

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

January 13, 2026

[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 11/03/2025, 11/12/2025 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:** 05/31/1990      **Issued By:** Commonwealth of Pennsylvania, L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 98      **Waking Staff:** 74

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint, Incident      **Exit Conference Date:** 11/14/2025

**Inspection Dates and Department Representative**

11/03/2025 - On-Site: [REDACTED]  
 11/12/2025 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 103      **Residents Served:** 75

**Special Care Unit**

**In Home:** Yes      **Area:** Memory Care 3rd Floor      **Capacity:** 34      **Residents Served:** 12

**Hospice**

**Current Residents:** 7

**Number of Residents Who:**

**Receive Supplemental Security Income:** 8      **Are 60 Years of Age or Older:** 75  
**Diagnosed with Mental Illness:** 4      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 23      **Have Physical Disability:** 3

**Inspections / Reviews**

11/03/2025 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 12/13/2025

Inspections / Reviews (*continued*)

## 01/06/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/09/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 01/09/2026

## 01/08/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/09/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/16/2026

## 01/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/09/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 15b Resident abuse-superv plan

### 1. Requirements

2800.

15.b. If there is an allegation of abuse of a resident involving a residence's staff person, the residence shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

#### Description of Violation

On [REDACTED], the residence received an email reporting that 1 Med-Tech and 1 Aide handled resident [REDACTED] roughly while assisting the resident with a shower. The Med-Tech and Aide were later identified as staff persons A and B. The residence reported this incident to the Department on [REDACTED] at 11:30 AM and wrote that the staff persons involved had been suspended.

According to timecards provided by the residence, staff person A worked the overnight shift on [REDACTED], clocking out at 8:12 AM on [REDACTED], start time is not indicated. Staff person B worked from 7:10 am until 11:19 pm on [REDACTED]

The staff continued to work on the following dates:

- Staff person A worked on [REDACTED] from 3:07 PM to 7:46 AM on [REDACTED] and on [REDACTED] from 3:17 PM to 9:16 AM on [REDACTED]. Staff person A has an additional clock out time of 8:31 AM on [REDACTED] indicating staff person A also worked the overnight shift on [REDACTED].
- Staff person B worked on [REDACTED] from 7:14 AM to 7:16 PM, on [REDACTED] from 7:09 AM to 7:52 PM and on [REDACTED] from 7:11 AM to 3:31 PM.

#### Plan of Correction

Accept [REDACTED] - 01/08/2026)

On 10/28/25 staff member A was placed on a supervision plan and staff member B was placed on a supervision plan on [REDACTED]. The Administrator and DON were educated by Campus Administrator on 11/5/2025 on the requirement of sending supervision plan to DHS/AAA for approval. The Administrator or designee will immediately suspend staff persons upon receiving an abuse allegation. To ensure compliance the Campus Administrator or designee will check 24 hour report weekly beginning 11/3/2025-2/3/2026.

Licensee's Proposed Overall Completion Date: 01/16/2026

Implemented [REDACTED] - 01/13/2026)

## 24 Personal hygiene

### 2. Requirements

2800.

24. Personal Hygiene - A residence shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:

1. Bathing.
2. Oral hygiene.
3. Hair grooming and shampooing.
4. Dressing, undressing and care of clothes.
5. Shaving.
6. Nail care.
7. Foot care.
8. Skin care.

#### Description of Violation

The assessment and support plan, dated [REDACTED], for resident [REDACTED]

24 Personal hygiene (continued)

indicates the resident requires assistance with toileting, bowel and bladder management, and personal hygiene. As of [REDACTED], the resident has not been showered or bathed since their arrival on [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/08/2026)

Resident [REDACTED] received a shower by PCA [REDACTED] on 11/5/2025

The Administrator or designee will check with resident [REDACTED] and 4 random residents weekly beginning on 11/5/25 2/5/26 to confirm compliance with 2800.24. (Attached). The DON re educated the personal care aides on 11/6/25 on 2800.24(attached). To ensure compliance is maintained, the administrator or designee will confirm with residents at the monthly resident council meeting for 3 months beginning at the December meeting. (Attached)

Licensee's Proposed Overall Completion Date: 01/16/2026

Implemented [REDACTED] - 01/13/2026)

42b Abuse/Neglect

3. Requirements

2800.

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], the residence received an email reporting that 1 Med Tech and 1 Aide handled resident [REDACTED] roughly while assisting the resident with a shower. The Med Tech and Aide were later identified as staff persons A and B.

In an interview with resident [REDACTED] it was stated that staff person A and B offered to shower the resident. The resident agreed but stated a medical condition prevents the resident from standing without shoes on. Staff stated, "that's not how we do it here" and proceeded to pick up the resident and drag the resident to the bathroom against the resident's objections. This caused the resident physical pain to the point that the resident yelled out.

