

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

August 29, 2025

HUMANGOOD PENNSYLVANIA, LEGAL ENTITTY  
HUMANGOOD PENNSYLVANIA  
2002 JOSHUA ROAD  
LAFAYETTE HILL, PA, 19444

RE: SPRING MILL POINTE  
2002 JOSHUA ROAD  
LAFAYETTE HILL, PA, 19444  
LICENSE/COC#: 12792

Dear HumanGood Pennsylvania,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/06/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,



cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *SPRING MILL POINTE* License #: *12792* License Expiration: *12/15/2025*  
 Address: *2002 JOSHUA ROAD, LAFAYETTE HILL, PA 19444*  
 County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *HUMANGOOD PENNSYLVANIA*  
 Address: *2002 JOSHUA ROAD, LAFAYETTE HILL, PA, 19444*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *10/15/2007* Issued By: *City of Philadelphia*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *67* Waking Staff: *50*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *08/06/2025*

**Inspection Dates and Department Representative**

*08/06/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *107* Residents Served: *43*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Cedar Grove* Capacity: *33* Residents Served: *22*

**Hospice**  
 Current Residents: *5*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *43*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *24* Have Physical Disability: *0*

**Inspections / Reviews**

**08/06/2025 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/01/2025*

**08/29/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *08/29/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews (*continued*)

08/29/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/29/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 8/6/2025 at 10:00 am, one of the home's dumpsters was open. There was a small amount of debris, including a soda can, on the ground next to the dumpster.

Plan of Correction

Accept ( [redacted] ) - 08/29/2025

On 08/06/2025, the Director of Building and Grounds was educated on regulation 2600.85.e (see attached). Moving forward, the Director of Building and Grounds will inspect the dumpster area daily from 08/25/2025 through 11/14/2025 to verify that all trash is contained in covered receptacles and that the surrounding area remains free of debris. These inspections will be documented, and findings will be reported monthly as part of the Quality Assurance Performance Improvement Plan over the next three months to maintain compliance with regulation 2600.85.e.

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented ( [redacted] ) - 08/29/2025

103g - Storing Food

2. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 8/6/2025 at 10:30 am, the lids on five of the eight ice-cream cartons in the ice-cream freezer in the kitchen were not securely fastened, leaving the ice cream exposed.

Plan of Correction

Accept ( [redacted] ) - 08/29/2025

On 08/25/2025, the dining team was educated on regulation 103g by the Administrator (see attached). Moving forward, the Director of Dining Services will conduct a daily inspection of the ice cream freezer to ensure that all lids are fastened. These inspections will continue through 11/14/2025. Findings will be documented and reported monthly as part of the Quality Assurance Performance Improvement Plan over the next three months to maintain compliance with regulation 103g.

Licensee's Proposed Overall Completion Date: 08/29/2025

Implemented ( [redacted] ) - 08/29/2025

162c - Menus Posted

3. Requirements

2600.

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

On 8/6/2025 at 10:44 am, the home's menu for the week of 8/4-8/10/25 was posted twice on the home's bulletin board. However, the menu for the week starting 8/11/25 was not posted.

162c - Menus Posted (continued)

**Plan of Correction**

**Accept (█ - 08/29/2025)**

*On 08/25/2025, the dining services team was educated on regulation 162c (see attached). Moving forward, the Director of Dining Services will inspect the menu postings bi-weekly to ensure that menus are posted as required. These inspections will continue through 11/14/2025. Findings will be documented and reported monthly as part of the Quality Assurance Performance Improvement Plan over the next three months to maintain compliance with regulation 162c.*

**Licensee's Proposed Overall Completion Date: 08/29/2025**

**Implemented (█ - 08/29/2025)**

184a - Resident's Meds Labeled

**4. 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 8/6/2025, the pharmacy label for resident #1's 325-MG Acetaminophen tablets had instructions to "give two tablets via tube every eight hours as needed for pain." However, the prescription is for two tablets by mouth every six hours as needed.*

**Plan of Correction**

**Accept (█ - 08/29/2025)**

*On 08/25/2025, the nursing team was educated on regulation 184a (see attached). The cited medication order for Resident #1 was an unopened, unused PRN prescription and was not administered and route was corrected. Moving forward, the Director of Resident Services and the Charge Nurse will conduct a monthly cart audit to ensure that all medications list the correct route as prescribed. These audits will continue for the next three months ending on 11/14/2025. Findings will be documented and reported monthly as part of the Quality Assurance Performance Improvement Plan to maintain compliance with regulation 184a.*

**Licensee's Proposed Overall Completion Date: 08/29/2025**

**Implemented (█ - 08/29/2025)**