pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [redacted]
Sent via e-mail [redacted]
May 6, 2025

[redacted]
Executive Director
Wyndmoor Assisted Living Company, LLC
551 East Evergreen Avenue
Wyndmoor, Pennsylvania 19038

RE: Springfield Senior Living Community
License #: 14484

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on March 26, 2025 and May 6, 2025 of the above facility, we have determined that your submitted plan of correction for the February 24, 2025 inspection is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[redacted]

Enclosure
Licensing Inspection Summary

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

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: *551 EAST EVERGREEN AVENUE, WYNDMOOR, PA, 19038*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *11/16/1987* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *69* **Waking Staff**: *52*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *02/24/2025*

Inspection Dates and Department Representative

02/24/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *103* **Residents Served**: *51*

Special Care Unit

In Home: *Yes* **Area**: *3rd floor* **Capacity**: *34* **Residents Served**: *13*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *9* **Are 60 Years of Age or Older**: *51*

Diagnosed with Mental Illness: *9* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *18* **Have Physical Disability**: *1*

Inspections / Reviews

02/24/2025 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/24/2025*

Inspections / Reviews *(continued)*

03/26/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *04/18/2025*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *03/31/2025*

04/02/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *04/18/2025*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *04/18/2025*

05/06/2025 - Document Submission

Submitted By: [redacted] **Date Submitted:** *04/18/2025*

Reviewer: [redacted] **Follow-Up Type:** *Exception*

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

A bottle of Comet cleaner with bleach, and a bottle of Listerine cool mint mouth wash, with a manufacturer's labels indicating "if ingested call poison control", were observed to be unlocked, unattended, and accessible to residents at the SCU nurses station. Not all residents of the residence, including residents in the SCU, have been assessed as capable of recognizing and using poisons safely.

Repeat Violation 09/05/24, 02/12/24

Plan of Correction ***Accept ([redacted] - 03/26/2025)***

The items were immediately placed in the locked closet by the Personal Care Aide on 2/24/2025. The Administrator will re-educate wellness and housekeeping staff by 3/31/2025 on the importance of ensuring items that are dangerous if ingested are locked in the closet behind the nursing station. The administrator or designee will complete weekly checks from 3/2025-9/30/2025. of the memory care area to ensure compliance is maintained.

Licensee's Proposed Overall Completion Date: *03/31/2025*

Evidence of Completion ***Implemented ([redacted] - 05/06/2025)***

See attached.

85a Sanitary conditions

2. Requirements

2800.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 02/24/25, at 2:30 pm, Resident #1's family member stated that Resident #1's clothes had not been washed for two weeks. The residents room had dirty clothes thrown all around and the residents laundry basket was overloaded with unwashed clothing. There is a clear plastic bag with linens and a pillow and other items on the floor in the residents room. Items with visible fecal stains and other soiled spots were visible through the clear bag. The accumulation of items needing to be laundered indicates the residents laundry had not been addressed for a significant amount of time. Additionally, there were several areas of dried smeared feces on the bathroom floor.

Plan of Correction ***Accept ([redacted] - 03/26/2025)***

Resident #1 bathroom was immediately cleaned by housekeeping on 2/24/2025. The Administrator will re-educate wellness team by 3/31/2025 to notify housekeeping if unsanitary conditions are observed in resident apartment or bathroom and to ensure resident laundry is completed weekly and as needed. The administrator or designee will complete weekly rounds from 3/2025 to 9/30/2025 to ensure sanitary conditions are maintained and laundry is completed.

Licensee's Proposed Overall Completion Date: *03/31/2025*

85a Sanitary conditions *(continued)*

Evidence of Completion ***Not Implemented ([redacted] - 05/06/2025)***

See attached.

85b Infestation

3. Requirements

2800.
85.b. There may be no evidence of infestation of insects or rodents in the residence.