During the interview the resident was very concerned about staff getting in trouble because the resident has been told by other residents that staff retaliate against complaints and even stated the resident didn't want the incident reported because it "comes back on me". This fear of retribution resulted in mental anguish to the resident.

Plan of Correction

Accept [REDACTED] - 01/06/2026)

Staff member A and B were terminated on [REDACTED] (attached). The Administrator will educate the staff by 12/19/25 on 42b and no retaliation against residents who complain or report abuse ( attached).

The Administrator or designee will reiterate that retaliation will not be tolerated and should be reported immediately to the Administrator or DON at the resident council meetings for three months beginning 12/25 (attached).

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented [REDACTED] 01/13/2026)

54a Direct care staff quals

4. Requirements

2800.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

54a Direct care staff quals (continued)

- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.
- 4. Be able to communicate in a mode or manner understood by the resident. Strategies that promote interactive communication on the part of direct care staff and individual residents shall be developed in accordance with the resident’s final support plan under § 2800.227(e) (relating to development of the final support plan).

**Description of Violation**

Direct care staff person B, 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] - 01/06/2026)

Direct staff person B was placed on a supervision plan on [REDACTED], and a full suspension on [REDACTED]. Staff person B was terminated on [REDACTED] (attached). Add the training from 15a.

The Administrator re-educated the DON on 11/5/25 on 2800.54a (attached).

The Administrator or designee will complete an audit of direct care personnel files by 12/26/2025 to ensure compliance (attached) Any non-compliant direct care staff person will be removed from the schedule until the requirements of 54a is confirmed. Beginning 11/5/25, The Administrator or HR designee will ensure compliance with 2800.54a prior to the first workday.

Licensee's Proposed Overall Completion Date: 12/26/2025

Implemented [REDACTED] - 01/13/2026)

65h 16 hrs annual training

**5. Requirements**

2800.

65.h. Direct care staff persons shall have at least 16 hours of annual training relating to their job duties. The training required in § 2800.69 (relating to additional dementia-specific training) shall be in addition to the 16 hour annual training.

**Description of Violation**

Direct care staff person B received only 11.50 hours of annual training relating to [REDACTED] job duties during training year 2024.

Repeat Violation: [REDACTED], et. al.

**Plan of Correction**

Accept [REDACTED] - 01/06/2026)

Direct care staff person b was placed on full suspension on [REDACTED] and terminated on [REDACTED] (attach). The administrator re-educated the DON on 11/5/25 on 2800.65h (attached). The DON or designee will complete an audit of DCS training by 12/26/25(attach). Non-compliant DCS will be removed from the schedule and compliance must be obtained by 12/31/25. Failure to comply will result in termination. To ensure compliance is maintained, beginning 1/2026 the DON or designee will monitor the attached annual training record (attach).

Licensee's Proposed Overall Completion Date: 12/26/2025

Implemented [REDACTED] - 01/13/2026)

65i Training topics

6. Requirements

2800.

65.i. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia, cognitive and neurological impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Assisted living service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the residence.

Description of Violation

Direct care staff person A did not receive training in medication self-administration training, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the residence during the 2024 training year.

Direct care staff person B did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, assisted living service needs of the resident, safe management techniques, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the residence during the 2024 training year.

Repeat Violation: [redacted] et. al.

Plan of Correction

Accept [redacted] - 01/06/2026)

Direct staff person B was placed on a supervision plan on [redacted], and a full suspension on [redacted]. Staff person B was terminated on [redacted] (attached). Add the training from 15a.

The Administrator re-educated the DON on 11/5/25 on 2800.54a (attached).

The Administrator or designee will complete an audit of direct care personnel files by 12/26/2025 to ensure compliance (attached) Any non-compliant direct care staff person will be removed from the schedule until the requirements of 54a is confirmed. Beginning 11/5/25, The Administrator or HR designee will ensure compliance with 2800.54a prior to the first workday.

Licensee's Proposed Overall Completion Date: 12/26/2025

Implemented [redacted] - 01/13/2026)

65j Annual training content

7. Requirements

2800.

