

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 10/02/2025 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: 84 Waking Staff: 63

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Monitoring Exit Conference Date: 10/02/2025

Inspection Dates and Department Representative

10/02/2025 - On-Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 86 Residents Served: 55

Secured Dementia Care Unit

In Home: Yes Area: Reflections Capacity: 26 Residents Served: 21

Hospice

Current Residents: xx

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 55
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 29 Have Physical Disability: 0

Inspections / Reviews

10/02/2025 Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 11/02/2025

11/03/2025 - POC Submission

Submitted By: [Redacted] Date Submitted: 11/17/2025
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 11/17/2025

Inspections / Reviews *(continued)*

01/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/17/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED] uses a bedside mobility device. However, the resident's status change assessment, dated [REDACTED] does not include

- o The specific need for the device
- o The intended use and any risks associated with the use
- o The resident's ability to use the device safely for the purpose it was intended
- o Identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/03/2025)

1. Resident [REDACTED] status change assessment was updated on 10/05/2025 to include all required elements related to the bedside mobility device: specific need, intended use was already listed on the RASP, risks, safe use ability, device identification, and cover requirements.
2. The Resident Care Director (RCD), or designee, reviewed all current resident assessments by 10/15/2025 to ensure any residents utilizing bedside mobility devices have complete documentation consistent with 2600.225(c).
3. All nurses were in-serviced on 10/10/2025 by the RCD on proper documentation requirements for mobility device assessments.
4. The RCD, or designee, will audit 25% of resident assessments monthly for three months, documenting findings on the Assessment Audit Log and sharing results with the Quality Assurance Committee. The QA Committee will review findings and determine if continued auditing is necessary beyond the 90-day period.

Licensee's Proposed Overall Completion Date: 11/01/2025

Implemented [REDACTED] - 01/09/2026)

231b - Medical Evaluation

2. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in 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 medical evaluation dated [REDACTED] does not include the need for the resident to be served in a secured dementia care unit.

Plan of Correction

Accept [REDACTED] - 11/03/2025)

1. The attending physician for Resident [REDACTED] was contacted on 10/03/2025 and provided an updated medical evaluation confirming the need for SDCU placement, which was received and added to the resident record.
2. The RCD, RSS, or designee, will review all SDCU resident medical evaluations by 11/15/2025 to ensure documentation includes the required notation regarding the need for secured unit placement.
3. The Executive Director will review a random sample of 25% of SDCU medical evaluations monthly for three

231b Medical Evaluation (continued)

months to ensure ongoing compliance, with results reviewed during the quarterly QA Committee meetings. The next QA meeting will be held in 12/2025.

4. Any noncompliance identified will be corrected immediately, shared with the QA committee, and retraining will occur as necessary.

Licensee's Proposed Overall Completion Date: 11/15/2025

Implemented ([REDACTED] - 01/09/2026)