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

November 6, 2026

[redacted] VICE PRESIDENT OF OPERATIONS
SPRINGFIELD PCH LLC
[redacted]

RE: SPRINGFIELD CROSSINGS
463 WEST SPROUL ROAD
SPRINGFIELD, PA, 19064
LICENSE/COC#: 14651

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/16/2026, 06/17/2026 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 CROSSINGS* **License #**: *14651* **License Expiration**: *03/28/2027*

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: *I-2* **Date**: *08/27/2025* **Issued By**: *L&I*

Type: *C-2 LP* **Date**: *03/28/2002* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *85* **Waking Staff**: *64*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Incident* **Exit Conference Date**: *06/17/2026*

Inspection Dates and Department Representative

06/16/2026 - On-Site: [redacted]

06/17/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* **Residents Served**: *75*

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**: *75*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *10* **Have Physical Disability**: *0*

Inspections / Reviews

06/16/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/18/2026*

Inspections / Reviews *(continued)*

07/28/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/10/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/18/2026*

11/06/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/10/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

101j7 - Lighting/Operable Lamp

1. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 in room [redacted] does not have access to a source of light that can be turned on/off at bedside.

Repeat Violation - 05/29/2025 et al.

Plan of Correction ***Accept ([redacted] - 07/28/2026)***

The lamp was replaced at the bedside table immediately with an inspector present. Resident #1 who is alert was educated on the benefits of always having a bedside lamp accessible.

The Maintenance Director was in-serviced regarding the regulation by the Executive Director on 6/16/2026. The Maintenance Director or designee will audit 10 rooms for working bedside lamps once a week for one month and then monthly x 2 months.

The Executive Director will review audits during quarterly QAPI x2.

During the Resident Council the Executive Director will review the importance of keeping a working lamp on the bedside table x 2 months.

The Executive Director and Maintenance Director are responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented ([redacted] - 11/06/2026)

109b - Rabies Vaccination

2. Requirements

2600.
109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 06/16/2026, two cats were present at the home. The home does not have a current certificate of rabies vaccination for these two cats.

Plan of Correction ***Accept ([redacted] - 07/28/2026)***

During the inspection, the cats' responsible party was contacted immediately, who was able to get an appointment for 6/18/2026. On 6/18/2026 the cats were vaccinated.

The Life Enrichment director was in-serviced regarding regulation requiring updated vaccinations on all pets in the community by the Executive Director on 6/16/2026. The Life Enrichment Director or Designee will audit all pet vaccinations quarterly for compliance.

The Executive Director will review audits during quarterly QAPI x 2.

109b - Rabies Vaccination (continued)

The Executive Director and Life Enrichment Director are responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented ([redacted] - 11/06/2026)

131f - Fire Extinguisher Inspection

3. Requirements

2600.
131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguishers near resident room #101, 117, and 128 have not been inspected by a fire safety expert since May 2025.

Plan of Correction ***Accept ([redacted] - 07/28/2026)***

The Maintenance Director contacted Belfast fire protection service who came on site immediately and inspected all fire extinguishers on 6/16/2026.

The Maintenance Director was inserviced regarding the regulation that fire extinguishers shall be inspected and approved annually by fire safety expert by the Executive Director on 6/16/2026. The Maintenance Director or designee will audit all fire extinguishers quarterly to ensure annual inspection was completed by fire safety experts.

The Executive Director will review audits during quarterly QAPI x2.

The Executive Director and Maintenance Director are responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 11/06/2026)

132c - Fire Drill Records

4. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home's monthly fire drill records do not include the exact amount of time it took to evacuate; the evacuation time for most of the drills is documented as minutes without seconds:

- the drills for May through September 2025 (5 minutes)

- the drill for October 2025 (8 minutes)

- the drill for November 2025 (12 minutes)

- the drill for February, March, and May 2026 (9 minutes)

Plan of Correction ***Accept ([redacted] - 07/28/2026)***

The Maintenance Director was inserviced to document all fire drill time in minutes and seconds by the Executive Director on 6/17/2026. The Maintenance Director or designee will review fire drill documentation for compliance

132c - Fire Drill Records (continued)

monthly for three months.

The Executive Director will review fire drill documentation during quarterly QAPI x2.

The Executive Director and Maintenance Director are responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented ([redacted] - 11/06/2026)

183b - Meds and Syringes Locked

5. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 06/16/2026 around 10:00 AM, Preperation H cream and Ammonium lactate cream were observed in resident #2's bathroom.

