

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

September 22, 2023

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS
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 07/10/2023 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: Total Daily Staff: 32 Waking Staff: 24

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 07/10/2023

Inspection Dates and Department Representative

07/10/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 86 Residents Served: 24

Secured Dementia Care Unit

In Home: Yes Area: Reflections Capacity: 22 Residents Served: 8

Hospice

Current Residents: x

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 24
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 8 Have Physical Disability: 2

Inspections / Reviews

07/10/2023 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/30/2023

09/06/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/13/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/11/2023

Inspections / Reviews (*continued*)

09/11/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/13/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/30/2023

09/22/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/13/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED], the home found a letter, dated [REDACTED] and alleging verbal and physical abuse of residents involving resident #1 and #2. However, this allegation of abuse was not reported to the Area Agency on Aging.

Plan of Correction

Accept [REDACTED] - 09/11/2023)

- The Executive Director at the time verbalized not fully understanding the regulation regarding reporting this situation,
- The Executive Director and Resident Care Director were educated on the reporting requirements for suspected abuse on 7/13/2023 by the Regional Director of Operations.
- Regional Staff will monitor all incident reports weekly for compliance with state reporting requirements beginning on 7/13/2023 through 12/13/2023.

Licensee's Proposed Overall Completion Date: 09/10/2023

Implemented [REDACTED] - 09/22/2023)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], resident #1 had an unwitnessed fall. The resident denied any pain during the assessment by nursing staff, who did not notice any injuries. The following morning, the resident complained of abdominal and back pain and screamed in pain when attempted to a sitting position. The resident was sent to the Emergency Department and returned with a diagnosis of "closed fracture of multiple ribs of right side". The home did not report this incident to the department.

Plan of Correction

Accept [REDACTED] - 09/11/2023)

- The Executive Director at the time verbalized not fully understanding the regulation regarding reporting injuries not requiring hospitalization or treatment,
- The Executive Director and Resident Care Director were educated on the reporting requirements for a significant fall related injury on 7/13/2023 by the Regional Director of Operations.
- Regional Staff will monitor all incident reports weekly for compliance with state reporting requirements beginning on 7/13/2023 through 12/13/2023.

Licensee's Proposed Overall Completion Date: 09/10/2023

Implemented [REDACTED] - 09/22/2023)

231c - Preadmission Screening

3. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department’s preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #2 was admitted to the Secured Dementia Care Unit (SDCU) on [REDACTED] However, the resident’s written cognitive preadmission screening was completed on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 09/11/2023)

- The Executive Director and Resident Care Director at the time verbalized not understanding the required time frame for completion of the cognitive prescreen for an admission to the secure memory care neighborhood.
- The Executive Director and Resident Care Director were educated on the regulatory requirements that a cognitive prescreen must be completed for all residents moving into the secure memory care neighborhood within 72 hours prior to admission. This education took place on 7/13/2023 by the Regional Director of Operations.
- The Executive Director, Business Office Director, or Resident Care Director will audit all new admission files to verify that the cognitive prescreen is completed in the proper time frame in compliance with the regulations beginning 7/13/2023 and ongoing.

Licensee's Proposed Overall Completion Date: 09/10/2023

Implemented ([REDACTED] - 09/22/2023)