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

June 8, 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 04/30/2026 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**: *78* **Waking Staff**: *59*

Inspection Information

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

Reason: *Monitoring* **Exit Conference Date**: *04/30/2026*

Inspection Dates and Department Representative

04/30/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *103* **Residents Served**: *59*

Special Care Unit

In Residence: *Yes* **Area**: *scdu* **Capacity**: *35* **Residents Served**: *13*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *4* **Are 60 Years of Age or Older**: *59*

Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *19* **Have Physical Disability**: *9*

Inspections / Reviews

04/30/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/25/2026*

05/27/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/05/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/05/2026*

Inspections / Reviews *(continued)*

06/08/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/05/2026*

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

17 Record confidentiality

1. Requirements

2800.
17. Confidentiality of Records - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted], the residents shower schedule was posted in the Memory Care Dining room area.

Plan of Correction ***Accept [redacted] - 05/27/2026)***

The administrator immediately removed the shower schedule on 4/30/2026 (attach). By 5/29/2026, the administrator will re-educate the team members on 2800.17 (attached). Beginning 5/8/26-8/8/26, the administrator or designee will complete a weekly audit to ensure compliance is maintained (attach).

Licensee's Proposed Overall Completion Date: *05/29/2026*

Implemented [redacted] - 06/08/2026)

23a ADL assistance

2. 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 [redacted] indicates the resident requires assistance with Laundry Services. On [redacted], the resident did not receive this assistance as required. The resident had bags of laundry in their room that were not folded and put away.

Plan of Correction ***Accept [redacted] - 05/27/2026)***

The caregiver removed resident [redacted] laundry and laundered, folded and put away by end of day on 4/30/2026. The administrator verbally reviewed the laundry schedule with the laundry team members on 5/1/2026. By 5/29/2026, the director of nursing will re-educate the team on the laundry schedule (attached), To ensure compliance is maintained, beginning 5/9-8/9/2026, the administrator or designee will randomly check 5 residents weekly to ensure laundry was completed as scheduled and they are receiving the needed assistance from the home per their assessment and support plan (attach). The administrator will also review with residents at resident council meeting beginning 6/2026-8/2026 (attach).

Licensee's Proposed Overall Completion Date: *05/25/2026*

Implemented ([redacted] 06/08/2026)

65i Training topics

3. 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.

65i Training topics *(continued)*

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, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, 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 B did not receive training in medication self administration training, care for residents with mental illness or an intellectual disability, or both, if the population is served in the residence, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration during the training year 2025.

Direct care staff person C did not receive training in safe management techniques, medication self administration training, care for residents with mental illness or an intellectual disability, or both, if the population is served in the residence, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration during the training year 2025.

Repeated Violation [redacted] et al., [redacted] et al.

Plan of Correction ***Accept ([redacted] - 05/27/2026)***

The DON will provide training by 5/25/2026, for staff person A, B and C in safe management techniques, medication self administration training, care for residents with mental illness or an intellectual disability, or both, if the population is served in the residence, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration. The Nursing director will complete an audit of annual direct care training by 6/5/2026 (attached). To ensure compliance is maintained, beginning 6/1/2026, the nursing director or designee will ensure training occurs per the staff training plan and training is documented monthly on the training log (attach). Results of monthly compliance will be discussed at the 2nd quarter QMP meeting on 6/25/2026 at 10am. Team members who are non compliant on 12/1/2026, will be removed from the schedule until compliance is achieved.

Licensee's Proposed Overall Completion Date: *06/05/2026*

Implemented [redacted] - 06/08/2026)

85a Sanitary conditions

4. Requirements

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

Description of Violation

On [redacted], at approximately 9:05 am, the first floor guest bathroom had feces on the floor near the toilet.

On [redacted], room [redacted] had an old meal sitting on the dining table.

85a Sanitary conditions *(continued)*

Plan of Correction ***Accept [redacted] - 05/27/2026)***

The caregiver removed the meal on 4/30/2026. By 6/1/2026, the DON will re-educate the caregivers on the importance of removing a meal as soon as it is completed (attach). The first-floor guest bathroom was immediately cleaned by housekeeping on 4/30/2026. A sign was placed by the maintenance assistant on 4/30/2026 in the bathroom to notify the front desk if bathroom required cleaning (attached). Beginning 5/1/2026. the department managers will randomly check guest bathrooms during rounds throughout the normal workday.

Licensee's Proposed Overall Completion Date: *06/01/2026*

Implemented [redacted] 06/08/2026)

91 Telephone Numbers

5. 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 [redacted]

There are no emergency telephone numbers to include the nearest hospital and fire Department on or by the telephone in [redacted].

There are no emergency telephone numbers to include the nearest hospital and fire Department on or by the telephone in [redacted]

Plan of Correction ***Accept [redacted] 05/27/2026)***

The maintenance assistant placed emergency numbers in apartment [redacted] and [redacted] on 4/30/2026 (attached). On 5/21/2026, the maintenance assistant and marketing director were re-educated by the administrator on 2800,16 (attach). Beginning 5/1/2026, the administrator will confirm compliance is maintained by completing monthly apartment audits for 3 months (attached). Results of the audits will be discussed at the 2nd quarter QMP meeting on 6/25/2026 at 10am.

Licensee's Proposed Overall Completion Date: *05/25/2026*

Implemented [redacted] - 06/08/2026)

92 Windows/screens

6. 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 [redacted], two of the windows in memory care unit common area near the elevator were missing screens.

On [redacted], room [redacted] did not have a screen in the window, the screen was on the floor in the room.

