

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

June 5, 2025

[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 04/04/2025 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 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: *L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *80* Waking Staff: *60*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *04/04/2025*

**Inspection Dates and Department Representative**

*04/04/2025 - On-Site: [REDACTED]*

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *103* Residents Served: *56*

**Special Care Unit**  
 In Home: *Yes* Area: *3rd Floor* Capacity: *34* Residents Served: *16*

**Hospice**  
 Current Residents: *4*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *9* Are 60 Years of Age or Older: *56*  
 Diagnosed with Mental Illness: *9* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *24* Have Physical Disability: *0*

**Inspections / Reviews**

**04/04/2025 Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/08/2025*

**05/27/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *05/30/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/30/2025*

Inspections / Reviews *(continued)*

06/05/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/30/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

22a1 Medical Eval - time frames

1. Requirements

2800.

22.a. Documentation. The following admission documents shall be completed for each resident:

- 1. Medical evaluation completed within 60 days prior to admission on a form specified by the Department. The medical evaluation may be completed within 15 days after admission if one of the following conditions applies
  - i. The resident is being admitted directly to the residence from an acute care hospital.
  - ii. The resident is being admitted to escape from an abusive situation
  - iii. The resident has no alternative living arrangement.

Description of Violation

Resident [redacted] was admitted on [redacted]. The resident's medical evaluation was not completed until [redacted].

Plan of Correction

Accept [redacted] - 05/27/2025)

The Nursing Director or designee will complete an audit of ADME's by 5/15/2025 (attached). The Administrator will re-educate the nursing director, marketing director and resident coordinator on 2800.22a by 5/16/2025 (attached). To ensure compliance is maintained the administrator or designee will verify compliance of each new admission 24 hours prior to admission.

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented [redacted] - 06/05/2025)

85a Sanitary conditions

2. Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at 11:10 A.M., resident [redacted] bathroom toilet bowl contained black fuzzy mold. Hair and trash were present in the sink.

On [redacted], at 10:48 A.M. there was an office-type chair present in the shower of resident living unit [redacted] a white stain was present towards the rear of the seat.

On [redacted], at 10:28 A.M., there was a clogged sink filled with water in the special care unit's 3rd floor janitor closet. The closet smelled strongly of urine.

Repeat Violations: [redacted], and [redacted]

Plan of Correction

Accept [redacted] 05/27/2025)

Resident [redacted] toilet was cleaned on 4/4/25 by housekeeping supervisor (attach). The On 4/4/2025, the maintenance assistant removed the chair from the shower of [redacted] (attach). The janitor closet sink was unclogged by the maintenance assistant on 4/4/2025 (attach), The Administrator will re-educate the wellness and housekeeping team by 5/16/2025 on the importance of ensuring toilets are clean, notify maintenance if sink is clogged and to ensure regular chairs are not used for showers (attach). The administrator or designee will continue monthly apartment audits that will include checking showers and bathroom cleanliness (5-25-11-25).

Licensee's Proposed Overall Completion Date: 05/16/2025

85a Sanitary conditions (continued)

Implemented ( ) - 06/05/2025)

88a Floors, walls, ceilings, windows, doors

3. 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 ( ) at 10:25 A.M., the wall next to the window in resident living unit ( ) had three openings where the heating unit and ventilation were present, the vents were present on the floor, and trash and dry wall pieces were on the floor presenting tripping and cutting hazards. The doorknob to this resident living unit is missing. This resident living unit is located in the special care unit and was accessible to residents at the time of observation.

Plan of Correction

Accept ( ) - 05/27/2025)

The maintenance assistant removed the items from ( ) on 4/4/25. The maintenance director replaced the doorknob on 4/5/25 (attach). The maintenance and housekeeping team removed any items from unlocked apartments in the memory care unit on 4/5/2025. The administrator or designee will complete weekly apartment audits (5-25-11-25) to ensure hazards are not accessible to residents (attach). The Administrator will re-educate wellness, housekeeping and maintenance on the importance of ensuring doors are locked and items are not accessible to residents by 5/16/2025 (attach).

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented ( ) 06/05/2025)

101b3 Telephone jack/thermostats

4. Requirements

2800.

101.b. The following conditions apply to a residence:

- 3. Each living unit must have a telephone jack and individually controlled thermostats for heating and cooling.

Description of Violation

The living units in ( ) and ( ) do not have individual control of the heating and cooling because the vents have been removed from the wall in both units.

