

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

June 8, 2026

[REDACTED], ADMINISTRATOR
WYNDMOOR ASSISTED LIVING COMPANY LLC
551 EAST EVERGREEN AVENUE
WYNDMOOR, PA, 19038

RE: SPRINGFIELD SENIOR LIVING
COMMUNITY
551 EAST EVERGREEN AVENUE
WYNDMOOR, PA, 19038
LICENSE/COC#: 14484

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/18/2026, 02/19/2026 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: 551 EAST EVERGREEN AVENUE, WYNDMOOR, PA, 19038
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 05/31/1990 **Issued By:** Commonwealth of Pa L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 71 **Waking Staff:** 53

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 02/19/2026

Inspection Dates and Department Representative

02/18/2026 - On-Site: [REDACTED]
 02/19/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Special Care Unit

In Residence: Yes **Area:** 3rd floor Memory Care **Capacity:** 34 **Residents Served:** 19

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 48
Diagnosed with Mental Illness: 5 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 23 **Have Physical Disability:** 3

Inspections / Reviews

02/18/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/27/2026

04/02/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/26/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/06/2026

Inspections / Reviews *(continued)*

04/08/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/26/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/26/2026

06/08/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/26/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c Incident reporting

1. 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], resident #1 was sent to the hospital for [REDACTED]. The residence did not report this incident to the Department.

Repeat Violation 06/09/25.

Plan of Correction

Accept [REDACTED] - 04/08/2026

A reportable for resident #1 was sent to the Department on 3/26/2026 (see attached).

The Executive Director will re-educate the DON and wellness team on 4/3/2026 (attached). To ensure compliance is maintained the Executive Director or designee will review 24 hour report daily beginning on 4/3/2026 (3months).

Results will be discussed at the QMP meeting held on 7/15/2026.

By 4/15/26, the DON will complete an audit of resident diagnosis who were sent to the hospital. A reportable will be completed and submitted to the Department for any resident who is non-compliant.

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented [REDACTED] - 06/08/2026

18 Other laws, regs, ordins.

2. Requirements

2800.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Per fire safety letter dated 05/05/25. There were deficiencies noted, and one deficiency remains uncorrected: The fire doors located by rooms A101 and B302 do not close and latch without assistance.

Plan of Correction

Accept [REDACTED] - 04/08/2026

The fire doors will be repaired 4/3/2026 (attach) The Executive Director re-educate the maintenance team on the importance of ensuring the fire deficiencies are repaired promptly on 3/25/2026 (attach) To ensure compliance is maintained the maintenance Director or designee will check community fire doors weekly beginning 4/6/2026 for 3 months.

Licensee's Proposed Overall Completion Date: 04/26/2026

Implemented [REDACTED] - 06/08/2026

20b7 No POA/Guardianship

3. Requirements

2800.

20.b. If the residence provides assistance with financial management or holds resident funds, the following requirements apply:

7. The legal entity, administrator and staff persons of the residence are prohibited from being assigned power of attorney or guardianship of a resident or a resident's estate.

Description of Violation

Staff person A, who works for the residence as [REDACTED], is Power of Attorney of resident #1 and executor their estate.

Plan of Correction

Accept ([REDACTED] - 04/08/2026)

The executive Director re-educated team members on 2800.20b on 3/23/2026 (Attach)The executive Director completed an audit of resident POA paperwork on 3/25/2026 to ensure compliance(attach) To ensure compliance is maintained, beginning 4/3/2026 the executive Director will review resident POA paperwork when received for 3 months.

Licensee's Proposed Overall Completion Date: 04/26/2026

Implemented ([REDACTED] - 06/08/2026)

23a ADL assistance

4. Requirements

2800.

23.a. A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan dated [REDACTED] for resident #2, indicates the resident requires assistance with bladder management. On 02/19/26, the resident did not receive this assistance as required. On 02/19/26, at approximately 9:00 am, resident #2 smelled of urine.

