/19/2024

Implemented [REDACTED] - 10/17/2024)

101j7 - Lighting/Operable Lamp

2. 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

Resident #2 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [REDACTED] - 10/17/2024)

On 10/09/2024, with the resident's agreement, the bedside lamp was moved from the dresser to the bedside table (see attached photo).

On the same date, the Director of Resident Services and the Director of Building and Grounds were educated on regulation 101j7 (see attached). Moving forward, the Resident Services Coordinator will conduct an audit for each resident move-in to verify that the bedside lamp is operable and positioned by the bedside. These audits will be reported monthly as part of the Quality Assurance Performance Improvement Plan over the next six months to maintain compliance with regulation 101j7.

Licensee's Proposed Overall Completion Date: 10/19/2024

Implemented [REDACTED] - 10/17/2024)

183e - Storing Medications

3. 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.

183e - Storing Medications (continued)

**Description of Violation**

On 9/25/24, The following medication cards were observed to have a punctured blister foil with the medication still present in the spot.

- Resident #3's [REDACTED]
- Resident #4's [REDACTED]
- Resident #5's [REDACTED]

**Plan of Correction**

Accept ( [REDACTED] - 10/17/2024)

On 09/25/2024, the medications for residents #3 and #4 were discarded and reordered immediately during the survey, with the surveyor present, by the Director of Resident Services. Resident #5's medication was discarded by the Director of Resident Services and the Nurse. Please see the attached documentation.

On 10/03/2024, nurses and Medtech staff were re-educated on regulation 183e (see attached). Moving forward, checking for punctured bingo cards will be added to the monthly audits conducted by the Resident Services Coordinator, and results will be reported monthly for the Quality Assurance Performance Improvement Plan over the next six months to maintain compliance with 183e.

Licensee's Proposed Overall Completion Date: 10/19/2024

Implemented ( [REDACTED] - 10/17/2024)