

Department of Human Services  
Bureau of Human Service Licensing

July 21, 2021

[REDACTED]  
1425 HORSHAM SNF OPERATIONS LLC  
456 CHESTNUT STREET, SUITE 303  
Suite 303  
LAKEWOOD, NJ 8701

RE: THE INN AT HORSHAM CENTER  
FOR JEWISH LIFE  
1425 HORSHAM ROAD  
NORTH WALES, PA, 19454  
LICENSE/COC#: 14706

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/08/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
Mia Johnson

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *THE INN AT HORSHAM CENTER FOR JEWISH LIFE* License #: *14706* License Expiration Date: *10/26/2021*  
Address: *1425 HORSHAM ROAD, NORTH WALES, PA 19454*  
County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *215-371-3000* Email: [REDACTED]

**Legal Entity**

Name: *1425 HORSHAM SNF OPERATIONS LLC*  
Address: *456 CHESTNUT STREET, SUITE 303, Suite 303, LAKEWOOD, NJ, 8701*  
Phone: *2153713000* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *10/22/2001* Issued By: *Commonwealth of Pa Dept. of L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *37* Waking Staff: *28*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]  
Reason: *Complaint* Exit Conference Date: *06/08/2021*

**Inspection Dates and Department Representative**

*06/08/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *58* Residents Served: *33*

**Secured Dementia Care Unit**

In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *32*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

06/08/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/23/2021*

7/21/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/24/2021*

## 26c - QM Improvement

### 1. Requirements

2600.

- 26.c. The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

### Description of Violation

*The home's quality management plan does not include development and implementation of measures to address the residents complaints about meals being served and meal titles as described in the home's quality management review on 4/15/21.*

### Plan of Correction

Accept

*Upon notification of this violation on 6/8/2021, residents were invited to develop a Food Committee; eight participants volunteered and Administrator scheduled first meeting for 6/17/2021. The meeting was led by the onsite Director of Dining Services and the Chef; resident concerns were discussed, addressed and tracked in meeting minutes (see Exhibit I). Meetings will continue monthly or more frequently depending on resident preference. Administrator or designee will be present during meetings to thoroughly review meeting minutes and ensure concerns are being appropriately addressed.*

*Representative from Unidine corporate team was invited to the scheduled Resident Council meeting on 6/30/2021. Representative attended and addressed the residents, listened to concerns and shared action plan, tracked in meeting minutes (see Exhibit II).*

*Imperial Healthcare Group CEO met with Food Committee participants on 7/6/2021. Resident concerns were discussed, action plan reviewed and tracked in meeting minutes (see Exhibit III)*

*Meetings of the Food Committee participants, onsite Dining Services staff and corporate representatives will continue and resident concerns will be discussed and addressed. Meeting minutes will be kept, reviewed at Resident Council monthly meetings, and incorporated into the community's QM plan.*

Completion Date: 06/17/2021

## 181d -Storing Medication

### 1. Requirements

2600.

- 181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

### Description of Violation

*Resident #1 self-administers medications and stores medications in [REDACTED] room. On 6/8/21, there were several unlocked, unattended medications to include Amlodipine, Diazepam, Dicyclomine, Omeprazole, Levothyroxin, Mirtazapine, Hyoscyamine and Gavilax in resident #1 bedroom. The resident does not lock the door when [REDACTED] leaves the room.*

181d -Storing Medication (*continued*)**Plan of Correction****Accept**

*Upon notification of this violation on 6/8/2021 Resident #1 was immediately counseled by Wellness Director on the importance of keeping [REDACTED] medications secured by locking [REDACTED] door when leaving [REDACTED] apartment; [REDACTED] verbalized understanding.*

*On Wednesday 6/9/21, Administrator placed an order for lock box for secure storage of medications (see Exhibit IV) for Resident #1. The box was received, set up & organized to resident's preference by Wellness Director (with resident) on Monday, 6/14/2021. Resident verbalized understanding on use of the box to secure medications. Wellness nursing staff completed audit of compliance with this regulation for all residents of the Inn who self-administer medications between 6/9/2021 and 6/10/2021 (see Exhibit V).*

*This regulation and methods of compliance will be reviewed with all residents who self-administer medications during medications self-administration reviews conducted by nursing staff every 6 months or upon a change in condition.*

**Completion Date:** 06/14/2021