

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

November 19, 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 06/09/2025 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:** 68 **Waking Staff:** 51

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 06/09/2025

Inspection Dates and Department Representative

06/09/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 103 **Residents Served:** 48

Special Care Unit

In Home: Yes **Area:** 3rd Floor **Capacity:** 34 **Residents Served:** 14

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 9 **Are 60 Years of Age or Older:** 48
Diagnosed with Mental Illness: 9 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 20 **Have Physical Disability:** 1

Inspections / Reviews

06/09/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/10/2025

07/10/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 08/01/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/15/2025

Inspections / Reviews *(continued)*

07/15/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/02/2025

11/19/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a Resident abuse report

1. Requirements

2800.

15.a. The residence shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED], at Staff Person A allegedly stated to Resident # [REDACTED] that "you people are always wanting something" "I came to this country for freedom of speech and I am using my freedom now." This incident was reported to Staff Member B by Resident # [REDACTED] [REDACTED] via telephone on [REDACTED]. However, this allegation of abuse was not reported to the local Area Agency on Aging until [REDACTED] at 10:47 A.M.

Plan of Correction

Directed ([REDACTED] 07/15/2025)

A new hire checklist will be created and checked 24hr prior to first day of each new direct care staff by Administrator or Designee beginning 7/15/2025

Proposed Overall Completion Date: 07/15/2025

Directed Plan of Correction: Revised POC did not include the initial proposed steps below:

The Assistant Administrator will re-educate Staff member B will 2800.15a and 16c by 7/15/2025 (attach).

To ensure compliance the Administrator or designee will ensure compliance by reviewing the daily report daily for the next 30 days.

Directed Completion Date: 07/22/2025

Implemented ([REDACTED] - 11/19/2025)

16c Incident reporting

2. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department’s assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] Staff Member A stated to Resident [REDACTED] "you people are always wanting something" "I came to this country for freedom of speech and I am using my freedom now." The residence did not report this incident to the Department until [REDACTED].

Plan of Correction

Accept ([REDACTED] - 07/15/2025)

The Assistant Administrator will re-educate Staff member B will 2800.15a and 16c by 7/15/2025. Administrator will reeducate staff on 16c by 7/22/2025

To ensure compliance Administrator or Designee will review daily nursing report for 3 months starting 7/16/2025-10/16/2025

Licensee's Proposed Overall Completion Date: 07/22/2025

Implemented ([REDACTED] 11/19/2025)

42c Dignity/Respect

3. Requirements

2800.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] Resident [redacted] rang the call bell for assistance getting into bed and Staff Member A responded. Staff Member A stated "you people are always wanting something" and "I came to this country for freedom of speech and I am using that freedom now." Resident [redacted] reported that this made [redacted] not want to ring the call bell for assistance. Resident # [redacted] did ring [redacted] call bell once more that night and did get assistance from Staff Member A again. Staff Member A stated "see I told you. you always wanting something." Staff Member A confirmed they did say this. Staff Member A was terminated.

Repeat Violation: [redacted]

Plan of Correction Accept [redacted] - 07/15/2025)

Staff member A was immediately placed on investigatory suspension. Staff Member A confirmed to the Nursing Director that resident statement was accurate on 6/5/25. Staff Member A was terminated on 6/9/2025. The Nursing Director or designee will re-educate team members on the 42c by 7/18/2025 attached. To ensure compliance the Administrator or designee will ask residents during resident council meeting for the next 3 months (7/25-9/25). Any complaints will be investigated and reported per regulations.

Administrator or Designee will ask resident do they feel they are being communicated in a respectful manner starting with the 7/18/2025 resident council

Licensee's Proposed Overall Completion Date: 07/18/2025

Implemented ([redacted] 11/19/2025)

54a Direct care staff quals

4. Requirements

2800.
54.a. Direct care staff persons shall have the following qualifications:
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct Care Staff Person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeat Violation: [redacted]

Plan of Correction Accept [redacted] - 07/15/2025)

Staff Person B no longer works in the home. The Administrator or designee will audit direct care staff employee files by 7/25/25 to ensure compliance with 54a (. Non-compliant direct care team members will be removed from direct care schedule. To ensure compliance is maintained the administrator or designee will verify compliance of qualifications of new direct care staff members prior to first workday.

A new hire checklist will be created and checked 24hr prior to first day of each new direct care staff by Administrator or Designee starting with next hire beginning 7/15/2025

54a Direct care staff quals (continued)

Licensee's Proposed Overall Completion Date: 07/15/2025

Implemented [REDACTED] - 11/19/2025)

81b Resident equip – good repair

5. Requirements

2800.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident # [REDACTED]'s bed is equipped with bedside mobility device with an attached pocket. This device has an opening of 12 inches in width between the rail, an opening of 6.5 inches from the pocket to the top bar in height. Both of these openings pose a risk of entrapment.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] 07/10/2025)

The mobility device was removed by maintenance on 6/11/25. A new mobility device was given to resident by maintenance assistant on 6/11/25 To ensure compliance, the administrator or designee will continue to check apartments monthly 7/25-10/25 to ensure mobility devices are appropriate

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [REDACTED] - 11/19/2025)

88a Floors, walls, ceilings, windows, doors

6. 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

The floor transition in front of the recreation hall has flooring that is peeling up in three places. This poses a tripping hazard for the residents.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 07/15/2025)

The floor transition was repaired on 6/9/2025(Attached). The Administrator or designee will re-educate team members by 7/18/25 on the importance of reporting any areas of the community that may cause a tripping hazard.

Maintenance assistant or Designee will complete an audit for Floors, walls, ceilings, windows, doors beginning 8/1/2025 monthly for 3 months a work order will be completed for any non-compliant items.