Description of Violation

On 02/24/25 at 1:44pm, during the kitchen inspection the following evidence of pests/infestation were observed:

- *Gnats were found inside the open water tank/basin that is used for cleaning the food steam table.*
- *Mouse droppings and torn paper were found underneath the basin of the water boiler.*
- *Unidentified insects were found in the flour bins and powdered thickener bins in the dry storage area*
- *Mouse droppings were observed on a small gray container lid on the bottom shelf in the back kitchen.*
- *Mouse droppings were observed in a box of BBQ sauce packs, on dirty dishes in a rack in the storage area, and In a box used to store to-go containers.*
- *In the storage area in the kitchen, mouse droppings were on the floor as well as a glue trap with a desiccated mouse inside.*

Additionally, Resident #1's family member reports that mice have recently been observed running along the walls the hallway.

Mouse droppings were found on the closet floor in resident room #303.

Resident #2 stated that live mice are observed around in the SCU.

Repeat Violation Dates: 8/20/24, 5/31/24

Plan of Correction ***Accept ([redacted] - 03/26/2025)***

The kitchen was thoroughly cleaned by dietary aides and housekeeping staff on 2/24/2025. The glue trap was immediately removed by housekeeping on 2/24/2025. On 2/24/2025, the dining team emptied the water basin, discarded the flour, bbq, packets, powdered thickener and to go containers. The dining team cleaned the bins, small gray container lid and cleaned the floor of the storage area on 2/24/2025. The external exterminator provides weekly and as needed service to assist with pest control (attached). The dining director or designee will complete weekly rounds beginning 3/2025-9/30/2025 to ensure there is no evidence of pests in kitchen and in dry storage items (attached). The dining director will re-educate dining staff by 4/4/2025 to visually check items prior to use for signs of pests (attached). The housekeeping supervisor cleaned 303's closet on 3/17/2025. The housekeeping supervisor will inspect and clean all memory care closets by 3/21/2025. The administrator or designee will complete weekly memory care apartment audits from 3/2025-9/30/2025 to check for signs of infestations (attached).

Licensee's Proposed Overall Completion Date: *04/04/2025*

Evidence of Completion ***Not Implemented ([redacted] - 05/06/2025)***

See attached.

88a Floors, walls, ceilings, windows, doors

4. Requirements

2800.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 02/24/25 at 12:55pm, during inspection of the SCU on the 3rd floor, there is a rectangular hole in the wall measuring approximately 6in x 4in, located by the Christmas trees/elevator at the end of the B hall.

In SCU room B319 there are open junction boxes on the wall with exposed wires. This room is unoccupied but was unlocked creating an unsafe are for residents who wander in the SCU.

Plan of Correction ***Do Not Accept ([redacted] - 03/26/2025)***

The hole was covered with a vent and junction box covered by maintenance on 2/26/2025 (attached). The administrator or designee will complete weekly apartment, and common area rounds in the memory care neighborhood beginning 3/2025-9/30/2025 (attached). The wellness and housekeeping team will be re-educated by the administrator no later than 4/04/2025 to notify the front desk if hazards are observed. The front desk will then complete a work order for maintenance.

Licensee's Proposed Overall Completion Date: *04/04/2025*

Update: *03/26/2025*

Audits should be completed throughout the entire facility- not just memory care areas,

Plan of Correction ***Accept ([redacted] - 04/02/2025)***

The hole was covered with a vent and junction box covered by maintenance on 2/26/2025 (attached). The administrator or designee will complete monthly apartment, and common area audits beginning 4/2025-10/30/2025 (attached). The wellness and housekeeping team will be re-educated by the administrator no later than 4/04/2025 to notify the front desk if hazards are observed. The front desk will then complete a work order for maintenance.

Licensee's Proposed Overall Completion Date: *04/04/2025*

Evidence of Completion ***Not Implemented ([redacted] - 05/06/2025)***

See attached.

95 Furniture & Equipment

5. Requirements

2800.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Room #303 and room #305 closet doors do not work properly. Residents are unable to hang their clothes and close the doors. The wheels of the closet doors are not rolling properly along the track and need repair.

