

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

October 22, 2024

[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 08/19/2024 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: THE RESIDENCE AT BALA CYNWYD License #: 14979 License Expiration: 02/24/2025
 Address: 251 ROCK HILL ROAD, BALA CYNWYD, PA 19004
 County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: I-1 Date: 11/28/2022 Issued By: Lower Merion Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 45 Waking Staff: 34

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 08/19/2024

Inspection Dates and Department Representative

08/19/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 86 Residents Served: 45
 Secured Dementia Care Unit
 In Home: Yes Area: Reflections Capacity: 22 Residents Served: 22
 Hospice
 Current Residents: 7
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 45
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 32

Inspections / Reviews

08/19/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/08/2024

09/10/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/16/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/15/2024

Inspections / Reviews *(continued)*

10/07/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/16/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/17/2024

10/22/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/16/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

41e - Signed Statement

1. 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 #1's contract contained a statement acknowledging receipt of a copy of the resident rights. On the line for "Resident's Signature," a signature had been effaced with correction fluid, next to a handwritten date of [REDACTED].

Plan of Correction

Accept ([REDACTED] - 10/07/2024)

- 1. A new contract has been executed by community with resident and responsible party on 9/4/2024.
- 2. All administrative associates will be retrained on regulation 2600.41.e by 9/21/2024
- 3. All contracts will be reviewed by ED/BOD to ensure resident signature present by 9/30/2024.
- 3. All new contracts will be reviewed weekly by ED/BOD x 30 days to ensure compliance until 10/15/2024.

Responsible parties:

Executive Director: [REDACTED]

Business Office Director: [REDACTED]

Licensee's Proposed Overall Completion Date: 10/15/2024

Implemented ([REDACTED] - 10/22/2024)

88a - Surfaces

2. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 8/19/2024 at 1:58 pm, one of the ceiling tiles had been removed due to water damage caused by a leak in the roof. A bucket of water was placed in the middle of the hallway to contain the leaking.

Plan of Correction

Accept ([REDACTED] - 10/07/2024)

- 1. Ceiling leak was repaired on 8/20/2024 and ceiling tiles were replaced in affected areas.
- 2. Maintenance director and Maintenance team will be re-trained on regulation 2600.88.a by 9/21/2024.
- 3. Maintenance team and/or designated associate will complete weekly audits of floors, walls, ceilings, windows, doors, and other surfaces to ensure they are in good repair and free of hazards X 30 days to be completed by 10/15/24.

Responsible Parties:

Maintenance Director: [REDACTED]

Executive Director: [REDACTED]

Other associates as assigned.

Licensee's Proposed Overall Completion Date: 10/15/2024

Implemented ([REDACTED] - 10/22/2024)

96a - First Aid Kit

3. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the kitchen and behind the front desk did not include a thermometer. The staff did not locate a complete first aid kit.

Plan of Correction

Accept ([redacted] - 10/07/2024)

- 1. Thermometer added to first aid kit on 9/4/2024.
- 2. All administrative staff and nurses will be re-educated on regulation 2600.96.a. by 9/21/24.
- 3. First aid kits will be audited on a weekly basis X 30 days to ensure kit intact until 10/15/24.

Responsible party:

Executive Director: [redacted]

Resident Care Director: [redacted]

Other nursing staff as assigned

Licensee's Proposed Overall Completion Date: 10/15/2024

Implemented ([redacted] - 10/22/2024)

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 8/19/2024, the bedside lamp for the resident in room 215 could not be turned on.

Plan of Correction

Accept ([redacted] - 10/07/2024)

- 1. Lamp was found to be unplugged by the resident. Lamp was plugged in and in working order on 9/4/24.
- 2. Maintenance director, Maintenance team, and housekeeping will be re-trained on regulation 2600.101.j by 9/21/2024.
- 3. Maintenance team and/or designated associate will complete weekly audits of lamps in occupied units to ensure proper working order X 30 days to be completed by 10/15/24.

Responsible Parties:

Maintenance Director: [redacted]

Executive Director: [redacted]

Other associates as assigned.

Licensee's Proposed Overall Completion Date: 10/15/2024

Implemented ([redacted] - 10/22/2024)

103i - Outdated Food

5. Requirements

2600.

103i - Outdated Food (continued)

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

Description of Violation

On 8/19/2024 at 10:00 am, there were Tupperware containers of corn and tuna labeled, but undated, in the kitchen refrigerator.

Plan of Correction

Accept () - 10/07/2024)

- 1. All foods will be dated and labeled upon opening.
- 2. All chefs will be retrained on regulation 2600.103.i and responsibilities of meeting the requirements.
- 3. All chefs will be retrained on proper food storage and labeling by 9/21/24.
- 3. Weekly audits will be completed to ensure compliance with labeling, dating, and inspection of foods X 30 days to be completed 10/15/24.

Responsible parties:

Restaurant Operations Director: [REDACTED]

Executive Director: [REDACTED]

Other restaurant operation associates as assigned

Licensee's Proposed Overall Completion Date: 10/15/2024

Implemented () - 10/22/2024)

162c - Menus Posted

6. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 8/18-8/24/2024 was posted. However, the menu for the week in advance was not posted.

Plan of Correction

Accept () - 10/07/2024)

- 1. Menu posted at least 1 week in advanced outside dining area in a conspicuous and public place on 9/4/24.
- 2. Culinary director, chefs, and waitstaff will be re-trained on regulation 2600.162.c by 9/21/24.
- 3. Weekly audit will be conducted X 30 days to ensure the menu is posted at least one week in advance through 10/15/24.

Responsible Party:

Culinary Director: [REDACTED]

Executive Director: [REDACTED]

Other culinary associates as assigned.

Licensee's Proposed Overall Completion Date: 10/15/2024

Implemented () - 10/22/2024)

185a - Implement Storage Procedures

7. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2 is prescribed [redacted] with instructions to apply [redacted] topically daily as needed.

Resident #3 is prescribed one [redacted] Oral Tablet by mouth at bedtime as needed. On 8/19/2024, these medications were not available on the medication cart.

Plan of Correction

Accept ([redacted] - 10/07/2024)

- 1. Medication reordered from pharmacy on 9/4/2024 and delivered to community on 9/5/2024.
- 2. All medication carts will be audited by 9/21/24 to ensure all prescribed medications are available.
- 3. All nurses and med techs will be retrained on regulation 2600.185.a by 9/21/2024
- 4. All nurses and med techs will be retrained on proper re-ordering process for PRNs to ensure medications are readily available for residents by 9/21/24.
- 5. Medication carts will be audited on a weekly basis to ensure all medications are available X 30 days to be completed 10/15/24

Responsible Party:

Resident Care Director: [redacted]

Executive Director: [redacted]

Other nurses as assigned

Licensee's Proposed Overall Completion Date: 10/15/2024

Implemented ([redacted] 10/22/2024)

251b - Record Entries Legible

8. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on resident #1's signature on the list of resident rights, dated [redacted], in the resident's contract.

Plan of Correction

Accept ([redacted] - 10/07/2024)

- 1. A new contract has been executed by community with resident and responsible party on 9/4/2024.
- 2. All administrative associates will be retrained on regulation 2600.251.b by 9/15/2024
- 3. All contracts will be reviewed by ED/BOD to ensure no correction fluid is present in any contracts by 9/30/2024.
- 3. All new contracts will be reviewed weekly by ED/BOD x 60 days to ensure compliance to be completed 10/15/24.

Responsible parties:

Executive Director: [redacted]

Business Office Director: [redacted]

Licensee's Proposed Overall Completion Date: 10/15/2024

Implemented ([redacted] - 10/22/2024)