

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

March 6, 2026

[REDACTED] REGIONAL DIRECTOR OF OPERATIONS
1425 HORSHAM SNF OPERATIONS LLC
1425 HORSHAM ROAD
[REDACTED]
NORTH WALES, PA, 19454

RE: THE INN AT HORSHAM CENTER
FOR JEWISH LIFE
1425 HORSHAM ROAD
NORTH WALES, PA, 19454
LICENSE/COC#: 14706

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/12/2026 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 INN AT HORSHAM CENTER FOR JEWISH LIFE* License #: *14706* License Expiration: *10/26/2026*
 Address: *1425 HORSHAM ROAD, NORTH WALES, PA 19454*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *1425 HORSHAM SNF OPERATIONS LLC*
 Address: *1425 HORSHAM ROAD, [REDACTED] NORTH WALES, PA, 19454*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/22/2001* Issued By: *PA L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *32* Waking Staff: *24*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *02/12/2026*

Inspection Dates and Department Representative

02/12/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *58* Residents Served: *25*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *25*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *7* Have Physical Disability: *0*

Inspections / Reviews

02/12/2026 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/09/2026*

03/06/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/06/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

03/06/2026 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/06/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

On 2/12/26, resident 1 has a bedside mobility device attached to their bed. Resident 1's assessment, dated [REDACTED] does not include Resident # 1's need for bedside mobility device. .

Plan of Correction**Accept ([REDACTED] - 03/06/2026)**

on 2/12/26 resident 1 assessment was reviewed and updated by nursing staff and administrator while surveyor was on site. On 2/13/26 Administrator and designee conducted an audit of all residents bedside mobility devices to ensure the devices are documented in their assessments and support plans. in accordance with regulation 2600.225.a. Any discrepancies identified during the audit were corrected immediately by designee. On 2/16/26 Administrator provided a re-education to nursing staff responsible completing and updating resident assessments. On 2/16/26 Administrator began conducted monthly audits of resident assessments for 3 months then quarterly thereafter. Any identified issues will be corrected immediately and addressed with staff as needed by Administrator or designee. Please see attached.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented ([REDACTED] - 03/06/2026)