Plan of Correction ***Accept ([redacted] - 03/26/2025)***

The closet doors were repaired on 3/12/2025 by the maintenance assistant and director (attached). The administrator or designee will complete monthly apartment audits and include closet door inspections from 3/2025-9/30/2025 (attached).

Licensee's Proposed Overall Completion Date: *03/25/2025*

95 Furniture & Equipment *(continued)*

Evidence of Completion ***Not Implemented (- 05/06/2025)***

See attached.

101j3 Bed linens/pillows/blankets

6. Requirements

2800.
101.j. Each resident shall have the following in the living unit:
3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed for resident #2 does not have a pillow.

Plan of Correction ***Do Not Accept (- 03/26/2025)***

Resident #2 was given a pillow on 2/24/2025 by housekeeping (attached). The Administrator will re-educate housekeeping and wellness team by 04/04/2025 on ensuring each resident has a pillow (attached). The administrator or designee will complete weekly memory care audits beginning 3/2025-9/30/2025 to ensure compliance is maintained (attached).

Licensee's Proposed Overall Completion Date: *04/04/2025*

Update: *03/26/2025*

Audits should be completed throughout the entire facility- not just memory care areas,

Plan of Correction ***Accept (- 04/02/2025)***

Resident #2 was given a pillow on 2/24/2025 by housekeeping (attached). The Administrator will re-educate housekeeping and wellness team by 04/04/2025 on ensuring each resident has a pillow (attached). The administrator or designee will complete monthly apartment audits beginning 4/2025-10/30/2025 to ensure compliance is maintained (attached).

Licensee's Proposed Overall Completion Date: *04/04/2025*

Evidence of Completion ***Not Implemented (- 05/06/2025)***

See attached.

101j7 Lighting/operable lamp

7. 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 #2 does not have access to a source of light that can be turned on/off at bedside.

Repeat Violation 10/22/2024, 09/05/24, 5/31/24.

Plan of Correction ***Accept (- 03/26/2025)***

The maintenance assistant placed lamp and nightstand near resident #2 bed on 2/25/2025(attached). The administrator or designee will continue to complete monthly apartment audits from 3/2025-9/30/2025 to ensure compliance with 101j (attached). The maintenance and housekeeping teams will be re-educated by the administrator no later than 4/4/2025 to ensure compliance with 101j when providing service to rooms (attach).

101j7 Lighting/operable lamp *(continued)*

Licensee's Proposed Overall Completion Date: *04/04/2025*

Evidence of Completion ***Not Implemented ([redacted] - 05/06/2025)***

See attached.

101n Walls, floors & ceilings

8. Requirements

2800.
101.n. The living unit must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The walls in living unit 303 are damaged; there is peeling and cracked paint along the wall behind the TV with two open electrical junction boxes and wires exposed.

The walls in living unit 316 are not in good repair; there is a rectangular hole behind the resident's recliner measuring about 6in by 4in. with crumbling drywall and a smaller oval shaped hole just above. There is also a triangular shaped hole about 4 in wide and two smaller holes on either side with numerous long gouges in the paint/drywall on another adjacent wall.

Plan of Correction ***Accept ([redacted] - 03/26/2025)***

The maintenance director and assistant repaired 303 and 316 walls on 3/18/2025 (attached). The maintenance and housekeeping teams will be re-educated by the administrator no later than 4/4/2025 to ensure compliance with 101n when providing service to rooms (attach). The administrator or designee will continue to complete monthly apartment audits from 3/2025-9/30/2025 to ensure compliance with 101n (attached).

Licensee's Proposed Overall Completion Date: *04/04/2025*

Evidence of Completion ***Not Implemented ([redacted] - 05/06/2025)***

See attached.

103g Storing food

9. Requirements

2800.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A box of frozen fish in the freezer was opened and unsealed at approximately 1:45pm.

Repeat Violation date: 10/22/24

Plan of Correction ***Accept ([redacted] - 03/26/2025)***

The dining director re-educated the team on 103g on 3/7/2025 (attached). The dining director or designee will check weekly to ensure food is stored in sealed containers beginning 3/2025-6/30-2025 (attached).

