

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

October 8, 2024

[REDACTED], OWNER
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 07/15/2024 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: 05/01/2025
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]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 74 Waking Staff: 56

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 07/15/2024

Inspection Dates and Department Representative

07/15/2024 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: Capacity: 16 Residents Served: 14
Memory Support Neighborhood

Hospice

Current Residents: 2

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: 23 Have Physical Disability: 1

Inspections / Reviews

07/15/2024 Full

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 08/04/2024

Inspections / Reviews (*continued*)

08/05/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/08/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 08/10/2024

08/13/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/08/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/16/2024

10/08/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/08/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 7/15/24 the home's current violation report, dated 10/18/2023, was not posted in a conspicuous and public place in the home.

Plan of Correction

Directed (████) - 08/13/2024)

The community immediately has posted the most recent violation report, dated 10/18/2023 in a conspicuous place that is also in a public place. The Executive Director/designee will post any new violation reports. Director of Business will fill in, in the absence of the Executive Director.

The Director of Business and Maintenance Director were educated on the regulation on 7/29/2024

An audit will be conducted once a week for four weeks and then quarterly with results discussed during QA.

Directed Plan of Correction:

Beginning 5 days from the receipt of the acceptable plan of correction, the administrator or designee shall audit required postings weekly for four weeks then quarterly.

Proposed Overall Completion Date: 08/12/2024

Directed Completion Date: 08/30/2024

Implemented (████) - 10/08/2024)

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 (████) Resident # 1 hit Resident # 2 in the shoulder and then Resident # 2 pushed Resident # 1 causing them to fall and hit their head. The home did not report this incident to the department until (████)

Repeated Violation: 10/18/23

Plan of Correction

Directed (████) - 08/13/2024)

All department head staff were educated on rules and regulations on reporting incident/conditions to the state on 8/7/2024. They were also educated on where to find the forms on the state website.

The Director of Health and Wellness/designee will be the responsible party to report any incident or condition within 24 hours of the event. In the absence of the DHW/designee the director of the department from which the event occurred will submit to the state.

16c - Written Incident Report (continued)

This will further prevent any report from being delayed. A quarterly in-service will be held to review competency on state website navigation.

Proposed Overall Completion Date: 08/08/2024

Directed Plan of Correction:

Within 10 days of the receipt of the acceptable plan of correction, the administrator or designee shall educate all department head staff on the reporting incident/conditions.

Beginning 15 days from the receipt of the acceptable plan of correction, the administrator or designee shall audit incidents bi-weekly for two months, then monthly for 6 months to ensure incidents are reported as required.

Directed Completion Date: 09/14/2024

Implemented [redacted] - 10/08/2024)

25b - Contract Signatures

3. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted], for Resident # 3 was not signed by the Resident.

Plan of Correction

Accept [redacted] - 08/13/2024)

Resident was given the opportunity to immediately review and sign the contract on [redacted] and provided a copy by the Director of Business Administration.

Director of Business Administration and Executive Director conducted an audit of resident contracts, completed on 7/19/2024.

Education on the state regulation was conducted between Executive Director and Director of Business Administration on 7/30/2024.

A re-education of the regulation will be conducted with our new Director of Sales and Marketing once the position is filled.

Director of Business Administration and Director of Sales and Marketing will consistently use the community's internal checklist for all new residents.

The Director of Business Administration will audit monthly and re-education will be done quarterly.

Licensee's Proposed Overall Completion Date: 08/09/2024

25b Contract Signatures (continued)

Implemented () - 10/08/2024

41e Signed Statement

4. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident # 3's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept () - 08/13/2024

Immediately the resident was given the opportunity to sign the resident rights and complaints procedure in contract on () and was given a copy for () records by the Director of Business Administration.

An education training provided by the Executive Director to the Director of Business Administration was conducted to ensure the regulation will continue to be followed on 7/30/2024.

An audit of resident charts was completed on 7/19/2024 by the Director of Business Administration.