65.j. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

65j Annual training content (continued)

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

**Description of Violation**

*Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights during the 2024 training year.*

*Staff person B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert., emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, and Falls and accident prevention during the 2024 training year.*

*Repeat Violation: [REDACTED] et. al.*

**Plan of Correction**

**Accepted [REDACTED] - 01/06/2026)**

*Direct staff person B was placed on a supervision plan on [REDACTED] and a full suspension on [REDACTED]. Staff person B was terminated on [REDACTED] (attached). Add the training from 15a.*

*The Administrator re-educated the DON on 11/5/25 on 2800.54a (attached).*

*The Administrator or designee will complete an audit of direct care personnel files by 12/26/2025 to ensure compliance (attached) Any non-compliant direct care staff person will be removed from the schedule until the requirements of 54a is confirmed. Beginning 11/5/25, The Administrator or HR designee will ensure compliance with 2800.54a prior to the first workday.*

**Licensee's Proposed Overall Completion Date: 12/26/2025**

**Implemented [REDACTED] - 01/13/2026)**

141a Medical evaluation

**8. 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.

141a Medical evaluation (continued)

- 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 [REDACTED], dated [REDACTED], does not include a medical diagnosis including physical or mental disabilities of the resident, if any, medical information pertinent to diagnosis and treatment in case of an emergency, immunization history regarding Td/Tdap Date and Type, 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 [REDACTED] test has not been administered, the test shall be administered within 15 days after admission, and a determination that the resident's needs can be met safely at the Assisted Living Residence. These areas of the form are blank.

Plan of Correction

Accept [REDACTED] - 01/08/2026)

Resident [REDACTED] DME was updated on 11/18/2025 by 12/26/25 to ensure compliance with 141a (attached). Beginning 11/6/2025 (Attached) The Administrator re-educated the DON on 11/5/25 on 2800.141a (attached). The DON or designee will audit DM/2025-2/6/2025, the administrator or designee will review new DMEs to ensure compliance with 2800.141a ( attached).

Licensee's Proposed Overall Completion Date: 01/16/2026

Implemented [REDACTED] - 01/13/2026)

185a Storage procedures

9. Requirements

- 2800.
- 185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On [REDACTED], at 9:45 am, medications from a medication delivery were observed unlocked and unattended inside the Medical Director's Office. The Medical Director's office is accessible through the Wellness Center which was also open and unattended from an unrestricted hallway.

Plan of Correction

Accept [REDACTED] - 01/08/2026)

The doors were immediately locked by administrator. The administrator re-educated the DON and nurses on 11/5/25 on 2800.185a (attached). To ensure compliance is maintained, beginning 11/6/25 until 2/6/25, the DON or designee will ensure the doors are locked 2 times per day, 3 days per week (attached).

Licensee's Proposed Overall Completion Date: 01/16/2026

Implemented [REDACTED] 01/13/2026)

236a Staff training

10. Requirements

236a Staff training (continued)

2800.

236.a. Each direct care staff person working in a special care unit for residents with Alzheimer’s disease or dementia shall have 8 hours of initial training within the first 30 days of the date of hire and a minimum of 8 hours of annual training related to dementia care and services, in addition to the 16 hours of annual training specified in § 2800.65 (relating to staff orientation and direct care staff person training and orientation).

Description of Violation

Direct care staff person A, who works in the special care unit had only 5.75 hours of training related to dementia care during the 2024 training year.

Direct care staff person B, who works in the special care unit had only 2.50 hours of training related to dementia care during the 2024 training year.

Repeat Violation: [redacted] et. al.

Plan of Correction

Accept [redacted] 01/06/2026)

Direct care staff person b was placed on full suspension on [redacted] and terminated on [redacted] (attach). The administrator re-educated the DON on 11/5/25 on 2800.65h (attached). The DON or designee will complete an audit of DCS training by 12/26/25(attach). Non-compliant DCS will be removed from the schedule and compliance must be obtained by 12/31/25. Failure to comply will result in termination. To ensure compliance is maintained, beginning 1/2026 the DON or designee will monitor the attached annual training record (attach).

Licensee's Proposed Overall Completion Date: 12/26/2025

Implemented [redacted] 01/13/2026)

236b Training topics

11. Requirements

2800.

236.b. The training for each direct care staff person working in a special care unit for residents with Alzheimer’s disease or dementia at a minimum must include the following topics:

1. An overview of Alzheimer’s disease and related dementias.
2. Managing challenging behaviors.
3. Effective communications.
4. Assistance with ADLs.
5. Creating a safe environment.

Description of Violation

Direct care staff persons A and B, who work in the special care unit did not complete training in the following topics; effective communications, creating a safe environment during the 2024 training year.

Repeat Violation: [redacted], et. al.

Plan of Correction

Accept [redacted] - 01/06/2026)

Direct care staff person b was placed on full suspension on [redacted] and terminated on [redacted] (attach). The administrator re-educated the DON on 11/5/25 on 2800.65h (attached). The DON or designee will complete an audit of DCS training by 12/26/25(attach). Non-compliant DCS will be removed from the schedule and compliance must be obtained by 12/31/25. Failure to comply will result in termination. To ensure compliance is maintained, beginning 1/2026 the DON or designee will monitor the attached annual training record (attach).

Licensee's Proposed Overall Completion Date: 12/26/2025

236b Training topics (*continued*)

*Implemented* [REDACTED] - 01/13/2026)