Plan of Correction

Accept ([REDACTED] - 04/08/2026)

Resident #2 was bathe immediately on 2/19/26. The DON reviewed assessment and support plan with wellness team on 2/23/2026 (Attach) Beginning 4/3/2026 The DON or designee will check 10 residents weekly to ensure resident support plan and assessment are followed for 3 months(attach) During April's resident council and for the next 6 months residents will be asked at resident council if they are receiving the assistance they need. Also, Beginning 4/6 until 10/6 that you will speak and document with 5 residents weekly to confirm they are receiving the assistance they need (attach)

Licensee's Proposed Overall Completion Date: 04/26/2026

Implemented ([REDACTED] - 06/08/2026)

26a Quality management plan

5. Requirements

2800.

26.a. The residence shall establish and implement a quality management plan.

26a Quality management plan (continued)

Description of Violation

The residence did not establish a quality management plan.

Plan of Correction

Accept () - 04/02/2026

A quality management plan has been established on 3/20/26 by the executive director(attached) The plan was reviewed with team members on 3/23/2026 (Attach). The quality management plan will be reviewed and updated annually

Licensee's Proposed Overall Completion Date: 03/27/2026

Implemented () - 06/08/2026

42b Abuse/Neglect

6. 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

Resident #1 was admitted to the home on [REDACTED]. The resident was seen by a wound care specialist right after admission. Resident #1 was seen for three wounds in three different locations [REDACTED]. The resident's last visit with the wound specialist was on [REDACTED] and [REDACTED] was not discharged. On [REDACTED], resident #1's primary physician referred [REDACTED] to a wound care specialist for follow-up since the wound worsened. Resident #1 was seen by a wound specialist on [REDACTED] for two wounds: [REDACTED]. On [REDACTED], the physician wrote a new script for wound care treatment; the home failed to follow up on the treatment. On [REDACTED], resident #1 went to staff person B and complained of [REDACTED] problem. Per nurses' notes, resident #1's [REDACTED] wound care was completed, and [REDACTED] was to consult a wound care specialist. On [REDACTED] resident #1 was sent to the hospital [REDACTED] and was admitted to [REDACTED] Hospital with a diagnosis of [REDACTED] wound. The resident was discharged from the hospital on [REDACTED] on Hospice. On [REDACTED] resident #1 passed away.

Repeat Violation 11/03/2025 et al

Plan of Correction

Accept () - 04/08/2026

Wound treatment was completed per MD orders dated [REDACTED] (attached) Resident #1 refused to go to the hospital on [REDACTED]. On 3/20/2026 The executive Director re-educated team members on 42b (attached) The wound doctor is on weekly rotation for Springfield to assess all wound. Beginning 3/22 the nursing Director or designee will assess and document on wounds weekly for 6 months (9/22). Any noncompliant resident will receive a 30 day notice

Licensee's Proposed Overall Completion Date: 04/07/2026

Implemented () - 06/08/2026

65h 16 hrs annual training

7. 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.

65h 16 hrs annual training (continued)

Description of Violation

Direct care staff person C received only one hour of annual training relating to [REDACTED] job duties during training year 2025.

Repeat Violation 01/22/25 et.al., 11/03/25 et al

Plan of Correction

Accept ([REDACTED] - 04/02/2026)

Staff person C received additional training by the executive Director on 3/23/2026 (attached) The executive Director completed a 2025 training audit on 3/18/2026 (attached) Direct care staff who are non compliant will have training completed by 4/15/26 (attach). Beginning 4/15, To maintain future compliance, the executive Director will monitor the team member training log monthly(attach).

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented ([REDACTED] - 06/08/2026)

65i Training topics

8. 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 C 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, care for residents with dementia, cognitive and neurological impairments, 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, care for residents with mental illness or an intellectual disability, or both, if the population is served in the residence during the training year 2025.

