

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

December 12, 2022

[REDACTED], EXECUTIVE DIRECTOR  
1425 HORSHAM SNF OPERATIONS LLC  
1425 HORSHAM ROAD  
Suite 303  
NORTH WALES, PA, 19454

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 review on 08/25/2022 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: THE INN AT HORSHAM CENTER FOR JEWISH LIFE License #: 14706 License Expiration: 10/26/2022  
 Address: 1425 HORSHAM ROAD, NORTH WALES, PA 19454  
 County: MONTGOMERY Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: 1425 HORSHAM SNF OPERATIONS LLC  
 Address: 1425 HORSHAM ROAD, Suite 303, NORTH WALES, PA, 19454  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 10/22/2001 Issued By: COPA L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 34 Waking Staff: 26

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 08/25/2022

**Inspection Dates and Department Representative**

08/25/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 58 Residents Served: 26

**Secured Dementia Care Unit**

In Home: No Area: Capacity: Residents Served:

**Hospice**

Current Residents: 1

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 29  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 8 Have Physical Disability: 0

**Inspections / Reviews**

08/25/2022 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/17/2022

09/14/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/12/2022  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/19/2022

Inspections / Reviews (*continued*)

## 09/15/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/19/2022

## 12/12/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 227g -Support Plan Signatures

**1. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

Resident #1 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan. The assessor's signature is missing.

Resident #2 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan. The assessor's signature is missing.

**POC Submission**

Accept ([REDACTED] - 09/15/2022)

Wellness Director Signed the support plan as per DHS regulations. Nursing staff accidentally printed RASP from assessment tab on Point Click Care. Nursing staff should have printed RASP from scanned area under miscellaneous. Wellness Director or designee is responsible for ensuring all participants in the development in the support plan sign the document. An in-service had been performed with nursing staff to educate/inform where completed forms should be printed.

Licensee's Plan Completion Date: 09/15/2022

Implemented ([REDACTED] - 12/12/2022)

## 227h - Support Plan Refuse Sign

**2. Requirements**

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

**Description of Violation**

Resident #1 participated in the development of his/her support plan on [REDACTED]. The resident was unable to sign the support plan. The home did not make a notation regarding the resident's inability to sign.

Resident #2 participated in the development of his/her support plan on [REDACTED]. The resident was unable to sign the support plan. The home did not make a notation regarding the resident's inability to sign.

**POC Submission**

Accept ([REDACTED] - 09/15/2022)

Wellness Director or designee is responsible for ensuring that in every case where the resident or designated person is unable to sign the support plan, a notation of inability to sign is documented. To ensure current compliance with this regulation, PCH completed an audit of current RASP documents to ensure appropriate signatures are included. RASP was completed per DHS regulations. As per above, nursing staff should have printed RASP from scanned area under miscellaneous. An in-service has been performed with nursing staff to educate/inform where completed forms should be printed.

Licensee's Plan Completion Date: 09/15/2022

Implemented ([REDACTED] - 12/12/2022)