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

July 28, 2026

[redacted]
WYNDMOOR ASSISTED LIVING COMPANY LLC
[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 06/18/2026 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: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *69* **Waking Staff**: *52*

Inspection Information

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

Reason: *Monitoring* **Exit Conference Date**: *06/18/2026*

Inspection Dates and Department Representative

06/18/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *103* **Residents Served**: *43*

Special Care Unit

In Residence: *Yes* **Area**: *Memory Care* **Capacity**: *34* **Residents Served**: *14*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *5*

Are 60 Years of Age or Older: *43*

Diagnosed with Mental Illness: *8*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *26*

Have Physical Disability: *2*

Inspections / Reviews

06/18/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/12/2026*

07/13/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/27/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/23/2026*

Inspections / Reviews *(continued)*

07/24/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/27/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/29/2026*

07/28/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/27/2026*

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

18 Other laws, regs, ordins.

1. 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

Pursuant to IFC Section 310.2- Prohibited areas: Smoking shall be prohibited where conditions are such as to make smoking a hazard, and in spaces where flammable or combustible materials are stored or handled.

On the following dates, citations were issued to the residence by the Springfield Township Fire Marshal/Code Enforcement Officer:

Citation 28-2026-03- 6/1/26 0930- Monday- FACILITY PERMITTED RESIDENT SMOKING WITHIN PATIENT ROOM DESPITE DESIGNATED OUTDOOR SMOKING AREA AND PRIOR WRITTEN WARNING. CAUSED ALARM ACTIVATION AND FIRE DEPT RESPONSE. 3RD OFFENSE.

Citation 28-2026-04-6/14/26- 2357- Sunday- FACILITY PERMITTED RESIDENT SMOKING WITHIN PATIENT ROOM DESPITE DESIGNATED OUTDOOR SMOKING AREA AND PRIOR CITATION. CAUSED ALARM ACTIVATION AND FIRE DEPT RESPONSE. 4TH OFFENSE.

Citation 28-2026-05- False Alarms due to smoking in residence since 1/2026:

- *1/2/26*
- *1/17/26*
- *2/1/26*
- *3/11/26*
- *5/13/26*
- *6/1/26*
- *6/14/26*

The residence is not in compliance with state and local laws.

Plan of Correction ***Directed [redacted] - 07/13/2026)***

Resident [redacted] was given 30 day notice on June 3, 2026,4/18/2025,1/29/2025 and 10/14/2024. The Home continues to search for an alternative living arrangement. Family is discussing alternative option of taking [redacted] home as well. However, homes are declining due to violation of home rules of smoking in [redacted] apartment. The Maintenance Director added 2 additional smoke alarms in [redacted] apartment on 6/14/2026. The Administrator re-educated the team on 6/25/2026 If resident is observed smoking, ask [redacted] to extinguish and notify the DON or ED .

Directed Plan of Correction [redacted] 7/13/26):

In addition to the steps submitted in the Plan of Correction, the administrator will immediately implement the following steps:

1. The home will provide 30-minute checks, around the clock, on resident [redacted] until the resident is relocated, starting immediately.

2. To provide safety to other residents of the home, if the resident continues to smoke in the room, the administrator will develop a non-smoking contract and note this intensive supervision need on the RASP and maintain all of the resident's smoking paraphernalia with the receptionist with providing the resident with the smoking paraphernalia

18 Other laws, regs, ordins. (continued)

upon their request.
3. The Director of Nursing will update the resident's RASP to include the residents need for intensive 1:1 supervision during breaks to smoke and 30 minute checks, around the clock, within the next 5 days.
3. The administrator will schedule a 1:1 for the resident on all smoking breaks, starting immediately.

Proposed Overall Completion Date: 07/12/2026

Directed Completion Date: *07/17/2026*

Implemented [redacted] - 07/24/2026)

64a Initial admin training

2. Requirements

2800.
64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:
1. An orientation program approved and administered by the Department.
2. A 100-hour standardized Department-approved administrator training course. The training provided for in § 2800.69 (relating to additional dementia-specific training) shall be in addition to the 100-hour training course.
3. A Department-approved competency-based training test with a passing score.

Description of Violation

Staff Person A, the Administrator, has not successfully completed an orientation program approved and administered by the Department.

Plan of Correction ***Directed [redacted] 07/13/2026)***

After receiving call from DHS supervisor .the Administrator Consultant re educated campus administrator. The Campus Administrator will ensure compliance with 64a prior to hiring an administrator.

Proposed Overall Completion Date: 07/12/2026

Directed Plan of Correction ([redacted] 7/13/26):
In addition to the steps noted in the submitted Plan of Correction, the administrator will implement the following additional steps:
1. The administrator will submit the completed training to the Department for review, within the next 10 days.
2. The management team will ensure any new administrator has completed the needed requirements before starting as an administrator of the home, starting immediately.

Directed Completion Date: *07/23/2026*

Implemented ([redacted] - 07/28/2026)

100a Exterior – free of hazards

3. Requirements

2800.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On [redacted] at 9:00am, the walkway/driveway area leading up to the main entrance of the residence had sections of ripped up asphalt strewn about creating multiple tripping hazards.

100a Exterior – free of hazards *(continued)*

Plan of Correction ***Accept (- 07/13/2026)***

The exterior was immediately swept on 6/18/26 by the maintenance assistant . The administrator re-educated the maintenance team on 2800-100a on 6/22/2026. To ensure compliance the maintenance team and administrator will monitor upon entering and exiting on their workday.