Direct care staff person D did not receive training in medication self administration training, assisted living service needs of the resident during the training year 2025.

Repeat Violation 01/22/25 et.al., 11/03/25 et al

65i Training topics (continued)

Plan of Correction

Accept (█ - 04/02/2026)

Staff person C received additional training by the executive Director on 3/23/2026 (attached) The executive Director completed a 2025 training audit on 3/18/2026 (attached) Direct care staff who are non-compliant will have training completed by 4/15/26 (attach).
Beginning 4/15, To maintain future compliance, the executive Director will monitor the team member training log monthly(attach).

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented (█ - 06/08/2026)

65j Annual training content

9. 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:

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 C did not receive training in resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708), Falls and accident prevention during training year 2025.

Repeat violation 01/22/25 et.al, 11/03/25 et al

Plan of Correction

Accept (█ - 04/02/2026)

Staff person C received additional training by the executive Director on 3/23/2026 (attached) The executive Director completed a 2025 training audit on 3/18/2026 (attached) Direct care staff who are non-compliant will have training completed by 4/15/26 (attach).
Beginning 4/15, To maintain future compliance, the executive Director will monitor the team member training log monthly(attach)

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented (█ - 06/08/2026)

69 Dementia training

10. Requirements

2800.

69 Dementia training (continued)

69. Additional Dementia-Specific Training - Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

Description of Violation

Staff person C, date of hire [redacted] received only zero hours of dementia-specific training relating during training year 2025.

Plan of Correction

Accept ([redacted] - 04/02/2026)

Staff person C received additional training by the executive Director on 3/23/2026 (attached) The executive Director completed a 2025 training audit on 3/18/2026 (attached) Direct care staff who are non-compliant will have training completed by 4/15/26 (attach).

Beginning 4/15, To maintain future compliance, the executive Director will monitor the team member training log monthly(attach).

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented ([redacted] - 06/08/2026)

85a Sanitary conditions

11. Requirements

2800.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 02/18/26, at approximately 11:00 am, the floor in the bathroom of room B-318, was sticky and had a strong odor of urine.

Plan of Correction

Accept ([redacted] - 04/08/2026)

The housekeeper immediately cleaned the bathroom floor during survey (attach). The executive Director will re-educate the wellness team to notify housekeeping immediately if floors are in need of mopping or apartment has a urine odor(attach). To ensure compliance beginning 4/15/2026 Until 7/15/2026 The administrator or designee will check 10 apartments weekly (attach)

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented ([redacted] - 06/08/2026)

86b Bathroom ventilation

12. Requirements

2800.
86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom in rooms #B-117 and #B-312, does not have an operable window or ventilation fan. The ventilation fan is inoperable.

Plan of Correction

Accept ([redacted] - 04/08/2026)

The maintenance Director repaired ventilation fan on 3/23/2026 (Attach). The Executive Director will remind

86b Bathroom ventilation (continued)

residents at next resident council meeting on 4/16/2026 to notify front desk if the bathroom fan is not working (attach) To ensure compliance beginning 4/15/2026 the maintenance assistant will check occupied apartments monthly for 3 months to ensure fan is operable

Licensee's Proposed Overall Completion Date: 04/16/2026

Implemented () - 06/08/2026

88a Floors, walls, ceilings, windows, doors

13. 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 center stairwell connected to the SDCU had several cracks in the wall and ceiling.

Plan of Correction

Accept () - 04/08/2026

The maintenance Director repaired stairwell wall on 3/20/2026 (Attach) The Executive Director will remind residents-educate team members to report cracks in walls/ceilings on 4/3/2026 (attach) To ensure compliance beginning 4/15/2026 The maintenance assistant will check stairwells and ceilings for cracks for 3 months (attach)

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented () - 06/08/2026

91 Telephone Numbers

14. Requirements

2800.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire Department on or by the telephone in room #C-220.

