

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

January 9, 2026

[REDACTED]  
LCB BALA CYNWYD, LLC  
[REDACTED]

RE: THE RESIDENCE AT BALA CYNWYD  
251 ROCK HILL ROAD  
BALA CYNWYD, PA, 19004  
LICENSE/COC#: 14979

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/30/2025, 07/31/2025 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: *02/24/2026*  
 Address: *251 ROCK HILL ROAD, BALA CYNWYD, PA 19004*  
 County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *LCB BALA CYNWYD, LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *97* Waking Staff: *73*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *07/31/2025*

**Inspection Dates and Department Representative**

07/30/2025 - On-Site: [REDACTED]  
 07/31/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *86* Residents Served: *64*  
 Secured Dementia Care Unit  
 In Home: *Yes* Area: *2nd floor* Capacity: *26* Residents Served: *24*  
 Hospice  
 Current Residents: *x*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *64*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *33* Have Physical Disability: *0*

**Inspections / Reviews**

07/30/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/05/2025*

09/08/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *09/30/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/13/2025*

Inspections / Reviews *(continued)*

## 09/15/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/01/2025

## 01/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 21 - Off-Premises Activity

### 1. Requirements

2600.

21. Offsite Services - If services or activities are provided by the home at a location other than the premises, the home shall ensure that the resident's support plans are followed and that resident health and safety are met.

#### Description of Violation

Resident [REDACTED]'s support plan, dated [REDACTED] indicates that the resident needs assistance with transferring in and out of bed/chair. On [REDACTED] around 01:30 PM, resident [REDACTED] went on a scenic drive in the home's van with eight other residents, accompanied by staff A and B. The trip took about an hour and a half before the van returned to the home. Staff A parked the van in the sun for about 3 hours before it was found out at 05:38 PM that resident [REDACTED] was left behind in the van. According to staff interviews, staff B released resident [REDACTED]'s seat belt upon arrival but was distracted by other residents who were attempting to exit the van without assistance, and forgot to prompt resident [REDACTED] to leave the seat and exit the vehicle.

#### Plan of Correction

Accept [REDACTED] - 09/08/2025)

1. Effective 8/1/2025, the Transportation guidelines were updated to include a resident sign-out process and post trip checklist that includes headcount.
2. A mandatory van sweep by the driver is required before locking the vehicle. This will be documented on a new post trip checklist.
3. All staff responsible for outings were retrained by 09/01/2025 on the community's updated transportation guidelines, with training records maintained in Relias.
4. The Resident Engagement Director, or designee, will audit outing logs post outing for 90 days, then quarterly thereafter.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented [REDACTED] - 01/09/2026)

## 23a - Activities of Daily Living Assistance

### 2. Requirements

2600.

- 23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

#### Description of Violation

The assessment and support plan, dated [REDACTED] for resident [REDACTED] indicates the resident requires extensive supervision outside of the home due to the resident's cognitive impairment. The support plan indicates that staff will accompany the resident when leaving the neighborhood. On [REDACTED] the resident was left in the van after an outing and was unaccompanied by staff for approximately 3 hours.

#### Plan of Correction

Accept [REDACTED] - 09/15/2025)

1. All associates involved with transport received education on honoring RASP supervision requirements, particularly during community outings, and was completed by 09/01/2025.
2. Effective 09/01/2025, outing assignments will ensure a minimum 1:4 staff-to-resident ratio for memory care residents, and 1:6 staff-to-resident ratio for all personal care residents. Each associate will be designated to their resident group prior to the outing to ensure accountability. The Resident Engagement Director, Reflections Director, or designee, will be responsible for designating the assignments. This practice will continue indefinitely.
3. Effective 08/01/2025, the Reflections Director (RD), Resident Engagement Director (RED), or designee, will be

**23a Activities of Daily Living Assistance (continued)**

responsible for ensuring all residents have disembarked the bus safely. When the bus returns, the driver will remain onboard until the bus has been cleared. The driver may assist residents while remaining in the van but should not get out of the van until every resident is safely off. Next, the RED, RD, or designee, will crosscheck the resident headcount to the sign out sheet, and the sign out sheet will be compared to the Accushield sign outs. Associates from the community should assist residents when entering back into the community.

The front desk will then sign in the residents from the outing in Accushield. Once the driver confirms the cabin is emptied, they will then proceed with parking the bus.

Licensee's Proposed Overall Completion Date: 09/13/2025

Implemented (█) - 01/09/2026)

**42b - Abuse****3. 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 █ resident █, along with eight other residents, all with a diagnosis of █ participated in a "scenic drive" activity accompanied by staff A (driver) and B. All nine residents boarded the home's van at approximately 1:30 PM. The van drove around the area about an hour and a half. At the conclusion of the trip at 02:48 PM, the van pulled up to the front of the home. Staff A (driver) went to the rear of the van to retrieve a resident's walker. Staff B unbuckled resident █ who was sitting on the 3rd row behind the driver but became distracted by another resident attempting to leave the van without assistance. Staff B exited the van first and helped the residents exit. Staff C came out of the home to assist the residents into the home. Staff A, the driver, exited the vehicle with a resident's walker followed by five other residents. Video footage from the front of the building shows that only eight residents disembarked. Resident █ support plan, dated █ indicates that the resident requires prompting/cueing with ambulation and transferring in and out of bed/chair. However, staff B forgot to prompt the resident to stand up and leave the bus. The home's written transportation procedures do not include an element to account for residents.