The Director of Business Administration/designee will audit all new residents' charts monthly to ensure the resident has been given the opportunity to sign their agreement.

Re-Education will be conducted with our new Director of Sales and Marketing once the position is filled. This will ensure the residents are aware of their rights and procedure for filing complaints.

Licensee's Proposed Overall Completion Date: 08/08/2024

Implemented () - 10/08/2024

51 Criminal Background Check

5. Requirements

2600.

51. Criminal History Checks Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101 10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member A hired on () did not have a criminal background check completed until ()

Plan of Correction

Accept () - 08/13/2024

The community has a strict onboarding process which includes conducting a state background check prior to any employee working scheduled hours.

The Director of Business Administration was re-educated on state regulation/background checks by the Executive Director on 7/30/2024.

51 Criminal Background Check (continued)

An audit of all employee files will be done by the Director of Business Administration to be completed by 8/14/2024.

The Executive Director will begin an audit for all new employee files beginning 8/14/2024, after a completion by the Director of Business Administration for a duration of 6 months.

Licensee's Proposed Overall Completion Date: 08/14/2024

Implemented (████) - 10/08/2024)

85e - Trash Outside Home

6. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 7/15/24 at 9:45 A.M. the dumpsters of the home were closed and had trash bags placed on top of the closed dumpsters. The recycling dumpsters were open and uncovered at 9:45 A.M.

Plan of Correction

Accept (████) - 08/13/2024)

The community has the township trash scheduled for three times a week pick up in the morning, times varies when the township arrives.

Signs were immediately placed on the trash and recycling dumpsters on 7/16/2024 by the concierge, instructing all trash to be deposited into the dumpsters and to keep lids closed at all times to eliminate any potential infestation.

A staff education was conducted on 7/26/2024 which included staff from care, culinary and maintenance. Education was given on responsibility of each staff member to dispose of their trash into the labeled dumpsters and to close the lid once trash has been deposited. Any ongoing issues immediately must be brought to the attention of the Director of Maintenance/designee

Director of Maintenance will perform a closed lid check on the dumpsters within 24 hours of the trash being picked up. The trash company will be called immediately by the Director of Maintenance/designee if the dumpster are returned with an open lid.

Licensee's Proposed Overall Completion Date: 08/10/2024

Implemented (████) 10/08/2024)

101r - Bedroom - shades/drapes/window covering

7. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The window in bedroom 134 has blinds that are in disrepair and missing slats on the right side.

101r - Bedroom - shades/drapes/window covering (continued)

Plan of Correction

Accept (█ - 08/13/2024)

The residents room blinds were immediately replaced on 7/16/2024 with a new set of blinds that show no signs of any damage or missing slats.

The Director of Maintenance checked all rooms in the Personal Care community and Memory Care community, including all common areas, for any blinds that were in disrepair or had slats missing.

The Director of Maintenance/designee will conduct Quarterly rounds beginning September 2024 for a duration on 4 quarters.

The direct care staff were educated on 8/7/2024 to immediately report any room repairs needed to the Director of Maintenance/designee

Licensee's Proposed Overall Completion Date: 08/08/2024

Implemented (█ - 10/08/2024)

141b1 - Annual Medical Evaluation

8. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #4's most recent medical evaluation was completed on █. The resident's previous medical evaluation was completed on █

Plan of Correction

Accept (█ - 08/13/2024)

The Director of Health and Wellness/designee will conduct an audit all DME's that has begun 5/2024 and will be completed by 8/15/2024

This audit will continue quarterly starting September 2024 and be discussed during the community quarterly QA meetings.

Any new residents that move into the community, will not be admitted until the DHW/designee has reviewed the DME and signed off on the new resident checklist.

Licensee's Proposed Overall Completion Date: 08/15/2024

Implemented (█ - 10/08/2024)

187a - Medication Record

9. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

187a - Medication Record (continued)

Description of Violation

Resident #5 is prescribed the following medications:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

However, Resident's # 5's medication administration record (MAR) does not indicate the diagnosis or purpose for these medications.

