

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

September 5, 2025

[REDACTED]
SPRINGFIELD PCH LLC

[REDACTED]
1608 Route 88
[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 07/24/2025 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: *03/28/2026*
 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: *80* Waking Staff: *60*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *07/24/2025*

Inspection Dates and Department Representative

07/24/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *84* Residents Served: *73*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *3*
 Number of Residents Who:
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *73*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *7* Have Physical Disability: *0*

Inspections / Reviews

07/24/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/22/2025*

08/26/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/02/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/05/2025*

Inspections / Reviews *(continued)*

09/05/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/02/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On or around [redacted] Resident [redacted] began receiving email alerts from their bank account that there were abnormal charges on their Well Fargo bank account. Resident [redacted] disregarded those emails thinking they were also fraudulent or some type of scam. Upon review of their bank statement on [redacted] they discovered multiple charges on their debit card the resident did not complete. On [redacted] was the first charge at Chipotle for [redacted] then on [redacted] the card was used at McDonalds for [redacted], Giant for [redacted] Giant for [redacted], Giant for [redacted]. On [redacted] the card was used again at Toscana for [redacted] On [redacted] the card was used again at CJ Wok for [redacted] and at Walmart for [redacted]. On [redacted] the card was also used at Dollar General for [redacted] On [redacted] the card was used at Forman Mills in the amount of [redacted] and also for another charge at the same location for [redacted]. On [redacted] a charge was made to AT&T in the amount of [redacted]. On [redacted] another charge to AT&T was made in the amount of [redacted]. On [redacted] a charge at Barclay Hair and Wig City was made on their card in the amount of [redacted]. On [redacted] a charge was made in the amount of [redacted] at the family dollar. On [redacted] a charge was made at Chick Fil-A in the amount of [redacted] At this time on [redacted] Resident [redacted] saw the charges on their statement and reached out to the bank to cancel the card and dispute the charges. On [redacted] the Resident had the home call police to get them involved to investigate the matter because their bank Wells Fargo wanted them to be notified.

Plan of Correction

Accept ([redacted] - 08/26/2025)

On 7/14/25 it was reported by staff to the Administrator that the resident had installed a camera in [redacted] room due to a theft.

The Administrator and Director of Wellness immediately went to investigate.

The resident did confirm the theft, [redacted] informed us that [redacted] notified the bank and home health agency [redacted] uses for supplemental care

The Administrator and DOW started an internal investigation and reported it to the department of human services, report to AAA and posted a memo.

The resident did not want another party brought in at that time, [redacted] bank was handling things and [redacted] did not want to interfere with that.

On 7/24/25 the resident did want to notify the police. [redacted] bank had told [redacted] [redacted] needed to make the police report.

On 7/24/25 the administrator called the police who came to take a report from the resident.

The resident was encourage to make sure to use the lock box we provide and secure any valuables, money, credit cards or checks in [redacted] room.

Training was done by the Director of Wellness and Administrator with the staff in June on Abuse and Neglect. It was done again in July and will be done ongoing for four more months during our town hall.

The Administrator and DOW will be responsible for the training.

Licensee's Proposed Overall Completion Date: 08/18/2025

Implemented [redacted] - 09/05/2025)

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

42b Abuse (continued)

Description of Violation

On [REDACTED], Resident [REDACTED] reported to the Staff Person A that [REDACTED] was missing [REDACTED]. Staff Person A Spoke to the [REDACTED] of Resident [REDACTED] who confirmed Resident [REDACTED] did have this money in [REDACTED] secret hiding spot. Resident [REDACTED] explained [REDACTED] had [REDACTED] purse and was getting ready for their week. They took [REDACTED] for a doctor's appointment copay that week. They also took [REDACTED] for an audiologist copay for that week. They also had [REDACTED] for valet parking and [REDACTED] for a tip for the valet driver. The Resident also reported taking out [REDACTED] more to go to a lunch outing at Springfield diner with the activities staff that week. [REDACTED] reported that they kept this money in a wallet that they put it in a top drawer of their dresser on the right hand side of the dresser. They went to get their money on [REDACTED] and the wallet had been moved, and the money was no longer in the wallet. Resident [REDACTED] also expressed that their door doesn't lock and that they don't feel safe in their room. They report they are unable to lock their door themselves and that it doesn't operate correctly.

Plan of Correction

Accept [REDACTED] - 08/26/2025)

On 6/11/25 the resident reported [REDACTED] was missing [REDACTED]
The Administrator and DOW immediately went to speak to the resident
The resident confirmed [REDACTED] was missing money
The Administrator and DOW began an internal investigation.
The incident was reported to the Department of Human Services, AAA, and a memo was placed in the lobby.
The resident was encouraged to use [REDACTED] lockbox that is provided by the community.
Training was done with the staff in June by the Director of Wellness and Administrator on Abuse and Neglect. It was done again in July and will be done ongoing for four more months during our town hall.
The Administrator and DOW will be responsible for the training.

