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

June 24, 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 05/14/2026 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 RESIDENCE AT BALA CYNWYD* **License #**: *14979* **License Expiration**: *02/24/2027*

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**: *86* **Waking Staff**: *65*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *05/14/2026*

Inspection Dates and Department Representative

05/14/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *86* **Residents Served**: *63*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Reflections* **Capacity**: *26* **Residents Served**: *23*

Hospice

Current Residents: *63*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *63*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *23* **Have Physical Disability**: *0*

Inspections / Reviews

05/14/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/14/2026*

06/16/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/18/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/18/2026*

Inspections / Reviews *(continued)*

06/24/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/18/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

15b Supervisor Plan

1. Requirements

2600.
15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted], the home became aware of abuse allegations involving staff member A; However, Staff Member A was not suspended or working on an approved plan of supervision and continued working in the home as scheduled.

Plan of Correction ***Accept [redacted] - 06/16/2026)***

1. Upon identification of the concern, an immediate internal investigation took place on. The investigation resulted in unfounded allegations against Staff Member A. The internal investigation was provided to the department on 5/14/2026 upon request.
2. All department leaders were in-serviced by the Executive Director, on 5/27/2026, on abuse reporting requirements and the immediate implementation of supervision plans or suspension procedures when allegations involve a staff member.
3. The Executive Director, or designee, will audit any reportable abuse allegations monthly, beginning with June 2026, for three months to ensure supervision plans or suspensions are implemented timely and documented appropriately. Findings will be reviewed by the Quality Assurance Committee during the September 2026 meeting.
4. Any noncompliance identified during the audit process will be corrected immediately, reviewed with the responsible leader, and additional retraining will occur as necessary.

Licensee's Proposed Overall Completion Date: *06/14/2026*

Implemented [redacted] - 06/24/2026)

16c Written Incident Report

2. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] three incidents of abuse were reported to the Area Agencies of Aging. The home did not report these incidents to the department.

Plan of Correction ***Accept [redacted] - 06/16/2026)***

1. AAA visited the community on 5/1/2026 and left the community stating they were unable to substantiate any of the claims. The Department entered and exited the community on 5/14/2026. The three abuse allegations identified during the inspection were reported to the Department immediately upon discovery of the oversight, by the Executive Director, on 5/15/2026.
2. On 5/15/2026, the Executive Director reviewed all reportable incidents from the previous 12 months to verify that required notifications were submitted to the Department within required timeframes. All applicable incidents have been reported.
3. All department leaders were in-serviced on reportable incident requirements, including mandatory Department notification timelines and documentation procedures, led by the Executive Director, on 5/27/2026.
4. The Executive Director, or designee, will audit all reportable incidents monthly for three months to verify timely

16c Written Incident Report (continued)

reporting to the Department. Results will be documented and reviewed by the Quality Assurance Committee during the September 2026 meeting.

Licensee's Proposed Overall Completion Date: *06/14/2026*

Implemented [redacted] - 06/24/2026)

190a - Completion Medication Course

3. Requirements

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B, who has not successfully completed the Department approved medication administration course, administered [redacted] Cap to Resident [redacted] at 8:00am on [redacted], and [redacted]

Plan of Correction ***Accept [redacted] - 06/16/2026)***

1. Staff Person B had completed the initial medication course training, however, was out of date on their bi annual observations. Staff Person B was removed from medication administration duties upon discovery of the concern and will not administer medications unless and until all state approved competency requirements are completed.
2. The Resident Care Director, or designee, reviewed all staff authorized to administer medications on 5/18/2026 to verify completion of the Department approved medication administration course and competency requirements. All staff members were compliant.
3. All nurses and medication technicians were re educated by the Resident Care Director regarding medication administration authorization requirements and verification of active credentials on 6/8/2026.
4. The Resident Care Director, or designee, will audit the medication administration staff files monthly for three months, beginning in June 2026, to ensure required medication administration training remains current and documented. Findings will be reviewed by the Quality Assurance Committee during the September 2026 meeting.

Licensee's Proposed Overall Completion Date: *06/14/2026*

Implemented [redacted] - 06/24/2026)