Licensee's Proposed Overall Completion Date: *03/25/2025*

Evidence of Completion ***Not Implemented ([redacted] - 05/06/2025)***

See attached.

103i Outdated food

10. Requirements

2800.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There were unlabeled, undated pans of burritos, beans, mashed potatoes and cheese sandwiches in the walk-in fridge at approximately 1:40pm.

There was an unsealed bag of dry noodles in the dry storage area at approximately 1:40pm.

A box of approximately 12 green peppers with mold and rotten spots was observed in the walk-in fridge at approximately 1:45pm.

Repeat Violation 10/22/24.

Plan of Correction ***Accept ([redacted] - 03/26/2025)***

The dining director re-educated the team on 1031 on 3/7/2025 (attached). The dining director or designee will check weekly to ensure food is stored in sealed containers, labeled, dated and not spoiled beginning 3/2025-6/30-2025 (attached). Unlabeled, undated or spoiled items will be immediately discarded.

Licensee's Proposed Overall Completion Date: *03/25/2025*

Evidence of Completion ***Not Implemented ([redacted] - 05/06/2025)***

See attached.

121a Unobstructed egress

11. Requirements

2800.
121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

Description of Violation

On 02/24/25, at 1:40pm, a large rolling cleaning cart was positioned on the landing in the C wing stair well. The cart blocked egress to the emergency exit door, taking up the majority of the space on the landing. There is a sign posted on the wall not to store any items in this area.

Repeat Violation Date: 2/12/24

Plan of Correction ***Accept ([redacted] - 03/26/2025)***

Housekeeping removed the cart on 2/24/2025. The administrator will re-educate housekeeping by 4/4/2025 on ensuring that the exits are not blocked (attached). The housekeeping supervisor or designee will check egress doors weekly beginning 3/17/2025-9/30/2025 (attached).

Licensee's Proposed Overall Completion Date: *04/04/2025*

Evidence of Completion ***Implemented ([redacted] - 05/06/2025)***

See attached.

127a Portable space heaters

12. Requirements

127a Portable space heaters *(continued)*

2800.
127.a. Portable space heaters are prohibited.

Description of Violation

On 02/24/25, at 12:59, a Unitech portable space heater was in use under the nurse's desk in the SCU.

On 02/24/25, at 3pm, a space heater was in use in room [redacted] The room was occupied by Skilled Nursing Residents from the adjacent facility.

Repeat Violation Date: 2/12/24

Plan of Correction ***Do Not Accept ([redacted] - 03/26/2025)***

Both heaters were removed by wellness staff on 2/24/2025. The staff members responsible for placing the heater under the nurse's desk will be re-educated by the administrator by 3/21/2025 (attached). The Skilled Nursing Facility staff member was notified by administrator that heaters are not permitted in The Home. The Skilled Nursing Facility resident was transferred back to the SNF on 2/25/2025.The administrator or designee will complete weekly memory care audits 3/2025-9/30/2025 to ensure compliance is maintained (attached).

Licensee's Proposed Overall Completion Date: *03/24/2025*

Update: *03/26/2025*

Audits should be completed throughout the entire facility- not just memory care areas, and not just resident accessible areas. Staff only areas, back of house areas, offices etc. should also be monitored for compliance. Please update POC to include this.

Plan of Correction ***Accept ([redacted] - 04/02/2025)***

Both heaters were removed by wellness staff on 2/24/2025. The staff members responsible for placing the heater under the nurse's desk will be re-educated by the administrator by 3/21/2025 (attached). The Skilled Nursing Facility staff member was notified by administrator that heaters are not permitted in The Home. The Skilled Nursing Facility resident was transferred back to the SNF on 2/25/2025.The administrator or designee will complete monthly apartment, common area, offices and back of the house audits 4/2025-9/30/2025 to ensure compliance is maintained (attached).

Licensee's Proposed Overall Completion Date: *04/01/2025*

Evidence of Completion ***Not Implemented ([redacted] - 05/06/2025)***

See attached.