Plan of Correction

Accept () - 04/08/2026

The emergency numbers were immediately placed in c220 during survey. The executive Director will re-educate team members on 2800.91 on 4/03/2026 (Attach) The executive Director will complete apartment audits monthly beginning 4/15/2026 for 3 months to ensure compliance with 2800.91(attach)

Licensee's Proposed Overall Completion Date: 04/15/2026

Implemented () - 06/08/2026

92 Windows/screens

15. Requirements

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 02/18/26, at approximately 11:00 am, there was no screen in the window in room #B-318. The window screen was lying against the wall.

Repeat Violation 06/09/25

Plan of Correction

Accept () - 04/08/2026

The maintenance assistant immediately placed screen in window on 2/18/26. The executive Director will re-educate team members on 2800.92 on 3/20/2026 and to report to front desk if screen is not present so a work order can be completed. Beginning 4/3/2026 And for 3 months the maintenance assistant will complete a monthly audit of windows to ensure screens are present (attach

Licensee's Proposed Overall Completion Date: 04/07/2026

Implemented () - 06/08/2026

95 Furniture & Equipment

16. Requirements

2800.

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

Description of Violation

On 02/18/26, at approximately 10:00 am, the elevator on B wing was out of order. The home does not have an estimated date when the elevator will be fixed. The home served 48 residents, and the dining area is located on the first floor.

On 02/18/26, at approximately 10:30 am, the sink in the bathroom of room #B-107, was draining slowly. The facility added Drano, however it was still draining slowly. In addition to the sink, the toilet leaks after flushing.

The lock on the door of room #A-208 is not working properly, when the door closes it locks and resident () has a difficult time exiting the room.

Plan of Correction

Accept () - 04/02/2026

Pincus Elevator is awaiting a part(attached).

Residents have access to 2 additional elevators. The maintenance Director contacted Pincus for an update on 3/20/2026

The maintenance Director cleared b 107 drain on and repaired toilet 2/23/2026(attached).

The maintenance Director repaired the lock on A208 on 2/23/2026 (attached).

The executive Director re-educated the team on the importance of reporting maintenance items to the front desk so that a work order can be created and repairs are completed in a timely manner.

To ensure compliance is maintained the executive Director will ask residents at resident council if they have any maintenance issues such as clogged drains or leaking toilets. The residents will be reminded to notify front desk

95 Furniture & Equipment (continued)

when they have issues during resident council. Beginning 4/6/2026 The maintenance assistant will check 10 bathrooms per week for 3 months.

Licensee's Proposed Overall Completion Date: 07/06/2026

Implemented ([redacted]) - 06/08/2026)

101j7 Lighting/operable lamp

17. 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 #4 does not have access to a source of light that can be turned on/off at bedside.

Repeat Violation 06/09/25, 03/31/25, 03/24/25, 02/24/25, 01/22/25 et.al

Plan of Correction

Accept ([redacted]) - 04/08/2026)

The maintenance assistant placed a light in resident #4 apartment on 2/18/2026 the Executive Director will re educate the staff on the importance of ensuring each resident as a light near the bedside and to notify front desk to complete work order if not present (attach). The executive Director will complete apartment audits beginning 4/3/2026 for 3 months to ensure compliance (attach)

Licensee's Proposed Overall Completion Date: 04/07/2026

Implemented ([redacted]) - 06/08/2026)

107b Emergency procedures

18. Requirements

2800.

107.b. The residence shall have written emergency procedures that include the following:

- 1. Contact information for each resident's designated person.
- 2. The residence's plan to provide the emergency medical information for each resident that ensures confidentiality.
- 3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- 4. Means of transportation in the event that relocation is required.
- 5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- 6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation

The residence's written emergency procedures do not include contact information for each resident's designated person, the residence's plan to provide the emergency medical information for each resident that ensures confidentiality, contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents., means of transportation in the event that relocation is required, duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs., alternate means of meeting resident needs in the event of a utility outage .

