

Department of Human Services  
Bureau of Human Service Licensing

July 16, 2021

[REDACTED]  
SPRINGFIELD PCH LLC  
PO BOX 1030  
BRICK, NJ 8723

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 06/17/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *SPRINGFIELD CROSSINGS* License #: *14651* License Expiration Date: *11/18/2021*  
Address: *463 WEST SPROUL ROAD, SPRINGFIELD, PA 19064*  
County: *DELAWARE* Region: *SOUTHEAST*

Administrator

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Legal Entity

Name: *SPRINGFIELD PCH LLC*  
Address: *PO BOX 1030, BRICK, NJ, 8723*

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/10/2000* Issued By: *CWOPA Dept of LI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *64* Waking Staff: *48*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Monitoring* Exit Conference Date: *06/17/2021*

Inspection Dates and Department Representative

06/17/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *60*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *NM*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *60*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *4* Have Physical Disability: *0*

## Inspections / Reviews

## 06/17/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/12/2021*

## 7/8/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/15/2021*

## 7/16/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

## 25b - Contract Signatures

## 1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

## Description of Violation

Resident #1 did not sign their [REDACTED] contract, nor was there any documentation that they were not able or refused to sign.

## Plan of Correction

Accept

Resident #1 is currently out of the community in Skilled Rehab. Resident was visited in Skilled Rehab by Executive Director and resident did not want to sign contract and did not want copy. This was completed on 7/5/21

The Executive Director will perform an audit of all current Residency Agreements to ensure proper signatures are in place.

The Executive Director or Designee will be present at time of Residency Agreement signing and will ensure resident and Responsible Party complete required signatures and if resident refuses, documentation will be provided and kept with the Residency Agreement.

Completion Date: 08/02/2021

## Document Submission

Implemented

Please see attached documents Residency Agreement and Residency Agreement Receipt. Both documents are fully implemented at the community. Audit of all resident files will be complete by 8/2/21 and residents that did not originally sign their contracts will be given opportunity to sign and receive copy of contract.

## 41e - Signed Statement

## 1. Requirements

2600.

- 41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

## Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

## 41e - Signed Statement (continued)

## Plan of Correction

Accept

1. Resident #1 is currently out of the community in Skilled Rehab. Resident was visited in Skilled Rehab by Executive Director and resident did not want to sign contract and did not want copy. Completed on 7/5/21
2. The Residency Agreement has a statement acknowledging receipt of the resident rights, complaint procedure, and right to review medications. This is reviewed with the resident and responsible party at the time of contract signing. The resident and/or responsible party are given a complete copy of the signed Residency Agreement on the day that it is signed.
3. The Executive Director will perform an audit of all current Residency Agreements to ensure proper signatures are in place
4. The Executive Director or designee will be present at time of Residency Agreement signing and will ensure resident and Responsible Party complete required signatures and if resident refuses, documentation will be provided and kept with the Residency Agreement.

Completion Date: 08/02/2021

## Document Submission

Implemented

Please see attached documents Residency Agreement and Residency Agreement Receipt. Both documents are fully implemented at the community. Audit of all resident files will be complete by 8/2/21 and residents that did not originally sign their contracts will be given opportunity to sign and receive copy of contract.

## 191 - Resident Right to Refuse

## 1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

## Description of Violation

Resident #1, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

## Plan of Correction

Accept

1. Resident #1 is currently out of the community in Skilled Rehab. Resident was visited in Skilled Rehab by Executive Director and resident did not want to sign contract and did not want copy. Completed on 7/5/21
2. The Residency Agreement has a statement acknowledging receipt of the resident rights, complaint procedure, and right to review medications. This is reviewed with the resident and responsible party at the time of contract signing. The resident and/or responsible party are given a complete copy of the signed Residency Agreement on the day that it is signed.
3. The Executive Director will perform an audit of all current Residency Agreements to ensure proper signatures are in place
4. The Executive Director or designee will be present at time of Residency Agreement signing and will ensure resident and Responsible Party complete required signatures and if resident refuses, documentation will be provided and kept with the Residency Agreement.

Completion Date: 08/02/2021

## 191 - Resident Right to Refuse (continued)

**Document Submission****Implemented**

*Please see attached documents Residency Agreement and Residency Agreement Receipt. Both documents are fully implemented at the community. Audit of all resident files will be complete by 8/2/21 and residents that did not originally sign their contracts will be given opportunity to sign and receive copy of contract.*