

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

November 17, 2023

[REDACTED]
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 10/18/2023 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: I-2 Date: 02/29/2012 Issued By: Lower Merion Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 76 Waking Staff: 57

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 10/18/2023

Inspection Dates and Department Representative

10/18/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 64 Residents Served: 51

Secured Dementia Care Unit
 In Home: Yes Area: Memory Care Unit Capacity: 16 Residents Served: 13

Hospice
 Current Residents: 1

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 51
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 25 Have Physical Disability: 0

Inspections / Reviews

10/18/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/12/2023

11/17/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/17/2023
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

11/17/2023 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/17/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. 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] 2023, at approximately [REDACTED] pm, resident 1 left the facility. The police found resident 1 at approximately [REDACTED] pm. Resident 1 sustained a fracture in [REDACTED] left hand and a cut on [REDACTED] right hand. Resident 1 was transported to [REDACTED] Hospital. This incident was not reported to the Department by the home.

On May 12, 2023, resident 2 fell in the home. This incident was not reported to the Department by the home until May 16.

On [REDACTED] 2023, resident 3 passed away. This incident was not reported to the Department by the home until [REDACTED] 2023.

Plan of Correction

Accept [REDACTED] - 11/17/2023)

On 11/6/2023 the Executive Director (ED) received re-educated regarding Personal Care Homes 2600.16. Reportable incident and conditions by the Vice President Community Clinical Operations. See attachment A.

Reportable incidents as defined by 2600.16. will be reported to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours.

ED verified reportable incidents have been reported in accordance with regulation.

Licensee's Proposed Overall Completion Date: 11/10/2023

Implemented [REDACTED] - 11/17/2023)

141a 1-10 Medical Evaluation Information

2. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The medical evaluations for resident's 1 and 4 did not include the medical information pertinent to diagnosis and

141a 1-10 Medical Evaluation Information (continued)

treatment in case of an emergency. This section was left blank.

The medical evaluation for resident 4 did not include medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. The DME stated See attached however nothing was attached.

Plan of Correction

Accept [redacted] - 11/17/2023)

The Medical Evaluations for resident 1 and 4 have been amended to include the required documentation. See attachment B.

Upon receipt of a new resident DME or an updated DME the Director of Health and Wellness (DHW) will review the document to verify the document is completed with all required information. The DHW will reach out to the MD for any additional information as needed.

The ED will review all new and updated DMEs monthly for 3 month to verify completion of the document.

Licensee's Proposed Overall Completion Date: 11/10/2023

Implemented [redacted] - 11/17/2023)

224a - Preadmission Screen Form

3. 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]/23, does not include a determination if the resident has been assessed as capable of recognizing and using poisons safely. Resident 1 resides in the dementia care unit.

Plan of Correction

Accept [redacted] - 11/17/2023)

On 11/06/2023 the ED received re-educated by the Vice President Clinical Community Operations regarding the Preadmission Screen Form and the regulation.

Resident #1 was moved to the Secured Dementia Unit on [redacted]/2023 and the Preadmission Screen Form for resident #1 was amended to validate this level of care as well as the assessment of the capability of recognizing and using poisons safely. See attached C.

The ED completed an audit of Preadmission Screen Forms for current residents to verify the residents had been assessed for their capability to recognize and use poisons safely. No other residents were identified to be affected by this cited practice.

The DHW or designee completing the Preadmission Screen Form will verify complete documentation prior to signing the document to including the determination if the resident has been assessed as capable of recognizing and using poisons safely.

The ED will review the Preadmission Screen Form prior to admission to verify the document is complete and includes a determination if the resident has been assessed capable of recognizing and using poisons safely.

Licensee's Proposed Overall Completion Date: 11/10/2023

Implemented [redacted] - 11/17/2023)

227c - Support Plan Revision

4. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident’s needs as indicated on the current assessment.

Description of Violation

The DME for resident 1, dated [redacted]/2023, indicates the resident has a need for a no-added sodium diet. The resident's support plan, dated [redacted]/2023, was left blank for dietary need.

Plan of Correction

Accepted [redacted] - 11/17/2023)

The ED reviewed and revised the Support Plan for resident #1 to include dietary needs. See attachment D.

The ED/designee will the Support Plans for current residents to verify the support plan accurately documented the residents current dietary needs.

The DHW or designee will include the resident’s dietary needs upon initial completion of the Support Plan within 30 days of the annual assessment and upon any changes in the resident’s needs.

The ED will audit initial, annual and change of condition assessments for the next 30 days to verify accurate documentation of the residents dietary needs.

2600.227d – Support Plan Medical/Dental.

The ED reviewed and revised the Support Plan for resident #4 to include the resident current need for toileting, bladder management, personal hygiene, managing health care, securing health care, doing laundry, making and keeping appointments, caring for personal possessions, engaging in social and leisure activities, obtaining clean and seasonal clothing, needing attendance in unfamiliar places, requiring limited physical or oral assistance to evacuate in an emergency, administering medications, orientation to time, place, and person, judgement, and short-term memory and how this need will be met. See attachment E.