Licensee's Proposed Overall Completion Date: 08/18/2025

Implemented ([REDACTED] - 09/05/2025)

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED], Resident [REDACTED] stated they had [REDACTED] in their wallet at 12:50 pm before they left to go wait for their friend outside of the home. Resident [REDACTED] reported coming back to their room at approximately 1:30 pm with their friend whom they met outside of the home. The money had been in their wallet. At approximately 3:30 pm, Resident [REDACTED] friend left the home and ended the visit with Resident [REDACTED]. On [REDACTED] at about 3:30pm Resident [REDACTED] went to check their wallet again and at that time the money was missing.

Plan of Correction

Accept [REDACTED] - 08/26/2025)

On 6/3/25 the resident reported that [REDACTED] was missing [REDACTED] from [REDACTED] wallet to a staff member
The Administrator and DOW immediately went to speak to the resident
The resident confirmed [REDACTED] was missing money

42b Abuse (continued)

The Administrator, interim Administrator and DOW began an internal investigation. The incident was reported to the Department of Human Services, AAA, and a memo was placed in the lobby. The resident was encouraged to use lockbox that is provided by the community. Training was done with the staff in June by the Director of Wellness and Administrator on Abuse and Neglect. It was done again in July and will be done ongoing for four more months during our town hall. The Administrator and DOW will be responsible for the training.

Licensee's Proposed Overall Completion Date: 08/18/2025

Implemented 09/05/2025

4. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted], Resident [redacted] confirmed they gave Resident [redacted]. On [redacted] Resident 4 went on an outing with activities to the Springfield diner for lunch. During this event Resident paid their bill of about [redacted] out of the [redacted] and also left a tip for the server at the diner. On [redacted], Resident [redacted] was overheard telling other residents at their table that they had money missing. Resident [redacted] was informed to report this to the home. Resident [redacted] then proceeded to report this missing money to staff person A. Resident [redacted] explained to Staff Person A that they had [redacted] given to them from their [redacted] and that they went to the diner for lunch with activities and they paid their bill along with a tip of about [redacted]. They reported that over the last weekend of [redacted] that their money went missing and when they went to check their wallet, they only had [redacted] remaining. Resident [redacted] was missing approximately [redacted]. On [redacted], Resident [redacted] reported that Resident [redacted] debit card had been used to charge a online order for Victoria's Secret. The [redacted] believes that when someone took Resident [redacted] money that they also copied the information for their Debit card and used it for this online purchase. Resident [redacted] still had their debit card in their possession, and it was not missing.

Plan of Correction

Accept 08/26/2025

On 6/2/25 the resident was over heard telling someone [redacted] money was missing. On 6/3/25 the incident was reported to the Interim Administrator and the new Administrator. The two administrators called the residents [redacted] to confirm that [redacted] had money. The [redacted] did confirm. The Administrator, interim Administrator and DOW began an internal investigation. The incident was reported to the Department of Human Services, AAA, and a memo was placed in the lobby. A voice memo was sent to all families to notify them of the incident. The resident was encouraged to use lockbox that is provided by the community. Training was done with the staff in June by the Director of Wellness and Administrator on Abuse and Neglect. It was done again in July and will be done ongoing for four more months during our town hall. The Administrator and DOW will be responsible for the training.

Licensee's Proposed Overall Completion Date: 08/18/2025

Implemented 09/05/2025

95 - Furniture and Equipment

5. Requirements

2600.

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

Description of Violation

On [REDACTED], Room [REDACTED] had a doorknob and lock that was not operating properly. The Resident residing in this room was unable to lock and secure the door themselves.

Plan of Correction

Accept [REDACTED] - 08/26/2025)

The resident reported the [REDACTED] could not operate [REDACTED] lock.

The staff could operate it, but [REDACTED] was having difficulty opening it [REDACTED] with the key

The Administrator had the Director of Maintenance go up to the room and look at the door knob and lock.

[REDACTED] was able to change it for one that is easier for [REDACTED] to operate.

The resident was able to operate the lock the same day.

A training was done in June by the Administrator on the concern form and how to correctly complete the form for any issues in the community and give the form to the Administrator.

Comprehensive audit will be done on current residents to ensure the their ability to open the door independently.

Any lock that is found to be inoperable will be fixed or replaced.

Ongoing we will encourage the staff to use the concern form

We have implemented a monthly room audit that is completed by maintenance and turned into the Administrator with no end date.

Licensee's Proposed Overall Completion Date: 09/18/2025

Implemented [REDACTED] 09/05/2025)