

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 08/07/2025 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:** *07/23/2026*
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: **Total Daily Staff:** *95* **Waking Staff:** *71*

Inspection Information

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Monitoring* **Exit Conference Date:** *08/07/2025*

Inspection Dates and Department Representative

08/07/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *103* **Residents Served:** *74*

Special Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *2* **Are 60 Years of Age or Older:** *74*
Diagnosed with Mental Illness: *10* **Diagnosed with Intellectual Disability:** *0*
Have Mobility Need: *21* **Have Physical Disability:** *3*

Inspections / Reviews

08/07/2025 *Partial*

Lead Inspector: [REDACTED] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *08/28/2025*

09/02/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** *10/29/2025*
Reviewer: [REDACTED] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *09/07/2025*

Inspections / Reviews *(continued)*

09/11/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/29/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/27/2025

11/19/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/29/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

65a Fire Safety 1st day

1. Requirements

2800.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, and telephone use and notification of emergency services.

Repeat Violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 09/11/2025)

Effective 8/8/2025 the administrator or designee will check each new employee file at the end of their first day to ensure compliance. Administrator will re-educate DON on orientation process by 9/8/2025. New hire audit updated to include fire safety. (See attached) Administrator or designee will complete monthly for the next 3 months starting 9/25-12/25

Staff member A received fire safety training on 8/15/2025 by Administrator
All employee files were audited on 9/5/2025 by Administrator

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented [REDACTED] - 11/19/2025)

65b Direct care staff initial orientation

2. Requirements

2800.

65.b. Direct care staff persons shall complete an initial orientation approved by the Department before providing direct care to residents.

Description of Violation

Staff person A, whose first day of work was [REDACTED] did not receive orientation on their job duties.

Staff person B, whose first day of work was [REDACTED], did not receive orientation on their job duties.

Plan of Correction

Accept [REDACTED] - 09/11/2025)

The Administrator or designee will check new employee file upon completion to ensure compliance. Administrator

65b Direct care staff initial orientation (continued)

will re-educate DON on orientation process by 9/8/2025. New employee audit updated to include initial orientation. Will be completed for the next 3 months.

Staff member A was reorientated on 8/8,8/11,8/12,8/13,8/14(Attached)
Staff member B Has not returned to Springfield since and was taken off employee list
All employee files were audited on 9/5/2025 by Administrator (Attached)

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented [redacted] - 11/19/2025)

65e Rights/Abuse 40 Hours

3. Requirements

2800.

65.e. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.
5. Safe management techniques.
6. Core competency training that includes the following:
 - i. Person-centered care.
 - ii. Communication, problem solving and relationship skills.
 - iii. Nutritional support according to resident preference.

Description of Violation

Staff person A completed [redacted] 40th scheduled work hour on or around [redacted]. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions, safe management techniques, core competency training that includes the following: person-centered care , core competency training that includes the following: communication, problem solving and relationship skills , and core competency training that includes the following: nutritional support according to resident preference.

Repeat Violation: [redacted] et al.

Plan of Correction

Accept [redacted] 09/11/2025)

Staff person orientation was completed again on 8/13/2025. (see attached)
The Administrator or designee will check new employee file upon completion to ensure compliance. Administrator will re-educate DON on completing 40hr training by 9/8/2025. (see attached) New employee audit updated to include 40 training completion & will audit for the next 3 months. 9/25/2025-12/25/2025(see attached)

Staff member A was reorientated on 8/8,8/11,8/12,8/13,8/14
All employees files were audited on 9/5/2025 by Administrator
Administrator or designee to complete audits

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented [redacted] - 10/24/2025)

85b Infestation

4. Requirements

2800.

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

Description of Violation

On [redacted] at 10:39 there was mouse droppings covering about 2 one-foot by one-foot square tiles in the back storage area of the kitchen under a wire shelving unit.

Repeated Violation: [redacted]

Plan of Correction

Accept [redacted] - 09/11/2025)

Area was immediately cleaned on day of survey by dining supervisor.

Dining supervisor or designee will re-educate dining team by 9/9/25(see attached) on the protocol to notify front desk to add to exterminator log if they see signs of infestation.

Beginning 9/25-12/25 the administrator or designee will complete weekly rounds in the kitchen for 3 months to ensure compliance. Any concerns will be placed in the exterminator log.

The kitchen is scheduled for weekly checks by All State Pest control every Monday specifically looking for signs of rodent activity. Administrator or designee will ensure this takes place and will report any activity to front desk to be placed in the exterminator log.

