

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 12/18/2024 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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 67 Waking Staff: 50

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #: [REDACTED]
 Reason: Complaint, Incident Exit Conference Date: 12/18/2024

Inspection Dates and Department Representative

12/18/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 64 Residents Served: 44

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

Hospice
 Current Residents: 3

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 44
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 23 Have Physical Disability: 2

Inspections / Reviews

12/18/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/21/2025

02/24/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/07/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/28/2025

Inspections / Reviews *(continued)*

05/07/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/07/2025

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

05/07/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/07/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED], at 11:35 am, the medication room in the Memory Care Unit was unlocked, unattended, and accessible to all.

Plan of Correction

Accept [REDACTED] - 02/24/2025)

Door was immediately locked

All staff were in serviced on 2.20.2025 on keeping the door locked at all times for the Memory Care med room DHW or designee will verify each morning that door was locked

Licensee's Proposed Overall Completion Date: 02/21/2025

Implemented [REDACTED] - 05/07/2025)

42b Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED], at approximately 8:00 pm, resident [REDACTED] and [REDACTED] were in the common area in the secure dementia care unit (SDCU) when resident [REDACTED] approached resident [REDACTED] and inquired about a chair. Resident [REDACTED] and [REDACTED] started to argue, then resident [REDACTED] struck resident [REDACTED] in the left eye. Resident [REDACTED] responded by punching resident [REDACTED] in the face, which caused resident [REDACTED] to fall on the floor. This incident was reported to staff by resident [REDACTED]. When staff person A exited the laundry room they observed resident [REDACTED] on the floor and resident [REDACTED] seated in their wheelchair. Resident [REDACTED] immediately started apologizing for hitting resident [REDACTED]. Resident [REDACTED] stated they hit their head on the floor when they fell. Resident [REDACTED] was taken back to their room to be assessed for any injuries or discomfort. Resident [REDACTED] was assessed in the common area. Resident [REDACTED] had a visible lump on the left side of their forehead. Staff contacted the Administrator and the Director of Health, who suggested resident [REDACTED] be sent out to the hospital for further evaluation. Resident [REDACTED] was admitted to Lankenau Hospital on [REDACTED], a CT scan of residents head was completed. Based on the hospital discharge documents, the results were a "small acute subarachnoid hemorrhage in the left temporal-occipital region, likely post traumatic in etiology, and a small left frontal scalp contusion." Resident [REDACTED] was discharged from the hospital on [REDACTED], at 1:22 pm and returned to the facility.

Plan of Correction

Accept [REDACTED] - 05/07/2025)

Resident [REDACTED] was immediately assessed for injury and sent to local ED for further evaluation.

Residents' [REDACTED] family was notified of the incident and a 24/7 1:1 was put in place upon residents return.

42b Abuse (continued)

Observation and Alert Charting initiated following event, and no further observations of aggressive behavior observed.

Staff were re educated by Executive Director that no Memory Care residents will be left unattended in MC community areas on 11/26/24.

A staff in service was conducted on resident abuse and neglect on March 26th and March 27th, 2025 by the DHW.

Licensee's Proposed Overall Completion Date: 06/06/2025

Implemented [redacted] - 05/07/2025)

82c - Locking Poisonous Materials

3. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Eucerin cream, Gain laundry detergent, toothpaste, and , with a manufacturer's label indicating, "Keep out of the reach of children; please contact poison control center if swallowed," were unlocked, unattended, and accessible to residents in the medication room in the SDCU. Not all the residents of the home, including the residents in the SDCU, have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept [redacted] - 02/24/2025)

All staff were in serviced on 2.20.2025 on keeping the door locked at all times for the Memory Care med room and staff were also educated on the need for all poisonous material to be locked away in MC.

DHW or designee will verify each morning that door has stayed locked and that all material are locked away. This will occur once a week for four weeks and then bi weekly for 6 months.

Licensee's Proposed Overall Completion Date: 02/21/2025

Implemented [redacted] - 05/07/2025)

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

Resident [redacted] does not have access to a source of light that can be turned on/off at the bedside.

Plan of Correction

Accept [redacted] - 02/24/2025)

A working bedside lamp was put in the residents room within reach.

101j7 Lighting/Operable Lamp (continued)

An audit of all residents rooms was conducted by maintenance director on 12/20/224.

A monthly audit will be completed every two months for the next 6 months by Director of Maintenance or designee.

A staff in service will be held on 3/27/2025.