144c1 Smoking area guidelines

13. Requirements

2800.
144.c. A residence that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the residence, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The residence's designated smoking area is in the courtyard at the back of the residence. During the walk-through of the first floor, between 1 and 1:30pm, an unidentified person was

144c1 Smoking area guidelines (continued)

smoking in the hallway. The person could not be directly seen at the time but visible smoke was observed in the corridor and there was a freshly extinguished cigarette observed on the ground in the immediate area.

Repeat Violation Date: 10/22/24.

Plan of Correction ***Do Not Accept ([redacted] - 03/26/2025)***

The residents who admitted to or observed smoking were given 30-day notices on 1/29/2025 (attached). They have been re-educated numerous times since October 2024 by administrator, wellness, maintenance and housekeeping staff. The Home is working with family and case manager to relocate residents. Residents refuse to allow home to secure cigarettes and lighter in the medication cart for oversight. The employees of the home will intervene if they smell smoke in the apartment by reminding resident that this is non-smoking community.

Licensee's Proposed Overall Completion Date: *03/25/2025*

Update: *03/26/2025*

Please indicate any staff in-service training relating to the monitoring and mitigation of resident/staff smoking in non-smoking areas.
Please also indicate any specific monitoring that will be put in place to ensure residents/staff are complying.

Plan of Correction ***Accept ([redacted] - 04/02/2025)***

The residents who admitted to or observed smoking were given 30-day notices on 1/29/2025 (attached). They have been re-educated numerous times since October 2024 by administrator, wellness, maintenance and housekeeping staff. The wellness, housekeeping and maintenance staff currently notify the administrator, nursing or maintenance director if smoking is suspected in any non-smoking area. By 4/9/2025. the administrator will re-educate the wellness. maintenance, housekeeping team to check for evidence of smoking in their apartment when they enter to provide services (beginning immediately- discharge) If noted, remind residents this is a non-smoking area, ensure the cigarette is not lit, and to notify administrator, nursing or maintenance director of occurrence, so they can discuss with resident and document. The Home is working with family and case manager to relocate residents. Residents refuse to allow home to secure cigarettes and lighter in the medication cart for oversight.

Licensee's Proposed Overall Completion Date: *04/09/2025*

Evidence of Completion ***Not Implemented ([redacted] - 05/06/2025)***

See attached.

161c Additional portions

14. Requirements

2800.
161.c. Additional portions of meals and beverages at mealtimes shall be available for the resident.

Description of Violation

On 02/24/25, at the lunch meal, there were no additional portions of beverage available for residents. Resident #1 was given a frozen apple juice, which could not be ingested by the resident. Resident #1 requested another juice. No additional juice was provided. Staff of the home were interviewed and acknowledged that additional portions are not available for residents even if they ask.

Plan of Correction ***Do Not Accept ([redacted] - 03/26/2025)***

The dining team will be re-educated by the dining director or designee on increasing portions of food and juices

161c Additional portions (continued)

which are sent to the memory care unit by 4/4/2025 (attach). To ensure compliance the administrator or designee will speak will verify with memory care residents, family members and employees weekly for 12 weeks beginning 3/24/2025.

Licensee's Proposed Overall Completion Date: *03/25/2025*

Update: *03/26/2025*

Please ensure that this is corrected for both AL and Memory Care residents.

Plan of Correction ***Accept (- 04/02/2025)***

The dining team will be re-educated by the dining director or designee on increasing portions of food and juices which are served to residents by 4/4/2025 (attach). To ensure compliance the dining director or designee will speak with residents weekly in assisted living, memory care and family members and employees weekly for 12 weeks beginning 4/7/2025.

Licensee's Proposed Overall Completion Date: *04/07/2025*

Evidence of Completion ***Implemented (- 05/06/2025)***

See attached.

162c Menus - posted

15. Requirements

2800.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

Weekly menus were not posted in a conspicuous and public place in the SCU. Per Staff interviews the residence does not post the weekly menu in the SCU, only in the AL area.