107b Emergency procedures (continued)

Plan of Correction

Accept (█) - 04/02/2026

The Executive Director reviewed the emergency procedures with team members on 3/20/2026 (attach)and will submit to the local management agency on 4/3/2026 (attach). To ensure compliance, the management team has created a task reminder to complete annually (attached)

Licensee's Proposed Overall Completion Date: 04/03/2026

Implemented (█) - 06/08/2026

107c Food/water – 3 day supply

19. Requirements

2800.

107.c. The residence shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 02/18/26, the residence served 48 residents, requiring 144 gallons of emergency drinking water. However, the residence had only 108 gallons. The residence does not have a contract with a local bottled water supplier that includes emergency water.

Plan of Correction

Accept (█) - 04/08/2026

Additional water was ordered on 2/18/2026 (attach). On 4/3/2026 The Executive Director will re-educate the dining Director and supervisors on 107c.(attached). To ensure compliance is maintained the executive Director or designee will audit supply monthly beginning 4/3/2026 for 6 months (attached).

Licensee's Proposed Overall Completion Date: 04/07/2026

Implemented (█) - 06/08/2026

107d Procedure EMA submission

20. Requirements

2800.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The residence's written emergency procedures have not been reviewed, updated, and submitted to the local management agency since 2024.

Plan of Correction

Accept (█) - 04/02/2026

The Executive Director reviewed the emergency procedures with team members on 3/20/2026 (attach)and will submit to the local management agency on 4/1/2026 (attach). To ensure compliance, the management team has created a task reminder to complete annually (attached)

Licensee's Proposed Overall Completion Date: 04/03/2026

Implemented (█) - 06/08/2026

109b Rabies vaccination

21. Requirements

2800.

109.b. Cats and dogs present at the residence shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 02/19/26, resident #5's cat was present at the residence. The residence does not have a current certificate of rabies vaccination for the cat.

Repeat Violation 01/22/25 et al

Plan of Correction

Accept ([redacted]) - 04/02/2026

The cat received vaccination on 2/20/2026(Attached) The vaccination was late due to resident #5 credit card being expired. In the future if this issue arises, family member will be notified to remove cat from community until vaccination is updated.

The executive, nursing and marketing director have calendar reminders for future vaccinations due dates

Licensee's Proposed Overall Completion Date: 03/27/2026

Implemented ([redacted]) - 06/08/2026

141a Medical evaluation

22. 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 #6, dated [redacted], does not include that the resident's needs can be met safely at the Assisted Living Residence. This area of the form is blank.

Repeat Violation 11/03/25 et al, 04/16/25 et al, 04/04/25

Plan of Correction

Accept ([redacted]) - 04/08/2026

The nursing Director requested an updated DME on resident #6 on 2/20/2026 (attached).

The nursing Director requested an updated-educated the licensed nurses on 3/23/2026 on 2800.141a (attached).

141a Medical evaluation (continued)

The nursing Director or designee completed an audit on DME forms to ensure compliance (attached) Beginning 4/6/2026 The nursing director or designee will review all new DME forms for completion for 3 months (attached)

Licensee's Proposed Overall Completion Date: 04/07/2026

Implemented ([redacted]) - 06/08/2026

162c Menus - posted

23. Requirements

2800.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

Weekly menus were not posted in a conspicuous and public place in the residence. Menus posted in the memory care were for the week of 09/28/25 to 10/18/25.

Repeat Violation 02/24/25

Plan of Correction

Accept ([redacted]) - 04/08/2026

On 2/19, A memory care team member posted menu on the 2/20/2026 (Attach) The executive Director re-educated the memory care and dining services team on 162c on 3/23/2026 (attach) To ensure compliance is maintained the executive Director or designee will monitor weekly beginning 4/6/2026 for 3 months (attach)

Licensee's Proposed Overall Completion Date: 04/07/2026

Implemented ([redacted]) - 06/08/2026

171c Home's vehicle documents

24. Requirements

2800.