Plan of Correction ***Accept ([redacted] - 07/28/2026)***

The OTC Preparation H cream and Ammonium lactate cream were removed from Resident #2's apartment and stored in a locked medication cart immediately. The Wellness Director educated Resident #2's POA on 6/17/2026 that all prescription and OTC medications brought into the home must be provided to the nursing department for review, verification of a current order, and to ensure secure storage.

Reminder notices were sent to all residents' families regarding this requirement on 7/9/2026 by the Executive Director. The Wellness Director or designee will conduct weekly audits for a month and monthly for three months of five resident apartments to ensure any medications that are stored in the apartment have a current order that states the resident may self-administer and may keep at bedside.

The Executive Director will review audits during quarterly QAPI x2.

The Wellness Director and Executive Director are responsible for ongoing compliance

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented ([redacted] - 11/06/2026)

183d - Prescription Current

6. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 06/17/2026, Ventolin HFA, a bottle of Align Dualbiotic, and Nature Made D3 for resident #3 were in the home's medication cart; however, these medications were not listed on the resident current medication list.

Plan of Correction ***Accept ([redacted] - 07/28/2026)***

The medication records for Resident #3 were reviewed, and the medications identified during the survey were

183d - Prescription Current (continued)

reconciled on 6/17/2026 with the resident's current medication orders.

Any medication without a current physician order was removed from the medication cart by the Wellness Director on 6/17/26 until appropriate documentation was obtained.

To prevent recurrence, the Wellness Director or designee will audit every new admission and readmission to ensure every medication in the medication cart has a current physician order and, when applicable, an appropriate pharmacy prescription label. All OTC medications will be clearly labeled with the resident's full name and apartment number. Routine medication cart audits will be conducted weekly for a month and monthly for three months to ensure only medications supported by current physician orders are maintained in the medication cart.

The Executive Director will review audits during quarterly QAPI x2.

The Executive Director and Wellness Director are responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented ([redacted] - 11/06/2026)

183e - Storing Medications

7. Requirements

2600.
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 06/17/2026, Lantus pen belonging to resident #4 was opened but not dated. According to the manufacturer's instructions, the pen should be discarded 28 days after opening.
An opened bottle of Latanoprost 0.005% eye drop belonging to resident #5 was kept in the home's medication refrigerator. It was opened on 04/07/2026 and according to the manufacturer's instructions, the eye drop should be discarded 4 to 6 weeks after opening.

Repeat Violation - 05/29/2025 et al.

Plan of Correction ***Accept ([redacted] - 07/28/2026)***

The undated Lantus pen and Latanoprost eye drops were removed immediately and disposed of per policy on 6/17/26 by the Wellness Director.

The Wellness Director re-educated licensed nursing staff and med techs on 6/18/2026 on the requirement to date medications that require an open date and to discard medications according to the manufacturer's instructions.

To prevent recurrence, the Wellness Director or designee will conduct weekly audits for a month and monthly for three months of medication storage areas, including refrigerated medications, to verify that opened medications are properly dated and discarded by their expiration or beyond-use date in accordance with manufacturer guidelines.

The Executive Director will review audits during quarterly QAPI x2.

183e - Storing Medications (continued)

The Wellness Director and Executive Director are responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented (- 11/06/2026)

184a - Resident's Meds Labeled

8. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

On 06/17/2026, Ventolin HFA belonging to resident #3 was observed in the medication cart without a pharmacy label. Resident #6 is prescribed Lorazepam 0.5 mg 1/2 tab once a day at bedtime and every 12 hours as needed (Q12 PRN). On 06/17/2026, the home had one blister card for Q12 PRN, from which the resident's bedtime dose had been signed out as well. The Q12 PRN blister card needed a direction change sticker.

Plan of Correction ***Accept (- 07/28/2026)***

The original container for prescription medications shall be labeled with a pharmacy label that includes the following: 1. The resident's name. 2. The name of the medication. 3. The date the prescription was issued. 4. The prescribed dosage and instructions for administration. 5. The name and title of the prescriber.

Plan of correction: The Ventolin HFA inhaler was removed from the medication cart and disposed of immediately on 6/17/26 per policy by the Wellness Director.

A change in direction sticker was immediately applied to Lorazepam blister card on 6/17/26 by the Wellness Director. The pharmacy delivered separate blister cards reflecting bedtime dosage and PRN dosage on 6/17/26.