Plan of Correction ***Accept (- 03/26/2025)***

The administrator will educate the front desk receptionist by 04/04/2025 to post memory care menu daily as the receptionist is responsible to post the AL menu (attached). The administrator or designee will confirm compliance via rounds throughout the workday.

Licensee's Proposed Overall Completion Date: *04/04/2025*

Evidence of Completion ***Implemented (- 05/06/2025)***

See attached.

162e Menu changes

16. Requirements

2800.
162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 02/24/25, open faced turkey sandwich, mashed potatoes w/gravy and mixed vegetables were listed on the menu for the lunch meal. However, rice, chicken or steak and mixed vegetables

162e Menu changes (continued)

were served instead. No notice of the change was provided to the residents in advance of the meal.

Repeat Violation Date: 5/31/24

Plan of Correction ***Do Not Accept (- 03/26/2025)***

The dining team will be re-educated by the dining director or designee on ensuring that menu changes are posted prior to the meal being served by 4/4/2025 (attach).

Licensee's Proposed Overall Completion Date: *04/04/2025*

Update: *03/26/2025*

Please indicate a method to monitor or audit for ongoing compliance.

Plan of Correction ***Accept (- 04/02/2025)***

The dining team will be re-educated by the dining director or designee on ensuring that menu changes are posted prior to the meal being served by 4/4/2025 (attach). The dining director or designee will verify compliance once a week for 12 weeks (4/8/2025-6/24/25) by viewing posted menu and meal actually served (attach).

Licensee's Proposed Overall Completion Date: *04/04/2025*

Evidence of Completion ***Implemented (- 05/06/2025)***

See attached.

183b Medications and syringes locked

17. 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.

Description of Violation

On 02/24/25, at 3pm, Ceftriaxone 2 mg/ml, 0.9% Sodium Chloride, and a bag of Peri Catheter supplies and packs of syringes were found unlocked, unattended and accessible in room #309 in the SCU. These supplies are not for any current resident.

Repeat Violation 09/04/24, 01/22/24.

Plan of Correction ***Do Not Accept (- 03/26/2025)***

The medications listed were from a resident who evacuated to The Home from the adjacent SNF. The director of nursing immediately removed medications and returned them to the SNF wellness staff. The SNF team is aware that medications cannot be left unattended. The resident was transferred back to the SNF on 2/25/2025.

Licensee's Proposed Overall Completion Date: *03/24/2025*

Update: *03/26/2025*

Please indicate a method to audit or monitor for compliance.

Plan of Correction ***Accept (- 04/02/2025)***

The medications listed were from a resident who evacuated to The Home from the adjacent SNF. The director of nursing immediately removed medications and returned them to the SNF wellness staff. The SNF team is aware that medications cannot be left unattended. The resident was transferred back to the SNF on 2/25/2025. The administrator or designee will complete monthly apartment audits beginning 4/1/2025-10/31/2025 to ensure compliance is maintained.

183b Medications and syringes locked *(continued)*

Licensee's Proposed Overall Completion Date: *04/01/2025*

Evidence of Completion ***Not Implemented ([redacted] - 05/06/2025)***

See attached.

227i Support plan – accessible

18. Requirements

2800.
227.i. The final support plan shall be accessible by direct care staff persons at all times.

Description of Violation

On 02/24/25, at 2pm, resident support plans were stored on the first floor and were inaccessible to direct care staff. Staff member B and staff member C, who work in the memory care on the third floor, were not aware of the support plans for the residents they were caring for and the location of where the plans are kept.

Plan of Correction ***Accept ([redacted] - 03/26/2025)***

The wellness team were re-educated on the location of the resident support plans on 2/28/2025 by the director of nursing. To ensure team members are aware, a sign was placed at the nursing station by the administrator on 3/17/2025 (attached).

Licensee's Proposed Overall Completion Date: *03/24/2025*

Evidence of Completion ***Implemented ([redacted] - 05/06/2025)***

See attached.