171.c. The residence shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

1. Vehicle registration.
2. Valid driver's license for vehicle operator.
3. Vehicle insurance.
4. Current inspection.
5. Commercial driver's license for vehicle operator if applicable.

Description of Violation

The home does not have a copy of vehicle insurance for its 2022 Chrysler Voyager used to transport residents.

Plan of Correction

Accept ([redacted]) - 04/02/2026

We respectfully ask to have this violation withdrawn, as The insurance card was given to surveyor on 2/18/2026 (attach).

However, if not withdrawn the following plan of correction will be implemented.

The executive and nursing director, as well as the receptionist has a task reminder to ensure the vehicle insurance is renewed and updated card is obtained(attach)

171c Home's vehicle documents (continued)

Licensee's Proposed Overall Completion Date: 03/27/2026

Implemented () - 06/08/2026

183d Current medications

25. Requirements

2800.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

On 02/19/26, Bisacodyl tab 5mg; take 2 tablets 10 mg by mouth twice daily prescribed for resident #3, was in the residence's medication cart; however, the medication was discontinued on 12/11/2025.

Plan of Correction

Directed () - 04/08/2026

The executive Director immediately removed the medication on 2/19/26.

On 3/20/2026 The nursing Director re educated med techs and nurses on 183d (attach).

The nursing Director and licensed nurses completed a medication cart audit on 2/23/2026 to ensure compliance with 183d (attached).

The nursing Director or designee will complete monthly cart audits 3/22 9/22 to ensure compliance is maintained (attach).

Proposed Overall Completion Date: 04/07/2026

Directed

In addition to the above plan of correction: nursing director or designee will complete monthly audits ongoing. 4/8/26

Directed Completion Date: 04/07/2026

Implemented () - 06/08/2026

185a Storage procedures

26. 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

Resident #5 is prescribed Acetaminophen Tab 325 mg and Bisacodyl Tab 5mg as needed. On 02/19/26, these medications were not available in the residence.

Plan of Correction

Accept () - 04/08/2026

On 3/20/2026 The nursing Director re educated med techs and nurses on 183d (attach).

The nursing Director and licensed nurses completed a medication cart audit on 2/23/2026 to ensure compliance with 183d (attached).

The nursing Director or designee will complete monthly cart audits starting 3/22 9/22 to ensure compliance is

185a Storage procedures (continued)

maintained (attach).

Licensee's Proposed Overall Completion Date: 04/07/2026

Implemented (█) - 06/08/2026)

187b Date/time of med admin

27. 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 #5 is prescribed blood sugar check at 12:00 pm and 9:00 pm. Resident #5's February 2025 medication administration record does not include the initials of the staff person who administered blood sugar checks on 02/08/26, 02/09/26 and 02/12/26, at 9:00 pm.

Repeat Violation 08/07/25

Plan of Correction

Accept (█) - 04/08/2026)

On 2/20/2026 The nursing Director confirmed who administered the blood sugar checks insulin on 2/8,2/9 and 2/12 and a progress note was added to residents chart(attach) On 3/20/2026 The nursing Director re-educated the medication technicians and nurses on 187b(attach) To ensure compliance is maintained, beginning 4/6/2026 the nursing Director or designee will complete weekly MAR audits for 3 months (attach)

Licensee's Proposed Overall Completion Date: 04/07/2026

Implemented (█) - 06/08/2026)

187d Follow prescriber's orders

28. Requirements

2800.

187.d. The residence shall follow the directions of the prescriber.

Description of Violation

Resident #5 is prescribed Carvedilol 12.5 mg tabs; give one tab by mouth twice daily at 9:00 am and 9:00 pm. However, resident #5 was not administered Carvedilol 12.5 mg, and vitals were not recorded on 02/06/2026 at 9:00 am and on 02/02, 02/07, 02/08, 02/09, and 02/12/2026 at 9:00 pm. The medication administration record for those days were left blank.