Licensee's Proposed Overall Completion Date: *07/12/2026*

Implemented (- 07/24/2026)

101j1 Bed/Fire retardant mattress

4. Requirements

2800.
101.j. Each resident shall have the following in the living unit:
1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. An exception will be permitted for residents who wish to provide their own mattresses.

Description of Violation

On at 9:38am, the mattress for Resident was observed to be in poor condition with significant staining, discoloration and deterioration of the mattress surface.

Plan of Correction ***Accept - 07/13/2026)***

Resident bed was replaced by maintenance assistant on 6/19/2026 . The administrator re-educated the maintenance, housekeeping and wellness on 101j on 6/22/2026. Beginning 7/1/2026 -9/30/2026, the administrator or designee will complete apartment audits monthly to ensure compliance.

Licensee's Proposed Overall Completion Date: *07/12/2026*

Implemented - 07/24/2026)

101j3 Bed linens/pillows/blankets

5. Requirements

2800.
101.j. Each resident shall have the following in the living unit:
3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On at 9:38am, the bed for Resident did not have any bed linens. Their blanket was visibly soiled.

Plan of Correction ***Accept (- 07/13/2026)***

Resident linens were replaced by housekeeping on 6/19/2026 . The administrator re-educated the maintenance, housekeeping and wellness on 101j3 on 6/22/20269. Beginning 7/1/2026-9/30/2026, the administrator or designee will complete apartment audits monthly to ensure compliance.

Licensee's Proposed Overall Completion Date: *07/12/2026*

Implemented - 07/24/2026)

121a Unobstructed egress

6. Requirements

2800.

121a Unobstructed egress *(continued)*

121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted] at 9:00am, the automatic doors in the main lobby blocked egress to the back patio of the residence. The doors were locked with a sign indicating "Please do not open doors until further notice." This is marked as an exit.

Repeat Violation: [redacted] et al

Plan of Correction ***Accept [redacted] - 07/13/2026)***

The maintenance Director immediately removed the sign and unlocked the doors on 6/18/2026. The Administrator re-educated the maintenance team on 6/22/2026. Beginning 6/20/2026, The maintenance Director and Administrator will monitor compliance throughout the normal workday.

Licensee's Proposed Overall Completion Date: *07/12/2026*

Implemented ([redacted] - 07/24/2026)

125a Combustible storage

7. Requirements

2800.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On [redacted] at 9:44am, there were several empty packs of cigarettes in the smoking receptacle in the residence's designated smoking area.

Repeat Violation: [redacted] et al

Plan of Correction ***Accept [redacted] - 07/13/2026)***

The housekeeper immediately removed the empty cigarette packs on 6/18/2026. The administrator re-educated the team 125a on 6/22/2026. Beginning 7/2/2026, the administrator or designee will check designated smoking area for 3 months .

Licensee's Proposed Overall Completion Date: *07/12/2026*

Implemented [redacted] - 07/24/2026)

132h Designated meeting place

8. Requirements

2800.
132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

Per interviews conducted with staff and residents on site, the residence is not evacuating residents when the fire alarm is activated due to residents smoking inside the building.

Plan of Correction ***Accept [redacted] - 07/13/2026)***

The administrator re-educated the team on 132h on 6/25/2026. The administrator will re-educate the residents on evacuation protocol during resident council on 7/15/2026 . Maintenance Director. Administrator, designee will

132h Designated meeting place (continued)

observe fire drills/ smoke alarms beginning 7/1/26 9/30/26 .

Licensee's Proposed Overall Completion Date: *07/15/2026*

Implemented [redacted] - 07/24/2026)

144d Smoking outside

9. Requirements

2800.
144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On [redacted], at 9:38am, an odor of cigarette smoke permeated from resident bedroom [redacted]. This is not the residence's designated smoking area. The residence's designated smoking area is outside in the fenced in area.

Repeat Violation: [redacted]

Plan of Correction ***Directed ([redacted] 07/13/2026)***

Resident [redacted] was given 30 day notice on June 3, 2026. The Home continues to search for an alternative living arrangement. Family is discussing alternative option of taking [redacted] home as well. However, homes are declining due to violation of home rules of smoking in non designated smoking area . If resident is observed smoking, ask [redacted] to extinguish and notify the DON or ED .

Proposed Overall Completion Date: 07/12/2026

Directed Plan of Correction [redacted] 7/13/26):
In addition to the steps submitted in the Plan of Correction, the administrator will immediately implement the following steps:
1. The home will provide 30 minute checks, around the clock, on resident [redacted] until the resident is relocated, starting immediately.
2. To provide safety to other residents of the home, if the resident continues to smoke in the room, the administrator will develop a non smoking contract and note this intensive supervision need on the RASP and maintain all of the resident's smoking paraphernalia with the receptionist with providing the resident with the smoking paraphernalia upon their request.
3. The Director of Nursing will update the resident's RASP to include the residents need for intensive 1:1 supervision during breaks to smoke and 30 minute checks, around the clock, within the next 5 days.
3. The administrator will schedule a 1:1 for the resident on all smoking breaks, starting immediately.

Directed Completion Date: *07/17/2026*

Implemented [redacted] - 07/24/2026)