

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

May 7, 2025

[REDACTED]
BALA CYNWYD OPERATING LP
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/29/2024 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]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2	Date: 02/24/2012	Issued By: Lower Merion Township Building & Planning Department
Type: Other	Date: 02/24/2012	Issued By: Lower Merion Township Building & Planning Department

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 73 **Waking Staff:** 55

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Complaint, Incident **Exit Conference Date:** 08/29/2024

Inspection Dates and Department Representative

08/29/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 64		Residents Served: 49	
Secured Dementia Care Unit			
In Home: Yes	Area: Memory CAre	Capacity: 16	Residents Served: 15
Hospice			
Current Residents: 4			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 49	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 24		Have Physical Disability: 1	

Inspections / Reviews

08/29/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/29/2024

Inspections / Reviews *(continued)*

10/25/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/07/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/29/2024

05/07/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/07/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

141a Medical Evaluation

1. 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.

Description of Violation

Resident [redacted] date of admission is listed as [redacted] on the resident list provided by the home, however the contract is dated [redacted] and signed [redacted]

The resident's medical evaluation (DME) has a date of [redacted] as the evaluation date but this date has a line drawn through it and [redacted] is written in the same box. The "cross out" is not initialed. The second page (page 2 of 2) has a box titled "Date Resident Examined:" but this box is blank.

The "Date Form Completed:" box is dated [redacted].

The Document is signed by an MD out of New York and dated [redacted].

Section (9) under "Cognitive Function" has the "Fair" box marked with a message "MMSE 22/30 [redacted] by Memory Specialist". This date precedes the other dates on the form except the original date of evaluation of [redacted]"

The form does not indicate who made the change and the original date of [redacted] is outside of the 60 days prior to admission range.

Plan of Correction

Accept [redacted] - 10/25/2024)

Immediately the DHW of the community submitted a new DME to be completed and signed by the residents PCP with correct dates.

The DHW/Designee will conduct an audit of all resident DME's to confirm dates follow state guidelines by 10/4/2024

The DHW/Designee will review all new DME's 24 hours prior to any new admittance

Proposed Overall Completion Date: 10/04/2024

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented [redacted] - 05/07/2025)

227d Support Plan Medical/Dental

2. 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 assessment for resident [redacted], dated [redacted], signed [redacted], does not address several diagnoses listed on the resident's DME with a completion date of [redacted]" including: Osteoporosis, Incontinence of Urine, Neural Hearing Loss, Osteoarthritis, Collagenous Colitis, and the Psychological diagnosis of Depression.

Plan of Correction

Accept [redacted] - 10/25/2024)

The residents support plan was immediately updated to list all doctor diagnoses.

227d Support Plan Medical/Dental (continued)

The DHW/Designee will conduct an audit of all resident support plans to ensure that PCP diagnosis are listed correctly by 10/4/2024.

An Education will be provided by the Executive Director to the DHW and nursing team to review the state guidelines on correctly completing a resident support plan on 10/3/2024

Proposed Overall Completion Date: 10/04/2024

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented [REDACTED] - 05/07/2025)

252 - Record Content**3. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

252 - Record Content (continued)

Description of Violation

Resident [REDACTED] record does not include race, religious affiliation, if any, and identifying marks and the admission date is incorrect.

Plan of Correction

Accept [REDACTED] - 10/25/2024)

Residents profile was immediately updated to reflect, religion and an identifying mark.

Our VP of Operations added the option on 9/27/2024 for our community face sheets to show the resident's race when printed.

The community will reprint all resident face sheets and have each file updated by 10/3/2024 with the correct face sheet that will show the resident's race.

An audit will be conducted by the DHW, to be complete on 10/4/2024. The audit will ensure that each resident profile has their race, religion and an identifying mark.

Proposed Overall Completion Date: 10/04/2024

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented [REDACTED] - 05/07/2025)