Resident #5 is prescribed Fiasp Flex Injection 5 units subcutaneously with each meal. However, resident #5 was not administered Fiasp Flex on 02/08, 02/09, and 02/12/2026 at 5:00 pm. The medication administration record for those days were left blank.

Resident #5 is prescribed Lantus Solos Inject 100/ml 22 units subcutaneously at bedtime. However, resident #5 was not administered Lantus on 02/08, 02/09, and 02/12/2026 at 9:00 pm. The medication administration record for those days were left blank.

Repeat Violation 06/09/25

187d Follow prescriber's orders (continued)

Plan of Correction

Directed (█) - 04/08/2026)

On 2/20/2026 The nursing Director confirmed who administered the insulin on 2/8,2/9 and 2/12 and Carvedilol administered 2/2, 2/6, 2/7, 2/8 2/9, 2/12 a progress note was added to residents chart(attach) On 3/20/2026 The nursing Director re-educated the medication technicians and nurses on 187b(attach) To ensure compliance is maintained, beginning 4/6/2026 the nursing Director or designee will complete weekly MAR audits for 3 months (attach)

Proposed Overall Completion Date: 04/07/2026

Directed

In addition to the above plan of correction: nursing director or designee will conduct monthly MAR audits ongoing as well as random weekly observations of staff administering and documenting medications. █ 4/8/26

Directed Completion Date: 04/07/2026

Implemented (█) - 06/08/2026)

188b Medication error reporting

29. Requirements

2800.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #5 is prescribed Carvedilol 12.5 mg tabs; give one tab by mouth twice daily at 9:00 am and 9:00 pm. However, resident #5 was not administered Carvedilol 12.5 mg on 02/06/26 at 9:00 am and on 02/02, 02/07, 02/08, 02/09, and 02/12/2026 at 9:00 pm. The medication error was not reported to the prescriber.

Resident #5 is prescribed Fiasp Flex Injection and should receive 5 units subcutaneously with each meal. However, resident #5 was not administered Fiasp Flex on 02/08, 02/09, and 02/12/2026 at 5:00 pm. The medication error was not reported to the prescriber.

Resident #5 is prescribed Lantus Solos Inject 100/ml and should receive 22 units subcutaneously at bedtime. However, resident #5 was not administered Lantus on 02/08, 02/09, and 02/12/2026 at 9:00 pm. The medication error was not reported to the prescriber.

Plan of Correction

Accept (█) - 04/08/2026)

On 2/20/2026 the nursing Director confirmed with nurse and resident that medication was given. On 3/27/2026 The nursing Director re-educated the nurses on 188b (attach).

188b Medication error reporting (continued)

To ensure compliance is maintained, the nursing Director or designee will complete weekly MAR audits beginning 4/6/2026 for 3 months. Any discrepancy will be reported per 188b. (attach)

Licensee's Proposed Overall Completion Date: 04/07/2026

Implemented () - 06/08/2026

190b Insulin injections

30. Requirements

2800.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On 02/15/26, at 12:00 pm, staff person D, who has not completed a department approved diabetes patient education program within the past 12 months, administered insulin to () resident # 2.

On 02/04/25 and 02/05/25, at 2:00 pm and 9:00 pm, staff person E, who has not completed a department approved diabetes patient education program within the past 12 months, administered insulin to resident # 2.

Plan of Correction

Directed () - 04/08/2026

The executive Director provided staff members Insulin certificate to surveyor during inspection(see attached)

The nursing and executive Director has a calendar reminder scheduled with due dates for insulin training (attached)

Proposed Overall Completion Date: 04/07/2026

Directed

Immediately The executive director or designee will review all staff person training records to ensure all staff persons administering medications are qualified to administer medications in accordance with regulation 2600.190(a) and the documentation is present in the staff person's record. Documentation of the review and findings will kept for Department review. () 4/8/26

Directed Completion Date: 04/07/2026

Implemented () - 06/08/2026

225a2 Assessment – significant change

31. Requirements

2800.

