

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

January 13, 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 11/24/2025 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**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *81* Waking Staff: *61*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Monitoring* Exit Conference Date: *11/24/2025*

**Inspection Dates and Department Representative**

11/24/2025 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *86* Residents Served: *52*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Reflections* Capacity: *26* Residents Served: *23*

**Hospice**  
 Current Residents: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *52*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *29* Have Physical Disability: *0*

**Inspections / Reviews**

11/24/2025 Partial  
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *12/24/2025*

12/26/2025 - POC Submission  
 Submitted By: [Redacted] Date Submitted: *01/12/2026*  
 Reviewer: [Redacted] Follow-Up Type: *Document Submission* Follow-Up Date: *01/12/2026*

Inspections / Reviews *(continued)*

01/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 81b - Resident Personal Equipment

## 1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

## Description of Violation

*Bedside mobility devices must be installed and maintained according to the manufacturer's instructions and be clean, in good repair, and free of hazards.*

*Resident [REDACTED]'s bed is equipped with a bedside mobility device. The device had an opening of approximately 10 inches wide and 3.5 inches high, which exceeds the FDA guidelines for entrapment. At 10:00 am, the device was observed loosely covered.*

## Plan of Correction

Accept [REDACTED] - 12/26/2025)

- 1. Resident [REDACTED] bedside mobility device was removed immediately on 11/24/2025 due to noncompliance with manufacturer specifications and FDA entrapment guidelines.*
- 2. A compliant device was obtained and installed per manufacturer instructions prior to re-use.*
- 3. The Resident Care Director re-educated wellness staff on approved bedside mobility devices, required coverings, and entrapment risk prevention on 11/26/2025.*
- 4. The Resident Care Director, or designee, will audit all resident personal equipment by 12/05/2025 to ensure devices are clean, properly installed, and free of hazards.*
- 5. Weekly audits will be conducted for 90 days, documented, and reviewed by the QA Committee to determine the need for continued monitoring.*

Licensee's Proposed Overall Completion Date: 12/24/2025

Implemented [REDACTED] - 01/13/2026)

## 82b - Poisonous Material Storage

## 2. Requirements

2600.

82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

## Description of Violation

*Green Scene Squeaky Clean with manufacturer's label indicating "if ingested do not induce vomiting! Drink a large quantity of water or milk. Do not attempt to give liquids to an unconscious person. Get immediate medical attention! ", was stored in the secured dementia care unit kitchenette on the counter next to a container of syrup and a box of sugar.*

*Scrubbing Bubbles bleach cleaner with a manufacturer's label indicating "if ingested seek medical attention.", was stored in the secured dementia care unit kitchenette on the counter next to a container of syrup and a box of sugar.*

## Plan of Correction

Accept [REDACTED] - 12/26/2025)

- 1. All poisonous materials were removed from food preparation and service areas immediately on 11/24/2025 and relocated to secured storage.*
- 2. Reflections staff were re-educated on proper storage and separation requirements on 11/25/2025 by the Reflections Director.*

**82b Poisonous Material Storage (continued)**

3. The Reflections Director, or designee, will complete daily kitchenette checks for 30 days using the Safe Haven Rounds Checklist.

4. Any deficiencies will be corrected immediately and reported to the QA Committee. The next QA meeting will be held on March 25, 2025.

Licensee's Proposed Overall Completion Date: 12/24/2025

Implemented [redacted] - 01/13/2026)

**85d - Trash Receptacles**

**3. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

On [redacted] at 9:23 A.M. there was a 3/4 full, uncovered, unattended trash can in the secured dementia care unit kitchenette.

**Plan of Correction**

Accept [redacted] - 12/26/2025)

1. The uncovered trash receptacle was corrected immediately on 11/24/2025 by closing the lid.
2. Covered receptacles were verified in the kitchen area by the Executive Director and Maintenance Director.
3. The Reflections Director, or designee, will verify compliance daily for 30 days using the Safe Haven Rounds Checklist.
4. Findings will be reviewed weekly by the Executive Director for a period of 30 days.

Licensee's Proposed Overall Completion Date: 12/24/2025

Implemented [redacted] 01/13/2026)

**103c - Food Protected**

**4. Requirements**

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

**Description of Violation**

On [redacted] at 9:25 A.M. there was an uncovered serving trays with bacon, eggs, pancakes, sausage links and breakfast potatoes stored in the hot bar in the secured dementia care unit kitchenette.

