

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

August 8, 2023

[REDACTED], MANAGER
BALA CYNWYD OPERATING LP
[REDACTED]

RE: SYMPHONY SQUARE AT BALA
CYNWYD
35 OLD LANCASTER ROAD
BALA CYNWYD, PA, 19004
LICENSE/COC#: 14776

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/14/2023 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: SYMPHONY SQUARE AT BALA CYNWYD License #: 14776 License Expiration: 05/01/2024
 Address: 35 OLD LANCASTER ROAD, BALA CYNWYD, PA 19004
 County: MONTGOMERY Region: SOUTHEAST

Administrator

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

Legal Entity

Name: BALA CYNWYD OPERATING LP
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: 1 2 Date: 02/29/2012 Issued By: Lower Merion Township

Staffing Hours

Resident Support Staff: 56 Total Daily Staff: 124 Waking Staff: 93

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 06/14/2023

Inspection Dates and Department Representative

06/14/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 64 Residents Served: 50

Secured Dementia Care Unit
 In Home: Yes Area: Memory Support Capacity: 16 Residents Served: 12

Hospice
 Current Residents: 1

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 18 Have Physical Disability: 1

Inspections / Reviews

06/14/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/13/2023

07/13/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/07/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/12/2023

Inspections / Reviews *(continued)*

08/08/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/07/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry (CNA expired 4/29/2023).

Plan of Correction

Accept [redacted] - 07/13/2023)

Staff person A was immediately removed from the work schedule. Staff member A reinstated [redacted] CNA license with the state effective 6/30/2023. (See attached)

The Senior Vice President Operations re educated the Executive Director (ED) and Director Business Administration (DBA) regarding the regulation on 6/14/2023.

On 6/20 the ED/DBA completed an audit of employee files to verify compliance with regulation. No other issues were identified. (See Attachment)

The DBA developed a spreadsheet to track licensure verification. The spreadsheet will be reviewed monthly by the DBA.

The ED will review the paperwork for new hired DCS to verify the staff member has the appropriate qualifications as per regulation. The ED will audit the employee files for DCS monthly x 3 months to verify compliance with regulation.

Licensee's Proposed Overall Completion Date: 07/12/2023

Implemented [redacted] - 08/08/2023)

224a - Preadmission Screen Form

2. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 1's preadmission screening form, dated [redacted], does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept [redacted] - 07/13/2023)

The ED re evaluated resident #1 using the Department's preadmission screening form and determined the resident's needs can be met by services provided by the home. (See attached).

On 7/12/2023 the Vice President of Community Clinical Operations (VPCCO) re educated the ED regarding the regulation 2600.224.a. The community will complete the Department's preadmission screening form within 30 days prior to admission to document that the resident needs can be met by the services provided by the home.

224a - Preadmission Screen Form (continued)

The ED will audit the Preadmission Screening Form for new residents prior to move-in to validate the resident needs can be met in the home.

Licensee's Proposed Overall Completion Date: 07/12/2023

Implemented () - 08/08/2023)

227g -Support Plan Signatures

3. 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 2 participated in the development of his/her support plan on /2023. However, the resident did not sign the support plan.

Resident 3 participated in the development of his/her support plan on /2023. However, the resident did not sign the support plan.

Plan of Correction

Accept () - 07/13/2023)

The support plan for residents #2 and #3 were reviewed with the resident and the support plans were signed by the residents.

On 7/12/2023 the Vice President Community Clinical Operations reeducated the ED and the Director of Health and Wellness (DHW) regarding the regulation. An audited was completed of resident support plans to verify the plan by the individuals who participated in the development of the plan. No other issues were identified. Resident support plans will be signed upon completion by the individuals who participated in the development of the plan.

The ED will review resident support plans monthly to validate the plan is signed by the individuals participating in the development of the plan.

Licensee's Proposed Overall Completion Date: 07/21/2023

Implemented () - 08/08/2023)

231b - Medical Evaluation

4. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident 3 was admitted to the Secure Dementia Care Unit (SDCU) on ; however, the resident's medical evaluation took place on

Plan of Correction

Accept () - 07/13/2023)

Resident #3 was seen by the PCP on ... and a new Adult Residential Licensing - Documentation of Medical Evaluation (DME) was completed.

231b - Medical Evaluation (continued)

On 7/12/2023 the Vice President Community Clinical Operations re-educated the ED regarding the regulations.

The VPCCO audited the current DME for resident residents residing in the secured dementia care unit to validate the DME contained a diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit. The DME for residents residing in the secured dementia care unit will contain the diagnosis of Alzheimer's disease or other dementia and the need for resident to reside in the secured dementia care unit.

The ED will audit DMEs of residents residing in the secured dementia care unit to verify compliance with the regulation. This audit will be conducted monthly for 3 months.

Licensee's Proposed Overall Completion Date: 07/21/2023

Implemented [redacted] - 08/08/2023)

234a Admission Support Plan

5. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident s admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident 3 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's initial support plan was completed on [redacted].

Plan of Correction

Accept [redacted] 07/13/2023)

On 7/12/2023 the VPCCO re-educated the ED and DHW regarding the regulation.

The VPCCO audited the support plans of the residents residing in the secured memory care unit to verify the plan supported the resident need for residing in the secured dementia care unit. The community will develop, implement, and document the support plan for residents residing in the secured dementia care unit within 72 hours of admission or within 72 hours prior to the resident's admission. No other issues were noted.

The ED will audit support plans for new residents residing in the secured dementia care unit monthly for 3 months to alidate the completion of the plan. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Licensee's Proposed Overall Completion Date: 07/12/2023

Implemented [redacted] - 08/08/2023)