

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

August 17, 2023

[REDACTED], VICE PRESIDENT OF QUALITY AND RESIDENT SERVICES
LCB BALA CYNWYD, LLC
[REDACTED]

RE: THE RESIDENCE AT BALA CYNWYD
251 ROCK HILL ROAD
BALA CYNWYD, PA, 19004
LICENSE/COC#: 14979

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/26/2023 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 RESIDENCE AT BALA CYNWYD License #: 14979 License Expiration: 02/24/2024
Address: 251 ROCK HILL ROAD, BALA CYNWYD, PA 19004
County: MONTGOMERY Region: SOUTHEAST

Administrator

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

Legal Entity

Name: LCB BALA CYNWYD, LLC
Address: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 42 Waking Staff: 32

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Monitoring Exit Conference Date: 06/26/2023

Inspection Dates and Department Representative

06/26/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 86	Residents Served: 21		
Secured Dementia Care Unit			
In Home: Yes	Area: SDCU	Capacity: 22	Residents Served: 8
Hospice			
Current Residents: 1			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 21		
Diagnosed with Mental Illness: 1	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 21	Have Physical Disability: 0		

Inspections / Reviews

06/26/2023 Partial
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/16/2023

07/18/2023 - POC Submission
Submitted By: [REDACTED] Date Submitted: 08/16/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/23/2023

Inspections / Reviews *(continued)*

07/21/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/16/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/20/2023

08/17/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/16/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

91 Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home 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 telephones in bedrooms 202 and 406.

Plan of Correction

Accept ([redacted]) - 07/21/2023)

2600.91 Emergency Telephone Numbers- Telephone numbers for the nearest hospital, police department, fire department, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Prevention of Recurrence:

- 1. All emergency phone numbers have been posted in every resident apartment. This was achieved on 7/9/23 by placing a magnet, with the emergency numbers (see picture), on every refrigerator in every apartment.
- 2. Prior to any move-in, the apartment inspection will include ensuring that the emergency numbers magnet is in place.

Responsible Party:

- Executive Director- [redacted]
- Maintenance Director- [redacted]
- Sales Director- [redacted]
- Move-In Coordinator- [redacted]

Completion Date: Completed 7/9/2023

Education Completed: 7/19/23

Audit initiated 7/19 to be completed prior to every move-in and at time of any apartment turnover.

Licensee's Proposed Overall Completion Date: 07/19/2023

Implemented ([redacted]) - 08/17/2023)

103f Refrigerator/Freezer Temps

2. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 6/26/23 at 12:12PM the temperature in the memory care freezer was 6 degrees Fahrenheit.

On 6/26/23 at 12:25PM the temperature in the walk in freezer was 10 degrees Fahrenheit.

Plan of Correction

Accept ([redacted]) - 07/21/2023)

2600.103.f Food requiring refrigeration shall be stored at or below 40 degrees Fahrenheit. Frozen food shall be kept

103f - Refrigerator/Freezer Temps (continued)

at or below 0 degrees Fahrenheit. Thermometers are required in refrigerators and freezers.

Prevention of Recurrence:

1. Memory Care freezer temperature was dropped to -4 degrees Fahrenheit with inspector onsite, to offset temperature drops when refrigerator is opened/closed frequently during meal service times.
2. Walk-in freezer fan will not be shut off for any reason, including while putting food deliveries away.
3. Daily temperature logs are in place and are to be used to monitor refrigerator/freezer temperatures
4. Weekly audits to ensure proper compliance with temperature log completion

Responsible Parties:

Restaurant Operations Director: [REDACTED]

Executive Director: [REDACTED]

Other Culinary/Restaurant associates as assigned.

Method:

1. Retraining of all culinary/restaurant operations associates on 2600.103.f and responsibilities of meeting the requirements
2. Retraining of all culinary/restaurant operations associates on refrigerator/freezer daily temperature checks and completion of the temperature logs
3. Restaurant Operations Director or assigned associate will audit proper completion of temperature logs weekly, and ensure thermometers are in place.

Education Completion Date: 7/7/2023

Daily audits initiated: 7/1/2023

Completion date: ongoing

Licensee's Proposed Overall Completion Date: 07/18/2023

Implemented ([REDACTED] - 08/17/2023)

103i - Outdated Food

3. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 6/26/23 at 2:23PM in the dry food storage the following bags of food were open and undated: Porcini Mushrooms, Spaghetti, Rice.

Plan of Correction

Accept ([REDACTED] - 07/21/2023)

2600.103.i Outdated or spoiled food or dented cans may not be used.

Prevention of Recurrence:

1. All foods will be examined for spoilage, expiration and cans for damage upon receipt of order, and those not passing inspection will be removed from availability
2. All foods will be dated upon receipt and upon opening
3. Weekly audits will be completed to ensure compliance with labelling, dating and inspection of foods

Responsible Parties:

Restaurant Operations Director: [REDACTED]

Executive Director: [REDACTED]

Other Culinary/Restaurant associates as assigned

103i - Outdated Food (continued)

Method:

1. Retraining of all culinary/restaurant operations associates on 2600.103.i and responsibilities of meeting the requirements
2. Retraining of all culinary/restaurant operations associates on required inspection of foods, cans, boxes, and the need to label and date when opened
3. Restaurant Operations Director or assigned associate will complete weekly audit to ensure compliance with labelling and dating and inspection of food.

