

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

July 7, 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 04/16/2025, 04/29/2025, 05/06/2025 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:** *78*      **Waking Staff:** *59*

**Inspection Information**

**Type:** *Partial*      **Notice:** *Unannounced*      **BHA Docket #:**  
**Reason:** *Complaint, Incident*      **Exit Conference Date:** *04/16/2025*

**Inspection Dates and Department Representative**

*04/16/2025 - On-Site:* [REDACTED]  
*04/29/2025 - Off-Site:* [REDACTED]  
*05/06/2025 - Off-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

<b>General Information</b>			
<b>License Capacity:</b> <i>103</i>		<b>Residents Served:</b> <i>55</i>	
<b>Special Care Unit</b>			
<b>In Home:</b> <i>Yes</i>	<b>Area:</b> <i>Memory Care</i>	<b>Capacity:</b> <i>34</i>	<b>Residents Served:</b> <i>15</i>
<b>Hospice</b>			
<b>Current Residents:</b> <i>8</i>			
<b>Number of Residents Who:</b>			
<b>Receive Supplemental Security Income:</b> <i>9</i>		<b>Are 60 Years of Age or Older:</b> <i>55</i>	
<b>Diagnosed with Mental Illness:</b> <i>9</i>		<b>Diagnosed with Intellectual Disability:</b> <i>1</i>	
<b>Have Mobility Need:</b> <i>23</i>		<b>Have Physical Disability:</b> <i>1</i>	

**Inspections / Reviews**

**04/16/2025 Partial**  
**Lead Inspector:** [REDACTED]      **Follow-Up Type:** *POC Submission*      **Follow-Up Date:** *06/06/2025*

Inspections / Reviews (*continued*)

## 06/09/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/06/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 06/12/2025

## 06/16/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/06/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/07/2025

## 07/07/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/06/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

16e Resident incident notice

1. Requirements

2800.

16.e. If the residence's final report validates the occurrence of the alleged incident or condition, the affected resident and other residents who could potentially be harmed or designated person shall also be informed immediately following the conclusion of the investigation.

Description of Violation

On [redacted], the residence submitted a final incident report validating the occurrence of a theft of a wallet containing four [redacted], an ID and bank cards, affecting Resident [redacted]. On [redacted] the residence also submitted a final incident report validating the occurrence of resident [redacted] admitting to the local police that [redacted] had stolen an employee's apple watch. The watch was found with various other items outside the window of resident [redacted]'s room. The residence has not informed any of the other residents or their designated persons of possible thefts that may have occurred throughout the residence.

Plan of Correction

Accept [redacted] - 06/09/2025)

The Administrator sent a letter to residents/responsible parties on 4/17/2025 (attach). The Administrator reviewed regulation 16e with DON and RCC, the employees responsible for completing reportable incidents on 4/17/2025 (attach). Beginning 4/17/2025, the Administrator or designee will confirm regulation is followed within 24 hours after a reportable incident is reported.

Licensee's Proposed Overall Completion Date: 06/06/2025

Implemented [redacted] - 07/07/2025)

101r Emergency notification

2. Requirements

2800.

101.r. Each living unit must be equipped with an emergency notification system to notify staff in the event of an emergency.

Description of Violation

On [redacted] the emergency notification system in living unit [redacted] was in disrepair. The cord to operate the device was missing.

On [redacted] the emergency notification system in living unit [redacted] was in disrepair. When the button was pressed, no alert was sent out.

Plan of Correction

Accept [redacted] - 06/16/2025)

The maintenance director or designee will complete an audit by 6/25/2025 of all occupied and vacant apartments to ensure each unit has an emergency device system (attach) The apartments without will have the device installed by maintenance by 6/30/2025. The administrator or designee will add this to monthly apartment audit beginning 7/1/2025 through 10/25 (attach). The administrator will re-educate the maintenance team and marketing director on ensuring a device is in place in each apartment by 6/13/2025 (attach).

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [redacted] 07/07/2025)

130a Smoke detector - living unit

3. Requirements

130a Smoke detector living unit (continued)

2800.

130.a. There shall be an operable automatic smoke detector located in each living unit.

Description of Violation

On [REDACTED] there is not an operable automatic smoke detector in living units [REDACTED]

Plan of Correction

Accept [REDACTED] 06/09/2025)

The maintenance assistant completed an audit on 4/16/2025 and installed smoke detectors in 217/219, as well as the apartments noted on audit (attached). Beginning 6/25-12/25, The maintenance director/assistant will ensure a smoke alarm is present in resident apartments during a monthly audit check (attached).

