

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

February 7, 2025

[REDACTED]  
SPRINGFIELD PCH LLC  
[REDACTED]

RE: SPRINGFIELD CROSSINGS  
463 WEST SPROUL ROAD  
SPRINGFIELD, PA, 19064  
LICENSE/COC#: 14651

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/07/2025, 01/09/2025, 01/10/2025 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 CROSSINGS* License #: *14651* License Expiration: *03/28/2025*  
 Address: *463 WEST SPROUL ROAD, SPRINGFIELD, PA 19064*  
 County: *DELAWARE* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *SPRINGFIELD PCH LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *03/28/2002* Issued By: *CWOPA L & I*

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *01/10/2025*

**Inspection Dates and Department Representative**

01/07/2025 - On-Site: [REDACTED]  
 01/09/2025 - Off-Site: [REDACTED]  
 01/10/2025 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *84* Residents Served: *66*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *5*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *66*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *8* Have Physical Disability: *0*

**Inspections / Reviews**

01/07/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/31/2025*

Inspections / Reviews *(continued)*

02/07/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/07/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/17/2025

02/07/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/07/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted]. The resident's previous medical evaluation was completed on [redacted].

Plan of Correction

Accept ([redacted] - 02/07/2025)

A. With respect to the specific resident or event cited.

- Resident [redacted] most recent medical evaluation was completed on [redacted]. The resident's previous medical evaluation was completed on [redacted].

B. With respect to how the facility will identify potential discrepancies.

- Director of Health and Wellness (DHW) and / or designee will complete an audit of [redacted] residents' medical evaluations to ensure they meet the requirements. This was completed 1-28-2025. See attached.

C. With respect to how the plan of corrective measures will be monitored.

- The Executive Director and/or designee will conduct a review of 5 medical evaluations to ensure compliance with the required time frames detailed in the regulation. This process will occur monthly for the first two months beginning in February 2025 followed by random reviews thereafter to ensure compliance with the regulation. See attached.

Licensee's Proposed Overall Completion Date: 01/29/2025

Implemented ([redacted] - 02/07/2025)