Licensee's Proposed Overall Completion Date: 09/08/2025

Implemented [redacted] - 11/19/2025)

88a Floors, walls, ceilings, windows, doors

5. 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

At 9:39 AM an electrical outlet near room [redacted] was missing the internal receptacle. A faceplate with two holes partially covered the opening was screwed over the outlet hole which allows opening to the electrical internal wiring.

At 10:49 AM, 3 ceiling tiles located in the 1st floor nursing area were stained brown from water damage and 1 tile showed a black, circular shaped stain appearing to have areas of molding.

Repeated Violation: [redacted]

Plan of Correction

Accept [redacted] 09/11/2025)

Maintenance Director replaced outlet and ceiling tiles during survey (see attached).

Maintenance Director or designee will complete monthly building audits from 9/25-12/25 to ensure compliance with 88a. The Administrator will re-educate employees by 9/ 20/25 to report items in need of repair to the front desk, so a work order can be completed (see attached).

After completing a full assessment, a leak was identified above the nursing station and was fix by Maintenance Director on 8/12/2025. Maintenance will continue monthly audits.

144d Smoking outside (continued)

the residence's designated smoking area. The residence's designated smoking area is outside in the fenced in area.

Repeat Violation: [REDACTED] and [REDACTED] et al

Plan of Correction

Directed ([REDACTED] 09/11/2025)

Resident was re educated by the administrator on 8/8/2025 on the appropriate smoking area. Team members will be re educated no later than 9/6/25 by administrator to check apartment for signs of smoking. If smoking is noted, ask resident to extinguish. Re educate on smoking policy and notify administrator (see attached).

Administrator spoke with residents who agreed to using nicotine patch, awaiting physician order requested on 9/4/2025. If repeated after patch application resident will be given a 30 day notice.

Proposed Overall Completion Date: 09/05/2025

Directed Plan of Correction: 9/11/25 [REDACTED]

Within 10 days of the receipt of the acceptable plan of correction, the administrator shall review and update the residence's rules regarding smoking/designated smoking areas (to include vapes or similar devices).

Within 15 days of the receipt of the acceptable plan of correction, the administrator shall educate all residents on the residence's current/revised residence rules regarding smoking, and the home's intention to enforce discharge as a consequence for multiple, repeated violations of the residence rules.

Within 15 days of the receipt of the acceptable plan of correction, the home shall document, in the resident's file, and keep a tracking log of residents who have been identified of violating the residence rules in relation to smoking, the action the residence took, the notification to the resident, and any communications regarding discharge for repeated violation of the rules.

Directed Completion Date: 09/26/2025

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

183e Storing Medications

9. Requirements

2800.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED], [REDACTED] for resident [REDACTED] was present in the home's medication cart. However, this medication expired [REDACTED]

Repeated Violation: [REDACTED] et al, [REDACTED]

Plan of Correction

Directed ([REDACTED] 09/11/2025)

The DON removed the expired medication on 8/7/2025. Medication was discontinued on 8/8/2025 by PCP

183e Storing Medications (continued)

The DON will re-educate nurses and med techs on checking and removing expired meds on 9/9/2025 (see attached). The DON or designee will audit med carts monthly beginning 9/25-12/25 to ensure compliance (attached).

House pharmacy notified on 9/4/2025 to perform monthly cart audits for the next 3 months. Medication Technicians will be issued disciplinary actions to hold them accountable.

Proposed Overall Completion Date: 09/05/2025

Directed Plan of Correction: 9/11/25

Within 10 days of the receipt of the acceptable plan of correction, the administrator shall obtain the services of a pharmacy to perform bi-weekly audits of medications/medication carts for a period of at least three months. Documentation of audits shall be provided to the department.

Directed Completion Date: 09/21/2025

Implemented - 11/19/2025)

187b Date/time of med admin

10. Requirements

2800.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident is prescribed, 1 tablet by mouth once daily. Resident's medication administration record does not include the initials of the staff person who administered this medication on, at 9:00 AM.

Repeat Violation: et al, and.

Plan of Correction

Directed - 09/11/2025)

The DON confirmed with resident that medication was given on 8/7/2025.

The DON re-educate nurses and med techs on signing MAR upon administration on 9/9/2025 (attached). The DON or designee will audit MARs monthly beginning 9/25-12/25 to ensure compliance (attached).

House pharmacy to perform cart audits monthly for the next 3 months.

Proposed Overall Completion Date: 09/05/2025

Directed Plan of Correction: 9/11/25

Within 10 days of the receipt of the acceptable plan of correction, the administrator shall obtain the services of a pharmacy to perform bi-weekly audits of medications/medication carts for a period of at least three months. Documentation of audits shall be provided to the department.

Directed Completion Date: 09/21/2025

Implemented - 11/19/2025)

187b Date/time of med admin *(continued)*