**Plan of Correction**

Accept [redacted] - 12/26/2025)

1. Uncovered food items were discarded immediately on 11/24/2025.
2. Dining staff were re educated on food protection on 11/25/2025 by the Restaurant Operations Director.
3. Weekly food service audits will be conducted for 90 days by the Restaurant Operations Director, or designee, beginning on 12/22/2025.
4. Results of the audits will be reviewed by the QA Committee on March 25, 2025.

Licensee's Proposed Overall Completion Date: 12/24/2025

Implemented [redacted] - 01/13/2026)

**103i - Outdated Food**

5. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

*There were an unlabeled, undated crackers and chips in the secured dementia care unit kitchenette cabinets.*

*There were unlabeled, undated chocolate and rainbow sherbet ice cream containers in the main kitchen's ice cream fridge.*

*There were unlabeled, undated fruit, containers of pasta and sauce, and cheese in the main kitchen's walk-in fridge.*

*There was an unlabeled, undated bin of flour in the main kitchen's dry storage area.*

Plan of Correction

Accept (████) - 12/26/2025)

1. All unlabeled and undated food items were discarded immediately on 11/24/2025.
2. Dining staff were re-educated on food labeling, dating, and storage requirements on 11/26/2025.
3. Weekly food storage audits will be completed for 90 days by the Restaurant Operations Director, or designee, beginning on 12/22/2025.
4. Findings will be documented and reviewed by the QA Committee on March 25, 2025.

Licensee's Proposed Overall Completion Date: 12/24/2025

Implemented (████) - 01/13/2026)

125a Combustible Storage

6. Requirements

- 2600.
- 125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

*A round cake in a cardboard box, an iPad, a walkie talkie were stored on the secured dementia care unit kitchenette's electric stove.*

Plan of Correction

Accept (████) - 12/26/2025)

1. All items were removed from the electric stove immediately on 11/24/2025.
2. Staff were re-educated on combustible and flammable material storage requirements on 12/02/2025, by the Reflections Director.
3. Kitchen area audits will be completed weekly for 60 days by the Reflections Director, or designee, using the Safe Haven Rounds Checklist.
4. Any deficiencies will be corrected immediately and documented, and any findings will be reviewed during the QA committee meeting on March 25, 2025.

Licensee's Proposed Overall Completion Date: 12/24/2025

Implemented (████) - 01/13/2026)

141a Medical Evaluation

7. Requirements

141a Medical Evaluation (continued)

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

The medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the resident. Resident [redacted] was admitted to the home on [redacted] and Resident [redacted] initial medical evaluation was completed on [redacted]

Plan of Correction

Accept [redacted] - 12/26/2025)

1. Resident [redacted] medical evaluation was obtained and completed immediately upon identification of the deficiency.
2. Wellness leadership was re-educated on admission medical evaluation timelines on 12/15/2025.
3. The Resident Care Director, Executive Director, or designees, will audit all initial resident medical evaluations by 01/10/2026 to ensure compliance.
4. New admissions will be reviewed by Executive Director, or designee, weekly for 90 days to ensure timely completion.

Licensee's Proposed Overall Completion Date: 01/10/2026

Implemented [redacted] 01/13/2026)

181f Record of Medication

8. Requirements

2600.

181.f. The resident’s record shall include a current list of prescription, CAM and OTC medications for each resident who is self administering [redacted] medication.

Description of Violation

On [redacted], Resident [redacted] record did not include a current list of medications. The home did not have a medication list for Resident [redacted]. Resident [redacted] had [redacted], take 1 tablet 6 times a day and [redacted] – direction say to check invoice packaging present in Resident [redacted]’s room on [redacted]

On [redacted] Resident [redacted] record included a current medication list. Resident [redacted] had [redacted] take every 8 hours for 7 days present in their upper cabinet in the their bathroom. This medication was filled on [redacted] and should have been discontinued on [redacted].

Plan of Correction

Accept [redacted] - 12/26/2025)

1. Resident [redacted] current medication list was obtained and added to the resident record on 11/28/2025.
2. Discontinued medication for Resident [redacted] was removed and disposed of per policy on 11/24/2025.
3. Residents and POAs were re-educated on the requirement to report medication changes immediately.
4. All self-administering resident medication records will be audited by 01/10/2026, by RCD, RSS, or designee.
5. Quarterly audits will occur thereafter, by the RCD or designee, for a period of 12 months, or as determined by the QA Committee.

Licensee's Proposed Overall Completion Date: 01/10/2026

Implemented [redacted] - 01/13/2026)

182b Prescription Medication

9. Requirements

2600.