At 02:52 PM, staff A parked the van in the home's parking lot which had no coverage from the elements and exited the van at 02:53 PM without realizing that resident █ was still in the van. High temperature that day was 94°F recorded at 05:01 PM and the cabin temperature inside the van could have been over 120°F. Around 04:45 PM, when resident █ did not appear in the dining area for dinner, the resident's absence on the floor was noticed by staff D and the search began. At 05:27 PM, resident █ private duty aid who was to attend to the resident between 01:00 PM and 05:00 PM called staff C, the memory care director, whose first response was to search the van. The private duty aid, who was not onsite at that time, called another private duty aid to go out and check the van. At 05:32 PM, this individual is observed going outside to the van, walked around the van, and returned to the home without any signs of urgency, while speaking on the phone. Resident █ private duty aid arrived onsite at 05:37 PM and ran to the van. The police arrived at 05:39 PM and broke the passenger side windows to access the van. The resident was sitting upright with the head down, unconscious. The resident was transported to the hospital via EMS and admitted with the diagnosis of █. The resident's body temperature at admission was 102.6°F. The resident was left alone in the hot van for approximately 3 hours from 02:53 PM until 05:39 PM.

Of the nine residents who participated in the outing, three residents including resident █ required "extensive supervision" according to their assessment and support plan. One resident required 24 hours of direct supervision

42b Abuse (continued)

and five other residents required "moderate" supervision.

On [REDACTED], the resident was discharged from the hospital to a skilled nursing facility.

Plan of Correction

Accept [REDACTED] 09/15/2025)

1. Associates A, B, C, & D involved were immediately suspended pending investigation, and ultimately termination was enforced effective 08/01/2025.
2. Associates will complete a mandatory refresher course on resident rights and neglect prevention by 09/15/2025, given by the Executive Director.
3. Updated Transportation guidelines (revised on 08/01/2025 by the Vice President of Memory Care and Resident Engagement Services) now require an additional layer of accountability: Reflections Director (RD), Resident Engagement Director (RED), or designee will be responsible for ensuring all residents have disembarked the bus safely. When the bus returns, the driver will remain onboard until the bus has been cleared. The driver may assist residents while remaining in the van but should not get out of the van until every resident is safely off. Next, the RED, RD, or designee, will crosscheck the resident headcount to the sign out sheet, and the sign out sheet will be compared to the Accushield sign outs. Associates from the community should assist residents when entering back into the community. The front desk will then sign in the residents from the outing in Accushield. Once the driver confirms the cabin is emptied, they will then proceed with parking the bus.
4. The Quality Assurance Committee will review all incident reports involving resident outings quarterly to ensure continued compliance. The next QA meeting is scheduled for 09/24/2025.

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

Implemented [REDACTED] - 01/09/2026)

231c - Preadmission Screening

4. 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 [REDACTED] was admitted to the Secured Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's written cognitive preadmission screening was completed on [REDACTED] and it did not include the diagnosis of [REDACTED]. This section of the form is blank.

Resident [REDACTED] was admitted to the SDCU on [REDACTED]. However, the resident's written cognitive preadmission screening was completed on [REDACTED].

Resident [REDACTED] was admitted to the SDCU on [REDACTED]. However, the resident's written cognitive preadmission screening completed on [REDACTED] does not include the signature of the screener.

Plan of Correction

Accept [REDACTED] - 09/15/2025)

1. Effective immediately, no resident may be admitted to the SDCU until the DHS Cognitive Preadmission Screening Form is fully completed, signed, and dated within 72 hours of admission, in compliance with §2600.231(c).

231c - Preadmission Screening (continued)

- 2. The Resident Care Director, or designee will review all admission packets prior to move-in to ensure regulatory compliance.
- 3. The Resident Care Director, or designee, will audit all SDCU admissions monthly for 3 months effective 09/01/2025, then quarterly thereafter, to ensure Preadmission Screening compliance.
- 4. All associates involved in admissions/internal transfers will be retrained, by the Director of Resident Care or designee, on proper use of the DHS preadmission screening forms by 09/15/2025.

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented [REDACTED] - 01/09/2026)

234b - Support Plan Needs Elements

5. 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 the use of an assistive device for ambulation, and indicates that the resident is independent with ambulation. However, on [REDACTED], the resident was using a walker to ambulate.

Plan of Correction

Accepted [REDACTED] - 09/15/2025)

- 1. The Resident Care Director immediately updated Resident [REDACTED] support plan to reflect ambulation needs and completed audits and corrections of all RASP's on 08/12/2025.
- 2. Effective 09/01/2025, the Director of Resident Care, or designee, will review support plans and reconcile quarterly against observed resident status and physician documentation.
- 3. Nurses will be re-educated, by the Resident Care Director, by 09/15/2025 on the importance of accurate documentation of assistive device use in support plans.
- 4. Effective 09/01/2025, the Executive Director, or designee, will review 5 random support plans monthly for 3 months to ensure accuracy.

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented [REDACTED] - 01/09/2026)