Education completion Date: 7/7/23

Audit initiated: week of 7/17/23

Completion date: ongoing

Licensee's Proposed Overall Completion Date: 07/18/2023

Implemented () - 08/17/2023

187b - Date/Time of Medication Admin.

4. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 1 is prescribed [redacted] oral tablet 50 mg take 1 tablet by mouth every 8 hours as needed. Resident 1's medication administration record does not include the initials of the staff person who administered this medication on [redacted].

Resident 2 is prescribed [redacted] every 4 hours as needed. This medication was administered on [redacted] at 4:27PM, however it was not documented on the medication administration record.

Resident 2 is prescribed [redacted] every 4 hours as needed. This medication is documented as administered on the medication administration record on [redacted] however it was not documented on the controlled substance log.

Resident 2 is prescribed [redacted] 4 hours as needed. This medication was given on [redacted] at [redacted]. It was not documented in the MAR until [redacted].

Plan of Correction

Accept () 07/21/2023

2600.187b - Date/Time of Medication Admin.

The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Prevention of Recurrence:

1. The following re-training shall take place: (a) All nurses and medication technicians shall be re-trained on regulation 2600.187.b. (b) All nurses and medication technicians shall be re-trained on Six Rights of Medication Administration Training.
2. A random sample of 10% of nursing/ medication technicians med passes will be audited for the 6 R's of medication administration for the next 90 day to assure compliance assurance of regulation 2600.187.b.

Responsible Party:

Adam Rice , Executive Director July 16, 2023

187b - Date/Time of Medication Admin. (continued)

Rattana Herman , Resident Service Specialist July 16, 2023

Method:

- (1) Re-training of nurses & medication technicians on Section 2600.187.b. & responsibilities for fulfilling the regulation.
- (2) Verbal re-training nurses and medication technicians and written sign off on the re-training.
- 3) Return demonstration of the nurses and medication technicians for the regulatory requirements of 2600.187b.
- (4) Review LCB Senior Living policy and procedures with nurses and medication technicians as it pertains to Six Rights of Medication Administration Training.

Education completed: 7/14/23

Audit initiated: 7/24/23

Completion Date: September 30, 2023

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented (█) - 08/17/2023)

187d - Follow Prescriber's Orders

5. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 1 is prescribed █ take 2 capsules by mouth at night. However, resident 1 was not administered this medication on █.

Resident 1 is prescribed █ tablet take 1 tablet by mouth once daily. However, resident 1 was not administered this medication on █.

Resident 1 is prescribed █ take 1 tablet by mouth every 8 hours as needed. However, this medication was administered twice on █ as documented on the controlled substance log.

Resident 2 is prescribed █ every 4 hours as needed. This medication was given on █ at █.

Plan of Correction

Accept (█) - 07/21/2023)

2600.187d- Follow Prescriber's Orders:

The home shall follow the directions of the prescriber.

Prevention of Recurrence:

- (1). The home shall follow the directions of the prescriber.
- (2). Re-training of nurses and medication technicians as it pertains to executing signed physician orders.
- (3). A random sample of 10% of Resident EMAR shall be reviewed and audited for the next 90 days to assure compliance with Section 2600.187d.

Responsible Persons:

187d - Follow Prescriber's Orders (continued)

[REDACTED], Executive Director 7.16.2023
[REDACTED], Resident Services Supervisor 7.16.2023

Methods:

- (1) Re-training of nurses & medication technicians on Section 2600.187d & responsibilities for fulfilling the regulation.
- (2) Verbal re-training nurses and medication technicians and written sign off on the re-training.
- (3) Return demonstration of the nurses and medication technicians for the regulatory requirements of 2600.187d.
- (4) Review LCB Senior Living policy and procedures with nurses and medication technicians as it pertains to medication procedures.

Education completed: 7/14/23
Audits initiated: 7/24/23
Completion Date: September 30, 2023

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented ([REDACTED] - 08/17/2023)

252 - Record Content

6. Requirements

- 2600.
- 252. Content of Resident Records - Each resident's record must include the following information:
 - 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Resident 1's record does not include hair color, eye color, and identifying marks.

Resident 2's record does not include hair color, eye color, and identifying marks.

Plan of Correction

Accept ([REDACTED] - 07/21/2023)

2600.252 Record Content

Each resident's record must include the following information: Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Prevention of Recurrence:

(1). The RCD will educate the Nurse to enter the following information listed below on to the Residents face sheet via the EHR. This EHR utilized by the community at the time of citation did not allow for data entry of the information listed below. Modifications have been made to the EHR system effective 7/14/23 to permit the addition of the following information.

- 1. Color of hair.
- 2. Color of eyes.
- 3. Religious affiliation, if any.
- 4. Any identifying marks

(2). A random sample of 10% of Residents records shall be reviewed and audited for the next 90 days to assure compliance with Section 2600.252

Responsible Persons:

Adam Rice, Executive Director 7/16/1023- 9/16/2023

252 Record Content (continued)

██████████, Resident Services Supervisor 7/16/2023 9/16/2023

Methods:

- (1) Education of nurses on Section 2600.252 & responsibilities for fulfilling the regulation.
- (2) Verbal training of nurses and written sign off on the training.

Education completed by 7/21/23

Audits initiated: 7/24/23

Completion Date: September 30, 2023

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented (██████████) - 08/17/2023