Licensee's Proposed Overall Completion Date: 06/06/2025

Implemented [REDACTED] - 07/07/2025)

130c Interconnected and audible smoke detector

4. Requirements

2800.

130.c. If the residence serves nine or more residents, there shall be at least one smoke detector on each floor interconnected and audible throughout the residence or an automatic fire alarm system that is interconnected and audible throughout the residence.

Description of Violation

On [REDACTED], the residence served [REDACTED] residents. The residence did not have a smoke detector or an automatic fire alarm system that was interconnected in the attic area as determined by documentation provided by the homes fire alarm installation company.

Plan of Correction

Accept [REDACTED] - 06/09/2025)

An interconnected smoke detector was installed by County Fire Service on 4/30/2025 (attached). The Administrator will re-educate the maintenance assistant and director on 130c by 6/13/2025 (attach). Beginning 6/25-12/25, the maintenance director or designee will confirm placement monthly via audit (attach).

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented [REDACTED] 07/07/2025)

132b Safety inspection/fire drill

5. Requirements

2800.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The residence does not have documentation of an annual fire safety inspection conducted by a fire safety expert for compliance with PA 2800 regulations. The residence provided a letter completed on [REDACTED] which quoted adherence to PA 2600 regulations.

Plan of Correction

Accept [REDACTED] 06/09/2025)

A fire inspection was completed on 5/5/2025 to cover 2800 regulations (attached). Beginning 4/17/2025, the maintenance director or designee will confirm that any future fire letter pertains to 2800 regulations. To ensure compliance the administrator or designee will confirm upon receipt.

Licensee's Proposed Overall Completion Date: 06/06/2025

132b Safety inspection/fire drill (continued)

Implemented (█ - 07/07/2025)

141a Medical evaluation

6. 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:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.
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.
12. Information about a resident’s day-to-day assisted living service needs.

Description of Violation

The medical evaluation for resident █ dated █, does not include special health or dietary needs of the resident. This area of the form is blank.

Plan of Correction

Accept (█ - 06/09/2025)

The administrator will re-educate the nursing director and coordinator on 141a by 6/13/2025 (attach) The nursing director will complete an audit of ADME's by 6/20/2025 (attach) to ensure dietary and special health needs are noted. Beginning 7/25 to ensure compliance, the administrator or designee will check new ADME's monthly for 3 months.

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented (█ - 07/07/2025)

144d Smoking outside

7. Requirements

2800.

144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On █, at 3:23 PM, the first-floor hall in the B wing smelled greatly of a burning cigarette. An agent of the department knocked on the door of resident █ room and asked if someone was smoking. Resident █ replied "Yes, I'm smoking, and I drank a beer" and pointed to an open window explaining that █ had opened the window so it would not smell as bad. Resident █ room is not the residence’s designated smoking area. The residence’s designated smoking area is in the courtyard outside.

144d Smoking outside (continued)

Repeat Violation: 10/22/2024 and 08/20/2024

Plan of Correction

Accept [REDACTED] - 06/09/2025)

Resident [REDACTED] has been given a 30-day notice on [REDACTED], and [REDACTED] attached). The administrator has spoken with a couple of communities, however, no one will accept, as [REDACTED] smokes in [REDACTED] apartment. The administrator re-educated wellness and housekeeping teams 4/1-4/9/25 to enter apartment if they smell smoke, ensure the cigarette is extinguished, remind resident, this is a non-smoking area and to notify supervisor (attached).

Licensee's Proposed Overall Completion Date: 06/06/2025

Implemented [REDACTED] - 07/07/2025)

183b Medications and syringes locked

8. 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 [REDACTED], at 10:16 AM, 5 bottles of prescription medications including [REDACTED], 5 boxes of [REDACTED] and a box of [REDACTED], belonging to an Independent Living resident who shares a room with resident [REDACTED] were unlocked, unattended, and accessible in on a dresser in the second bedroom.

Repeated Violation [REDACTED]

Plan of Correction

Accept [REDACTED] - 06/16/2025)

On 4/17/2025, The nursing director gave resident a lock box and reminded [REDACTED] that all medications must be locked in the box at all times (attach). The administrator or designee will continue to complete monthly apartment audits 5-25-11-25 to ensure medications are not unlocked and accessible (attached). The administrator or designee will review this regulation with resident's at the resident council meeting on 6/18/2025. The wellness and housekeeping staff were re-educated by the administrator on 4/1-4/9/2025 to report to unlocked medications to wellness director, med tech or administrator if observed (attach).

Licensee's Proposed Overall Completion Date: 06/18/2025

Implemented [REDACTED] 07/07/2025)