Licensee's Proposed Overall Completion Date: 03/27/2025

Implemented [redacted] - 05/07/2025)

141a 1-10 Medical Evaluation Information

5. 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

Resident [redacted] medical evaluation dated [redacted] did not include the medical information pertinent to diagnosis and treatment in case of an emergency, body positioning and movement stimulation for residents, if appropriate.

Plan of Correction

Accept [redacted] - 02/24/2025)

An audit will be completed by the DHW to ensure each DME is completed with all required information for all residents by March 30, 2025.

Resident 2's DME was updated to reflect pertinent medical information in regard to resident diagnosis.

An audit will be completed every 3 months for a year, done by DHW or designee

Licensee's Proposed Overall Completion Date: 03/30/2025

Implemented [redacted] - 05/07/2025)

183e - Storing Medications

6. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer’s instructions.

183e Storing Medications (continued)

Description of Violation

prescribed for resident was in a blister pack; however, pills and had openings in the back that were taped.

Plan of Correction

Accept - 02/24/2025)

An in service on 3/26/2025 and 3/27/2025 will be conducted by the DHW for all nursing staff. Staff will be educated on not taping a blister back, notification to the pharmacy and proper discarding of the medication. A monthly audit will be conducted for the next 12 months.

Licensee's Proposed Overall Completion Date: 03/27/2025

Implemented - 05/07/2025)

187d - Follow Prescriber's Orders

7. Requirements

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

Description of Violation

Resident is prescribed , and tablet at bedtime. However, on these medications were not administered to resident

Resident is prescribed at bedtime. However, on these medications were not administered to resident

Plan of Correction

Accept - 02/24/2025)

DHW will review each morning any medications not administered for the prior 24 hours, beginning 1/3/2025. This information will be shared daily at standup. An in service for nursing staff will be held on 3/27/2025, education will include proper documentation on non administered medications.

Licensee's Proposed Overall Completion Date: 03/27/2025

Implemented - 05/07/2025)

226a - Mobility Assessment

8. Requirements

2600. 226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

Resident assessment, dated does not include an assessment of the resident's mobility needs.

Plan of Correction

Accept - 05/07/2025)

Education provided to DHW and Director of Memory Support by Executive Director on the regulations and instructions regarding the DME on 2/6/25.

226a - Mobility Assessment (continued)

All residents' DME's will be audited on or before March 30th, 2025, to assess residents' current mobility needs by DHW or designee.

The DHW/designee will conduct a review of 10 randomly selected DME's each month for a period of 3 months beginning April 2025.

Proposed Overall Completion Date: 09/30/2025

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented [redacted] - 05/07/2025)

234b - Support Plan Needs Elements

9. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated [redacted], for resident [redacted] does not address resident's need for bladder management, no-added sodium and heart healthy diet.

Plan of Correction

Accept [redacted] - 05/07/2025)

The residents support plan was updated on 12/20/2024 to address the residents need for bladder management, no-added sodium and heart healthy diet.

An audit will be conducted by the DHW, completed on or by March 30, 2025. This audit will review each resident's support plan for accuracy and completion.

ED conducted an in-service on 2/6/2025 with DHW and Memory Support Director on the need for accuracy and completion on all resident support plans. This in service also included a review of the state regulations on support plans and instructions for use.

Executive Director/ Designee will ensure completion of the RASP in its entirety per state guideline.

Licensee's Proposed Overall Completion Date: 06/06/2025

Implemented [redacted] - 05/07/2025)

251b - Record Entries Legible

10. 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.

251b - Record Entries Legible (*continued*)**Description of Violation**

The dates of completion for resident [REDACTED] medical evaluation are not legible.

Plan of Correction

Accept [REDACTED] - 05/07/2025)

An in-service was done by ED, educating the DHW and Memory Support Director on 2/6/2025. This education included that all DME's received from an outside provider, must be legible before the community can accept the documents.

An audit conducted by the DHW will be complete on or before March 30, 2025. This audit will include checking all DME's for accuracy.

The DHW/designee will conduct a review of 10 randomly selected DME's each month for a period of 3 months beginning April 2025.

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented ([REDACTED]) - 05/07/2025)

252 - Record Content

11. 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.

252 Record Content (continued)

- 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.

Description of Violation

Residents [redacted] and [redacted] records do not include records of incident reports for the individual residents.

Plan of Correction

Accepted [redacted] - 05/07/2025)

A copy of the residents' incident report was immediately put into the resident's medical chart.

An in service will be held on 3/27/2025 by DHW educating the nursing team on the state regulation that each incident report will need a copy in the resident's medical chart.

Licensee's Proposed Overall Completion Date: 05/06/2025

Implemented [redacted] 05/07/2025)