92 Windows/screens (continued)

On [redacted], one of the windows in room [redacted] was broken.

Repeated Violation [redacted]

Plan of Correction ***Accept [redacted] - 05/27/2026)***

The maintenance assistant and director replaced the screen in [redacted] on 5/1/2026 (attached). The maintenance director will replace the broken window by 6/5/2026 (attached). The maintenance director or designee will complete a window and screen audit monthly beginning 5/1 8/1/2026. (attached). Any non compliance items will be corrected and documented via a work order. Results of the audits will be discussed at the 2nd quarter QMP meeting on 6/25/2026 at 10am

Licensee's Proposed Overall Completion Date: *06/05/2026*

Implemented [redacted] - 06/08/2026)

101j7 Lighting/operable lamp

7. 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 [redacted] does not have access to a source of light that can be turned on/off at bedside.

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

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

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

Repeated Violation [redacted], et al.

Plan of Correction ***Accept [redacted] - 05/27/2026)***

On 4/30/2026, the maintenance assistant placed a light source in Resident [redacted] and [redacted]s apartment to meet compliance with 101j7 (attach). To maintain compliance the administrator or designee will complete apartment audits monthly beginning 5/2026 8/2026 (attach). Non compliant apartments will be addressed and corrected immediately via a work order.

Licensee's Proposed Overall Completion Date: *05/25/2026*

Implemented [redacted] 06/08/2026)

105f Clothing laundering

8. Requirements

2800.
105.f. Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning. The resident's clean clothing shall be returned to the resident within 24 hours after laundering

105f Clothing laundering *(continued)*

Description of Violation

The residence does not have a system to safeguard resident laundry from loss. On [redacted] there was an unlabeled bag of laundry in the laundry room.

Plan of Correction ***Accept ([redacted] 05/27/2026)***

The DON re educated the caregivers on 5/05/206 5/08/2026 on the importance of ensuring laundry is labeled with name and apartment number (attached). Beginning 5/5/2026 8/5/2026 the administrator or designee will check laundry room three times per week to ensure compliance (attached). Results of the audits will be discussed at the 2nd quarter QMP meeting on 6/25/2026 at 10am.

Licensee's Proposed Overall Completion Date: *05/25/2026*

Implemented [redacted] - 06/08/2026)

105g Dryer lint removal

9. Requirements

2800.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On [redacted], the wall in the laundry room near the dryer was covered in lint. The dryer is not connected to the vent duct to properly vent the dryer.

Plan of Correction ***Accept ([redacted] - 05/27/2026)***

On 5/5/2026 5/8/2026, the caregivers were re educated by the maintenance director on the importance of ensuring the lint is removed from the dryer after each use to prevent a fire (attached). To ensure compliance is maintained the administrator or designee will complete dryer audits 3 times per week for 3 months beginning 5/5/2026 8/5/2026 (attached). Results of the audits will be discussed at the 2nd quarter QMP meeting on 6/25/2026 at 10am.

Licensee's Proposed Overall Completion Date: *05/25/2026*

Implemented [redacted] 06/08/2026)

183d Current medications

10. 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 [redacted] [redacted] prescribed for resident [redacted] was in the residence's medication cart; however, the medication was discontinued on [redacted]

Plan of Correction ***Accept [redacted] - 05/27/2026)***

The director of nursing immediately removed the oxycodone from the medication cart on 4/30/2026. The director

183d Current medications (continued)

of nursing will re-educate the nursing/med tech team on 183d by 5/29/2026 (attached). The director of nursing or designee will complete a monthly medication cart beginning 5/26-8/26 (attached). The results of the audit will be discussed at the 2nd quarter QMP meeting on 6/25/2026 at 10am.

Licensee's Proposed Overall Completion Date: *05/29/2026*

Implemented [redacted] 06/08/2026)

183e Storing Medications

11. Requirements

2800.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted], belonging to resident [redacted] was being store on the medication cart. According to the manufacturer's instructions this medication expired on [redacted]

On [redacted], there were 3 loose pills located in the medication cart in memory care.

Repeated Violation - [redacted], et al.

Plan of Correction ***Accept [redacted] - 05/27/2026)***

The LPN immediately removed the hyoscyamine and loose pills from the medication cart on 4/30/2026. The director of nursing will re-educate the nursing/med tech team on 183e by 5/29/2026 (attached). The director of nursing or designee will complete a monthly medication cart beginning 5/26-8/26 (attached). The results of the audit will be discussed at the 2nd quarter QMP meeting on 6/25/2026 at 10am

Licensee's Proposed Overall Completion Date: *05/29/2026*

Implemented [redacted] - 06/08/2026)

187a Medication record

12. Requirements

2800.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

187a Medication record *(continued)*

13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [redacted] is prescribed [redacted]. However, resident's April 2026 medication administration record does not include this medication.

Resident [redacted] is prescribed [redacted]. However, resident's April 2026 medication administration record does not include this medication.

Plan of Correction ***Accept [redacted] - 05/27/2026)***

The DON immediately confirmed order and the hyoscyamine and Ondansetron to the medication record on 4/30/2026 (attached). The director of nursing will re educate the nursing/med tech team on 187a by 5/29/2026 (attached). The director of nursing or designee will complete a monthly medication cart beginning 5/26 8/26 (attached). The results of the audit will be discussed at the 2nd quarter QMP meeting on 6/25/2026 at 10am

Licensee's Proposed Overall Completion Date: *05/29/2026*

Implemented [redacted] 06/08/2026)