Plan of Correction

Accept ( ) - 05/27/2025)

( ) and ( ) are unoccupied apartments. The maintenance director or designee will complete an audit of occupied and unoccupied apartments by 5/16/2025 (attached). The audit will be provided to the HVAC vendor to ensure any non-compliant apartment is on the list for repair. The HVAC repair is slated to be completed by 5/31/2025. The Administrator or designee will continue to complete monthly apartment audits (4/2025-11/25) to ensure compliance with 101b (attached).

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented ( ) - 06/05/2025)

102a Functioning toilet

5. Requirements

2800.

102.a. There must be one functioning flush toilet in the bathroom in the living unit.

Description of Violation

The bathroom in living unit [redacted] does not have a functioning flush toilet in the bathroom.

The toilet in the bathroom in living unit [redacted] leaks water into a bucket when the toilet is flushed.

Plan of Correction

Accept [redacted] 05/27/2025)

The toilet in [redacted] was repaired on 4/5/2025 by maintenance director. The administrator will re-educate housekeeping department by 5/16/2025 on the importance of reporting non-functioning toilets to the front desk (attached). The administrator or designee will verify toilets are functioning properly during the d monthly apartment audits (5-2025-11-25). A work order will be created for any non-functioning toilet.

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented [redacted] 06/05/2025)

102h Toilet paper

6. Requirements

2800.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On [redacted] at 11:12 A.M., there was not toilet paper for the toilet in the bathroom of living unit [redacted]

Plan of Correction

Accept [redacted] - 05/27/2025)

The administrator will re-educate the housekeeping team by 5/16/2025 on ensuring toilet paper is available for each toilet (attached). The administrator or designee will verify toilet paper is provided during the attached monthly apartment audits (5-2025-11-25) The residents will be reminded during Resident Council which will be held on 5/15/2025 to notify front desk or nursing team member if they run out of toilet paper (attached).

Licensee's Proposed Overall Completion Date: 05/15/2025

Implemented [redacted] - 06/05/2025)

141a Medical evaluation

7. Requirements

2800.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

- 11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

Description of Violation

The medical evaluation for Resident # [redacted] dated [redacted], does not include an indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission . This area of the form is listed as unknown.

141a Medical evaluation (continued)

Plan of Correction

Accept (████ - 05/27/2025)

Resident █████ was not in The Home for 15 days. █████ was admitted on █████ and discharged on 3/31/2025. The Nursing Director or designee will complete an audit of ADME forms by 5/16/2025 to ensure compliance with 141a (attach). Beginning 5/2025, the Administrator or designee will confirm compliance with regulation within 10 days of new admission.

Licensee's Proposed Overall Completion Date: 05/16/2025

Implemented (████ 06/05/2025)

181d Self-administer Storing medication

8. Requirements

2800.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's living unit for self-administration. Medications stored in the resident's living unit shall be kept locked in a safe and secure location to protect against contamination, spillage and theft. The residence shall provide a lockable storage unit for this purpose.

Description of Violation

Resident # █████ self-administers medications and stores medications in █████ room. On █████, at 10:59 A.M., there were several unlocked, unattended medications to include a medicated █████, medicated █████, and █████ in the resident's living unit (█████)

Plan of Correction

Accept (████ - 05/27/2025)

Resident █████ was given a lock box and re-educated by the DON on 4/5/2025 to ensure █████ medications are locked at all times (attach). The wellness, housekeeping, and maintenance teams were re-educated on 181d by the administrator 4/1-4/9/2025. The Administrator or designee will continue to complete monthly apartment audits (4/25-11/25) to ensure compliance is maintained (attach).

Licensee's Proposed Overall Completion Date: 05/08/2025

Implemented (████ 06/05/2025)

183b Medications and syringes locked

9. 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 █████, at 11:10 A.M., █████ was unlocked, unattended, and accessible in living unit █████ Resident █████ is unable to self-medicate.

Plan of Correction

Accept (████ - 05/27/2025)

The DON removed items on 4/4/2025. The housekeeping, wellness and maintenance were re-educated by the administrator 4-1-25-4-9-25 on making sure prescribed or OTC medications are not unlocked and unattended in resident apartments (attach). The administrator or designee will check monthly (4-25-11-25) during apartment audits to ensure compliance is maintained (attach).

183b Medications and syringes locked (*continued*)

Licensee's Proposed Overall Completion Date: 05/08/2025

Implemented [REDACTED] - 06/05/2025)