Resident #6 is prescribed [REDACTED] once daily. The MAR does not indicate the diagnosis or purpose of this medication.

Plan of Correction

Accept ([REDACTED] - 08/13/2024)

The EMAR has been updated to reflect the purpose of the medication and indicate the diagnosis for what the medication is prescribed for.

DHW has re-educated the Medication Technician's on 8/7/2024 on the proper documentation that needs to be associated with medication administered into the community.

The DHW/designee will conduct audit for all medications prescribed to the residents who reside in the community once weekly beginning 8/12/2024 for four weeks, then monthly with results to QA.

Proposed Overall Completion Date: 08/12/2024

Licensee's Proposed Overall Completion Date: 08/12/2024

Implemented ([REDACTED] - 10/08/2024)

10. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

187a - Medication Record (continued)

Description of Violation

Resident # 6 is prescribed [redacted] 1 tablet every 8 hours. This medication was administered on [redacted] at [redacted]; however, it is not included on Resident #6's medication administration record.

Plan of Correction

Accept ([redacted] - 08/13/2024)

Resident record has been amended to reflect resident out of community for one of the sited doses.

Medication Technicians will be re educated on 8/14/2024 on documenting reasons for missed or non-administered doses by Director of Health and Wellness.

Ongoing audits performed by the Director of Health and Wellness will be completed weekly x4 and then monthly with results to QA.

Licensee's Proposed Overall Completion Date: 08/14/2024

Implemented ([redacted] - 10/08/2024)

11. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

9. Administration times.

Description of Violation

The Medication Administration Record for resident #5's medications does not include the times that these medications were administered from [redacted]

Resident #6 is prescribed [redacted] once per day, and [redacted] once per day. The Medication Administration Record these medications do not include the times that these medications were administered from [redacted].

Plan of Correction

Accept ([redacted] - 08/13/2024)

Residents #5 and #6 had received the medications as ordered with a documented time stamp in the electronic medical record.

Medication Technicians were educated by Executive Director on 8/8/2024 with the intent to re-educate staff persons on how to quickly access the administration log for medication.

A monthly audit will be conducted by the Executive Director beginning September 2024, the medication technicians will show that they can properly access the administration log for medication.

Licensee's Proposed Overall Completion Date: 08/08/2024

Implemented ([redacted] - 10/08/2024)

187d - Follow Prescriber's Orders

12. Requirements

187d - Follow Prescriber's Orders (continued)

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #5 is prescribed [REDACTED] once daily. However, this medication was not administered to the resident on [REDACTED] because the medication was not available in the home.

Plan of Correction

Accept ([REDACTED] - 08/13/2024)

Resident #5 has received medication as ordered

An audit on 7/17/2024 has been conducted by our daytime nurse, checking for other community residents that medications not available have been received or communication to prescriber has been made.

Director of Health and Wellness has educated med techs on communicating with prescriber if medication is not available and alerting DHW/designee if there is a potential interruption of the medication in the community on 7/19/2024

Weekly beginning 7/16/2024, the Director of Health and Wellness/designee will audit for unavailable medications ongoing.

Licensee's Proposed Overall Completion Date: 08/08/2024

Implemented ([REDACTED] 10/08/2024)

191 - Resident Right to Refuse

13. Requirements

2600.
191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident # 3, admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept ([REDACTED] - 08/13/2024)

Resident has been educated on their right to refuse medication in general or if they feel there is a medication error by Director of Business Administration on 7/16/2024.

Med Techs and Nursing will be educated by the Director of Health and Wellness by 8/16/2024 on documenting resident record why the medication was refused.

An audit will be conducted monthly beginning 8/13/2024 by the Executive Director for the next 3 months. Director of Sales and Marketing/designee will educate new residents on their right to refuse more than 24 hours prior to moving into the community.

Licensee's Proposed Overall Completion Date: 08/13/2024

Implemented ([REDACTED] 10/08/2024)