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented [REDACTED] - 11/19/2025)

92 Windows/screens

7. Requirements

92 Windows/screens (continued)

2800.

92. Windows and Screens Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On [redacted] at 9:51 A.M. the first floor window, located across from the elevator, was open and did not have a screen.

Plan of Correction

Accept [redacted] - 07/15/2025)

The maintenance Director placed a screen in the 1st floor window. The maintenance Director or designee will complete an audit of windows by 7/25/25 to ensure compliance. By 7/25/25 Team members will also be re-educated by the Administrator or designee on the importance of ensuring a screen is placed in window if opened. If open, they will be required to close window and notify maintenance via a work order which is located at the front desk.

Maintenance assistant or Designee will complete an audit for Floors, walls, ceilings, windows, doors beginning 8/1/2025 monthly for 3 months a work order will be completed for any non-compliant items.

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented ([redacted] 11/19/2025)

95 Furniture & Equipment

8. Requirements

2800.

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

Description of Violation

The elevator located in the center of the building is not operational.

Plan of Correction

Accept [redacted] - 07/15/2025)

Awaiting parts from Pincus Elevator.

Administrator will re-educate maintenance by 7/25/25 on notifying Pincus elevator immediately when elevator is in need of repair. Administrator or designee will continue to check elevators weekly until 9/30/25 to ensure operable.

Expected completion of repair 7/31/2025. DCS are assisting residents with using other 2 functioning elevators

Licensee's Proposed Overall Completion Date: 07/31/2025

Implemented [redacted] - 11/19/2025)

101j7 Lighting/operable lamp

9. 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 [redacted] does not have access to a source of light that can be turned on/off at bedside.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 07/10/2025)

A push light was installed by maintenance on 6/10. Residents will be reminded at 7/25 resident council of 101 j.

101j7 Lighting/operable lamp (continued)

Administrator or designee continue to audit monthly from 7/25 10/25.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented ([redacted] - 11/19/2025)

144d Smoking outside

10. Requirements

2800. 144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On [redacted] at 10:00 A.M. , Resident [redacted] was smoking in their room which is not the residence's designated smoking area. The residence's designated smoking area is the outdoor courtyard.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] 07/15/2025)

Resident number 2 given 30 day notices on 10/14/2024, 1/29/2025, 4/18/2025, 7/10/2025 8/10/2025 Employees educated by previous administrator on 4/1 4/9/25 to monitor resident apartment for smoking, remind [redacted] of policy and ask [redacted] to extinguish and notify don or administrator. The Home continues to try to relocate resident.

Administrator or designee will check apartment 3 times per week for evidence of smoking until discharge starting 7/15/2025

Licensee's Proposed Overall Completion Date: 07/15/2025

Implemented [redacted] - 11/19/2025)

182c Medication administration

11. Requirements

2800. 182.c. Medication administration includes the following activities, based on the needs of the resident: 6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Description of Violation

On [redacted] at 9:00 A , Staff Person C crushed and placed the following medications in a soufflé cup to resident [redacted] , but did not observe the resident consume the medications:

- 1. [redacted]

182c Medication administration (continued)

Plan of Correction

Accept [redacted] - 07/15/2025)

Staff member C will be reeducated by Administrator or Designee on observing residents consume medications. Administrator or designee will reeducate the team on the importance of observing medication consumption by 7/15/2025

Med techs will be reeducated by DON no later than 7/15/2025. Administrator will at random ask 5 residents monthly for 3 months if med tech stayed and observed medication consumption and maintain a log of selected residents

Licensee's Proposed Overall Completion Date: 07/15/2025

Implemented ([redacted] - 11/19/2025)

187d Follow prescriber's orders

12. Requirements

2800. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

On [redacted] Staff Member D did not pass medications to [redacted] Residents from 3:00 P.M. to 11:00 P.M. All 16 residents and medications missed are listed below.

- 1. Resident [redacted] did not receive [redacted]
- 2. Resident [redacted] did not receive [redacted]
- 3. Resident [redacted] did not receive [redacted], and [redacted].
- 4. Resident [redacted] did not receive [redacted], and [redacted]
- 5. Resident # [redacted] did not receive [redacted], and [redacted]
- 6. Resident # [redacted] did not receive [redacted], and [redacted]
- 7. Resident # [redacted] did not receive [redacted], and [redacted].
- 8. Resident [redacted] did not receive [redacted] and [redacted]
- 9. Resident # [redacted] did not receive [redacted], and [redacted].
- 10. Resident # [redacted] did not receive [redacted], and [redacted]
- 11. Resident # [redacted] did not receive [redacted].
- 12. Resident # [redacted] did not receive [redacted], and [redacted].
- 13. Resident # [redacted] did not receive [redacted] and [redacted].
- 14. Resident [redacted] did not receive [redacted], and [redacted].
- 15. Resident # [redacted] did not receive [redacted] and [redacted]
- 16. Resident # [redacted] did not receive [redacted], and [redacted]

Repeat Violation : [redacted]

Plan of Correction

Accept ([redacted] 07/15/2025)

Staff member C was terminated for failure to administer medications. MD & families were notified. Reportable incident completed and DHS notified. No adverse reactions were noted. The administrator or designee will be reeducated team members on the importance of following prescribers' directions by 7/15/2025

187d Follow prescriber's orders (continued)

Administrator or Designee will complete a weekly MAR audit of one floor per week (Ensuring the MAR's for entire community is completed on a monthly basis) for 3 months beginning 8/1/2025 to ensure medication administration is being completed & documented per 187d

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented [REDACTED] - 11/19/2025)