The Wellness Director or designee will educate all med techs LPNs on 6/18/2026 on verifying that all prescription medications are maintained in their original containers with complete and current pharmacy labels, including updated direction change labels when medication orders are revised.

To prevent recurrence, the Wellness Director or designee will conduct weekly audits for a month and monthly for three months of the medication cart to ensure compliance.

The Executive Director will review audits during quarterly QAPI x2.

The Wellness Director and Executive Director are responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented (- 11/06/2026)

184b - Labeling OTC/CAM

9. Requirements

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 06/17/2026, a bottle of Align Dualbiotic and a bottle of Nature Made D3 belonging to resident #3 were in the medication cart and were not labeled with the resident's name.

Plan of Correction ***Accept ([redacted] - 07/28/2026)***

The bottles of Align Dualbiotic and Nature Made Vitamin D3 were immediately labeled with Resident #3's full name and apartment number on 6/17/26 by the Wellness Director.

The Wellness Director or designee will educate all licensed nurses and med techs on 6/18/2026 that all OTC medications and complementary and alternative medications (CAM) must be labeled with the resident's full name and apartment number before being placed in the medication cart.

To prevent recurrence, the Wellness Director or designee will conduct weekly audits for a month and monthly for three months of all OTC medications and CAM stored in the medication cart to ensure each medication is properly labeled with the resident's identifying information and maintained in compliance with regulatory requirements.

The Executive Director will review audits during quarterly QAPI x2. The Wellness Director and Executive Director are responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented ([redacted] - 11/06/2026)

185a - Implement Storage Procedures

10. Requirements

2600.
185.a. The home 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 #2 is prescribed Oxycodone 5 mg every 6 hours as needed (Q6 PRN). The dates on the descending controlled medication log for this medication for the 3rd and 4th entries were not correct. It was administered on 06/13/2026 at 11:00 PM and 06/14/2026 at 11:00 PM by staff A; however, it was documented as administered on 06/14/2026 and 06/15/2026.
Resident #6 is prescribed Lorazepam 0.5 mg 1/2 tab at bedtime and Q12 PRN. The date on the descending controlled medication log for this medication for the last entry on the left half of the page was not correct. The resident was administered this medication on 05/18/2026 at 09:00 PM by staff A; however, it was documented as administered on 05/19/2026.

Plan of Correction ***Accept ([redacted] - 07/28/2026)***

The documentation for Residents #2 's Oxycodone and Resident #6's Lorazepam were reviewed and corrected to accurately reflect the dates and times of medication administration on 6/17/26 by the Wellness Director.

The Wellness Director re-educated all med techs and LPNs on 6/18/2026 on the six rights of medication administration with an emphasis on PRN and narcotics administration and documentation, including the accurate

185a Implement Storage Procedures (continued)

completion of descending inventory logs at the time medications are administered.

To prevent recurrence, the Wellness Director or designee will conduct weekly audits for a month and monthly for three months of five resident records to verify that medication administration documentation and descending inventory logs are complete, accurate, and consistent with physician orders and medication administration records (MARs). Any discrepancies identified during audits will be addressed promptly through corrective action and additional staff education as needed.

The Executive Director will review audits during quarterly QAPI x2.

The Wellness Director and Executive Director are responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented (- 11/06/2026)

187b - Date/Time of Medication Admin.

11. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 is prescribed Oxycodone 5 mg Q6 PRN. This medication was signed out/administered on 06/14/2026 at 11:00 PM without being documented as administered on the resident's June medication administration record (MAR).

Resident #6 is prescribed Lorazepam 0.5 mg 1/2 tab daily at bedtime and Q12 PRN. The descending medication log for this medication indicates that it was signed out/administered on 05/09/2026 at 07:40 AM without being documented on the resident's May MAR and that it was documented as administered without being signed out on 05/09/2026 and 06/10/2026 at bedtime. The same resident is prescribed Diphen/Atrop 2.5 g twice daily as needed. This medication was signed out on 06/10, 06/04, 06/02, 05/29, 05/27/2026 at 09:00 PM without being documented on the resident's May and June MAR.

Resident #7 is prescribed Lorazepam 1 mg (1/2 tab Q8 PRN). This medication was signed out/administered on 06/15/2026 at 08:00 PM but the resident's June MAR was not documented as administered.

Plan of Correction ***Accept (- 07/28/2026)***

The Wellness Director re educated all med techs and LPNs on 6/18/2026 on the six rights of medication administration with an emphasis on PRN and narcotics administration and documentation, including the accurate completion of descending inventory logs at the time medications are administered.