225a2 Assessment – significant change (continued)

225.a.2. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department’s assessment form. Additional written assessments shall be completed as follows: If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

On 02/16/26, resident #5's medical evaluation states that the resident needs a wheelchair to ambulate; also, resident #5 sustained a wound that requires a wound specialist. Resident #5's assessment, dated [REDACTED] does not include an accurate description of ambulation and the need for a wound specialist, as it describes the resident as independent. An additional written assessment was not completed.

Plan of Correction

Accept ([REDACTED] - 04/08/2026)

The nursing Director updated resident #5 assessment on 2/20/2026(attached).

On 3/23/2026 The nursing Director re-educated the nurses on 225a2 (attach) on 4/6/2026 the Nursing Director will complete assessment audit and will monitor monthly for the next 3 months(attached).

Beginning 4/6/2026 and for 3 months The nursing Director or designee will review 24 hour report weekly to monitor for significant changes (attach)

Licensee's Proposed Overall Completion Date: 04/07/2026

Implemented ([REDACTED] - 06/08/2026)

227d Support plan – med/dental

32. Requirements

2800.

227.d. Each residence shall document in the resident’s final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

On [REDACTED] resident #3's physician determined that the resident needs a pureed diet. The resident's support plan, dated [REDACTED], does not address how this need will be met.

Repeat Violation 01/22/25 et al

Plan of Correction

Accept ([REDACTED] - 04/02/2026)

The nursing Director updated resident #3 RASP on 2/20/26 (attached).

The nursing director re-educated the wellness team on 227d (attach).

on 3/20/2026 The nursing Director to complete an audit to ensure compliance with 227d (attach) Beginning 4/6/2026 the nursing Director or designee will review RASPs to ensure all services provided to resident are included with a description on how services will be met

Licensee's Proposed Overall Completion Date: 04/06/2026

227d Support plan – med/dental (continued)

Implemented (█) - 06/08/2026

233c Key-locking devices

33. Requirements

2800.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the residence's locking mechanism are not conspicuously posted near the main exit in the special care unit.

Plan of Correction

Directed (█) - 04/08/2026

We respectfully ask that this violation be withdrawn.

However, if not withdrawn, the plan below will be implemented.

The code to exit the secure unit was listed and shown to surveyor on 2/20/2026 The Executive Director will re-educate the memory care team on 233c (attach) To ensure compliance is maintained beginning 4/6/2026 The executive Director or designee will complete weekly audits to ensure compliance for 3 months (attach)

Proposed Overall Completion Date: 04/07/2026

Directed

In addition to the above plan of correction: The executive director or designee will monitor the exit of the secure unit weekly to ensure the directions for operation of the keypad are conspicuously posted near the device. █ 4/8/26

Directed Completion Date: 04/07/2026

Implemented (█) - 06/08/2026

252 Records – content

34. Requirements

2800.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. A language, speech, hearing or vision need which requires accommodation or awareness of during oral or written communication.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.

252 Records – content (continued)

10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident’s medical insurance information.
17. The date of entrance into the residence, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident’s personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident’s property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the residence, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2800.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.
27. A record relating to any exception request under § 2800.229 (relating to excludable conditions; exceptions).
28. Ongoing resident progress notes.

Description of Violation

Resident #5's record does not include a photograph of the resident that is no more than 2 years old.

Plan of Correction

Accept ([REDACTED] - 04/02/2026)

The marketing director updated resident #5 picture on 2/20/2026 (Attach) The Executive Director re-educated the marketing and nursing director on 252.

The nursing Director completed an audit on 3/18/2026 to ensure compliance with 252 (attach) To maintain compliance, the executive director implemented a tickler file of due date(attach)

Licensee's Proposed Overall Completion Date: 03/27/2026

Implemented ([REDACTED] - 06/08/2026)