The ED/designee will review the Support Plans for current residents to verify the support plan accurately document the residents current medical and dental needs and how the needs will be addressed.

The DHW or designee will assess the resident’s medical and dental needs prior to completion of the initial, annual or change in needs Support Pan. The resident’s needs and the way in which the need will be met will be accurately documented in the Support Plan.

The ED will audit initial, annual and change of condition assessments for the next 30 days to verify the Support Plan accurate documents the resident’s medical/dental needs and the way in which the need will be met.

Licensee's Proposed Overall Completion Date: 11/10/2023

Implemented [redacted] - 11/17/2023)

227d - Support Plan Medical/Dental

5. Requirements

2600.

227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The support plan for resident 4, dated [redacted] 2023, indicates the resident has a need for toileting, bladder management, personal hygiene, managing health care, securing health care, doing laundry, making and keeping appointments, caring for personal possessions, engaging in social and leisure activities, obtaining clean and seasonal clothing, needing attendance in unfamiliar places, requiring limited physical or oral assistance to evacuate in an

227d - Support Plan Medical/Dental (continued)

emergency, administering medications, orientation to time, place, and person, judgement, and short-term memory. The resident's support plan, dated [REDACTED]/2023, does not document how this need will be met.

Plan of Correction

Accept [REDACTED] - 11/17/2023)

The ED reviewed and revised the Support Plan for resident #4 to include the resident current need for toileting, bladder management, personal hygiene, managing health care, securing health care, doing laundry, making and keeping appointments, caring for personal possessions, engaging in social and leisure activities, obtaining clean and seasonal clothing, needing attendance in unfamiliar places, requiring limited physical or oral assistance to evacuate in an emergency, administering medications, orientation to time, place, and person, judgement, and short-term memory and how this need will be met. See attachment E.

The ED/designee will review the Support Plans for current residents to verify the support plan accurately document the residents current medical and dental needs and how the needs will be addressed.

The DHW or designee will assess the resident's medical and dental needs prior to completion of the initial, annual or change in needs Support Pan. The resident's needs and the way in which the need will be met will be accurately documented in the Support Plan.

The ED will audit initial, annual and change of condition assessments for the next 30 days to verify the Support Plan accurate documents the resident's medical/dental needs and the way in which the need will be met.

Proposed Overall Completion Date: 11/10/2023

Licensee's Proposed Overall Completion Date: 11/10/2023

Implemented ([REDACTED] 11/17/2023)

227g -Support Plan Signatures

6. 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 [REDACTED] support plan on 10/4/2023. However, the resident did not sign the support plan.

Repeat Violation - Renewal 6/14/2023

Plan of Correction

Accept [REDACTED] - 11/17/2023)

Resident #1 did participate in the development of the Support Plan. The resident was subsequently moved to the Secured Dementia Unit on [REDACTED]/2023. The Support Plan was modified by the ED and presented to the resident, unable to sign, signed the plan [REDACTED]/2023 See attachment F.

The ED/designee will audit current resident support plans to verify the plan has been signed by the resident and other individuals participating in the completion of the plan. If the resident/designated individual is unable or refuses to sign a notation will be make on the plan.

Within 30 days of admission the community will develop and complete a complete a Support Plan for the identified needs of the resident. Individuals who participate in the development of the support plan will sign and date the support plan. If the resident or designated person is unable or refuses to sign a notation of inability or refusal to

227g -Support Plan Signatures (continued)

sign will be documented.

The ED will audit new and updated support plans for the next 30 days to verify continued compliance with the regulation.

Proposed Overall Completion Date: 11/10/2023

Licensee's Proposed Overall Completion Date: 11/10/2023

Implemented (█ - 11/17/2023)

231c - Preadmission Screening

7. 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 1 was admitted to the Secure Dementia Care Unit (SDCU) on █/2023. However, resident 1's written cognitive pre-admission screening was not completed.

Plan of Correction

Accept (█ - 11/17/2023)

The Preadmission Screening for resident #1 was amended to include Cognitive Screening. See attachment A.

The ED/designee will audit the Preadmission Screens for residents who reside in the Secured Dementia Unit to verify completion of the Cognitive Screen.

The DHW or designee completing the Preadmission Screen Form will verify complete documentation prior to signing the document to including the Cognitive Screen if applicable. The Cognitive Screen will be completed by the resident's physician within 72 hours prior to admission for residents who will be residing in the Secured Dementia Unit.

The ED will review the Preadmission Screen Form prior to admission to verify the completion of the Cognitive Screen for residents who will reside in the Secured Dementia Unit.

Licensee's Proposed Overall Completion Date:

Implemented (█ - 11/17/2023)