To prevent recurrence, the DHW or designee will conduct weekly audits for one month and monthly for three months of 5 resident records to verify that medication administration documentation and descending inventory logs are completed, accurate, and consistent with physician orders and medication administration records (MARs). Any discrepancies identified during audits will be addressed promptly through corrective action and additional staff education as needed.

187b - Date/Time of Medication Admin. (continued)

The Executive Director will review audits during quarterly QAPI x2.

The Wellness Director and Executive Director are responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented (- 11/06/2026)

187d - Follow Prescriber's Orders

12. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #6 is prescribed Lorazepam 0.5 mg 1/2 tab daily at bedtime. However, the resident was not administered this medication on 05/09/2026 and 06/10/2026.

Plan of Correction ***Accept (- 07/28/2026)***

The resident medication administration record and physician orders were reviewed, and the missed dose was investigated on 6/17/26 by the Wellness Director. The prescribing provider and responsible parties were notified as appropriate, and follow-up actions were completed in accordance with facility policy on 6/17/26 by the Wellness Director.

The Wellness Director re-educated all med techs and LPNs on 6/18/2026 on the requirement to administer medications exactly as prescribed and to promptly document and report any missed, omitted, or refused doses according to facility policy.

To prevent recurrence, the Wellness Director or designee will conduct weekly audits of the controlled substance records x1 month and then monthly for three months to verify that medication administration documentation and descending inventory logs are completed, accurate, and consistent with physician orders and medication administration records (MARs).

The Executive Director will review audits during quarterly QAPI x2.

The Wellness Director and Executive Director are responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented (- 11/06/2026)

190a - Completion Medication Course

13. Requirements

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Resident #4 is prescribed Mounjaro 2.5/0.5 injection once a week. On 06/06/2026 at 08:00 PM, staff B gave the

190a - Completion Medication Course (continued)

injection to the resident when the staff could administer only oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Plan of Correction ***Accept ([redacted] - 07/28/2026)***

Although Mounjaro was originally documented in error by a med tech, it was immediately reconfirmed by the licensed nurse on 6/17/26 and administered by the LPN. The medication administration record was corrected, reflecting the licensed nurse's administration on 6/17/26 by the Wellness Director.

The Wellness Director re-educated all med techs and and LPNs on 6/18/2026 on the importance of accurate documentation and the requirement to immediately report any documentation errors to the Wellness Director.

In addition, all unlicensed medication staff (med techs) were re-educated on 6/18/2026 by the Wellness Director on their scope of practice and the medications they are authorized to administer.

To prevent recurrence, the Wellness Director or designee will conduct weekly audits x1 month, then monthly for three months of all non-insulin injection documentation to ensure injections requiring licensed nursing administration are documented accurately and administered only by a licensed nurse.

The Executive Director will review audits during quarterly QAPI x2.

The Wellness Director and Executive Director are responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented ([redacted] - 11/06/2026)

225c - Additional Assessment

14. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #7 used to utilize a bedside mobility device and resident #8 utilizes one too; however, resident #7's assessment dated [redacted] and resident #8's assessment dated [redacted] do not include:
- The specific need for the device
- The intended use and any risks associated with the use
- The resident's ability to use the device safely for the purpose it was intended
- Identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Plan of Correction ***Accept ([redacted] - 07/28/2026)***

The Resident Assessment Support Plans (RASPs) for Residents #8 was immediately updated to include the required information regarding the bedside mobility device by the Wellness Director on 6/16/2026.

225c Additional Assessment (continued)

An audit of all resident RASPs was completed by the Wellness Director on 6/18/26 to identify residents using Halo Safety Ring Devices or other bedside mobility devices and to ensure the required assessments were completed.

The Wellness Director or designee will ensure that all initial, annual, and significant change assessments include:

1. The specific need for the device.

2. The intended use of the device and any associated risks.

3. The Resident's ability to safely use the device for its intended purpose.

4. Identification of the specific device in use and whether a cover is required in accordance with FDA guidelines.

After the initial audit of all Residents by 6/18/2026, the Wellness Director or designee will review 10 Resident Charts monthly x 2 months to ensure initial, annual, and significant change RASPs are accurate prior to finalization.

The Executive Director will review audits during quarterly QAPI x2.

Executive Director and Wellness Director are responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: *08/01/2026*

Implemented ([redacted] - 11/06/2026)