182.b. Prescription medication that is not self administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician’s assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

On [redacted] at 9:00 A.M. Staff Person A administered medications to residents to include the following:

1. [redacted]

*Staff Person A is not a physician, licensed dentist, licensed physician’s assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic, a graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home , A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. , a staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.*

Plan of Correction

Accept [redacted] - 12/26/2025)

1. Staff Person A was removed from medication administration duties immediately on 11/24/2025.
2. Medication administration qualifications and training requirements were reviewed with community leadership on 11/26/2025.
3. The Resident Care Director, Business Office Director, or designees, will verify medication credentials prior to assignment on the med-cart.
4. All new hire med-tech documentation will be reviewed by the Executive Director and Business Office Director to ensure compliance with BHSL standards.

182b - Prescription Medication (*continued*)

Licensee's Proposed Overall Completion Date: 12/24/2025

Implemented ( ) - 01/13/2026)

## 183d - Prescription Current

## 10. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

## Description of Violation

On [REDACTED], [REDACTED] prescribed for individual Resident # [REDACTED] was in the home's medication cart; however, the medication was discontinued on [REDACTED]

## Plan of Correction

Accept ( ) - 12/26/2025)

1. Discontinued [REDACTED] was removed from the medication cart immediately on 11/24/2025.
2. Nursing staff were re-educated on medication discontinuation procedures, lead by the RCD, on 12/11/2025.
3. Daily medication cart audits will be conducted for 90 days, by the Med-techs and LPN's, overseen by the RCD and RSS, beginning on 12/15/2025.
4. Findings will be reviewed by the Resident Care Director, or designee, and any findings will be shared with the QA committee.

Licensee's Proposed Overall Completion Date: 12/24/2025

Implemented ( ) - 01/13/2026)

## 184a - Resident's Meds Labeled

## 11. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

## Description of Violation

The pharmacy label for Resident [REDACTED] s [REDACTED] does not include the change in the physician's order to administer 0.25 mg every night then starting [REDACTED] administer 0.25 mg every other night for 5 days, and finally administer 0.25 mg every 2 days for 5 days.

## Plan of Correction

Accept ( ) 12/26/2025)

1. Pharmacy was contacted for this self-medicator resident to obtain updated labels reflecting the prescriber's taper order.
2. Corrected labels were applied immediately upon receipt.
3. Weekly pharmacy label audits will be conducted for residents that self-medicate for 60 days by the Resident Care Director, or designee.
4. Any discrepancies will be corrected immediately, and findings will be shared with the QA committee.

Licensee's Proposed Overall Completion Date: 12/24/2025

184a - Resident's Meds Labeled (continued)

Implemented [REDACTED] - 01/13/2026)

187b - Date/Time of Medication Admin.

12. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] 1 tablet daily then starting [REDACTED] once every other day for 5 days, and finally [REDACTED] once every 2 days for 5 days. Resident [REDACTED] October 2025 medication administration record does not include the initials of the staff person who administered [REDACTED] on [REDACTED], and [REDACTED] at 9:00 P.M.

Plan of Correction

Accept [REDACTED] - 12/26/2025)

1. Staff involved were re-educated on MAR documentation requirements on 11/25/2025.
2. Nursing staff received refresher training on documentation at the time of administration, given by the RCD, on 12/11/2025.
3. Weekly MAR audits will be conducted for 90 days, by the RCD/RSS or designee, and reviewed with the Executive Director.
4. Results will be reviewed by the QA Committee on March 25, 2025.

Licensee's Proposed Overall Completion Date: 12/24/2025

Implemented [REDACTED] - 01/13/2026)

187d - Follow Prescriber's Orders

13. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] once daily then starting [REDACTED] every other day for 5 days, and finally [REDACTED] every 2 days for 5 days. However, Resident # [REDACTED] was administered [REDACTED] on [REDACTED] to [REDACTED], and [REDACTED] at 9:00 P.M.

Plan of Correction

Accept [REDACTED] - 12/26/2025)

1. The medication dosing error was identified, addressed, and corrected immediately. The medication error was reported to the department on 11/25/2025.
2. Nurses and med-techs were re-educated on adherence to prescriber orders and taper schedules on 12/02/2025.
3. Weekly audits of MARs and physician orders will be conducted for 90 days, lead by the RCD/RSS, beginning on 12/15/2025.
4. Findings will be reviewed by the QA Committee, on March 25, 2025, to determine if additional monitoring is required.

Licensee's Proposed Overall Completion Date: 12/24/2025

Implemented [REDACTED] - 01/13/2026)