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

July 10, 2026

[redacted], MANAGER
BALA CYNWYD OPERATING LP
[redacted]

RE: SYMPHONY SQUARE AT BALA CYNWYD
35 OLD LANCASTER ROAD
BALA CYNWYD, PA, 19004
LICENSE/COC#: 14776

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/05/2026 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: *SYMPHONY SQUARE AT BALA CYNWYD* **License #**: *14776* **License Expiration**: *05/01/2027*

Address: *35 OLD LANCASTER ROAD, BALA CYNWYD, PA 19004*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *BALA CYNWYD OPERATING LP*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I 2* **Date**: *02/24/2012* **Issued By**: *Lower Merrion Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *58* **Waking Staff**: *44*

Inspection Information

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

Reason: *Renewal, Incident* **Exit Conference Date**: *06/05/2026*

Inspection Dates and Department Representative

06/05/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *64* **Residents Served**: *35*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Connections* **Capacity**: *16* **Residents Served**: *12*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *NA*

Are 60 Years of Age or Older: *35*

Diagnosed with Mental Illness: *NA*

Diagnosed with Intellectual Disability: *NA*

Have Mobility Need: *23*

Have Physical Disability: *2*

Inspections / Reviews

06/05/2026 - Full

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *07/09/2026*

Inspections / Reviews *(continued)*

07/10/2026 POC Submission

Submitted By: [redacted]
Date Submitted: *07/10/2026*
Reviewer: [redacted]
Follow Up Type: *Bypass Document Submission*

07/10/2026 Bypass Document Submission

Submitted By: [redacted]
Date Submitted: *07/10/2026*
Reviewer: [redacted]
Follow Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction ***Accept (- 07/10/2026)***

In response to the violation on 06/05/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/08/2026 by the Executive Director by contacting staff person A and was asked to provide proof of graduation. The employee submitted transcripts that did not demonstrate completion of graduation requirements and was subsequently asked to provide a letter verifying graduation. The employee was unable to provide the required documentation. The employee was removed from the work schedule and did not to return to work.

Executive Director preformed an audit of all direct care personal files to ensure qualification documentation is present for all direct care staff and new hires on 7/6/2026.
Business office Assistant educated by Executive Director on 7/8/2026 on regulation 54a (2).

The Executive Director or Designee will perform monthly audits x 3 months of all direct care personal files and new direct care workers to maintain ongoing compliance to ensure all direct care staff have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *10/09/2026*

Implemented (- 07/10/2026)

65a - FS Orientation 1st Day

2. Requirements

2600.
65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person B, whose first day of work was did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation

65a FS Orientation 1st Day (continued)

and at an emergency location if applicable, the designated meeting place outside the building or within the fire safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Repeat Violation: 6/23/2025

Plan of Correction ***Accept (- 07/10/2026)***

In response to the violation on 06/05/2026 by the Pennsylvania Bureau of Human Service Licensing, regarding staff person B Agency Worker) immediate action was taken on 06/08/2026 by the Executive Director by contacting Agency to notify of the required Fire Safety and Emergency Preparedness Orientation for contracted agency staff working at Symphony Square. The agency was notified that all personnel assigned to the facility must complete the facility specific first day fire safety orientation with a Symphony Square staff member who has been educated in the training prior to assuming any resident care duties. Contracted agency added this requirement to the facility specific requirement list for agency staff prior to starting their shift.

Starting 6/8/2026 all agency staff personal will receive and document completion of the facility's fire safety and emergency preparedness orientation before providing resident care. The orientation will include an on site walk through with a designated trained Symphony Square team member.
Executive Director and Maintenance Director provided information and training on 65a Fire Safety Orientation 1st day Training to selected staff members on 6/8/2026 and on 7/7/26 and 7/8/2026.

Executive Director will do weekly audits x 3 months of all agencies personal providing services to Symphony Square residents to ensure continued compliance with 2600.65(a). Any deficiencies identified during the audit will be addressed with personal, and agency staff will not be permitted to work until all orientation requirements have been completed.

Licensee's Proposed Overall Completion Date: *09/09/2026*

Implemented (- 07/10/2026)

65f - Training Topics

3. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Direct care staff person C did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, medication self administration training during training year 2025.

Direct care staff person D did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year 2025.

65f - Training Topics *(continued)*

Plan of Correction ***Accept ([redacted] - 07/10/2026)***

In response to the violation on 06/05/2026 by the Pennsylvania Bureau of Human Service Licensing, action was taken on 06/30/2026 by the Executive Director by notifying both staff members C and D of need to schedule training for violation 65f (1) (2).

Executive Director met with staff member D on 7/6/2026 and provided education on Medication self-administration training and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
Executive Director met with staff member C on 7/8/2026 via teams call and provided education on Medication self-administration training and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

The Executive Director or designee will conduct weekly audits for x 4 weeks, followed by monthly audits x 3 months, to verify that all direct care staff have completed the required annual training and that documentation is maintained in each personnel file. Any deficiencies identified during the audit staff will be contacted and training will be provided 1:1 to maintain team member training compliance.

Licensee's Proposed Overall Completion Date: *10/09/2026*

Implemented ([redacted] - 07/10/2026)

65g - Annual Training Content

4. Requirements

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.

Description of Violation

Staff person C did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert during training year January 2025 to December 2025.

Staff person D did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations during training year January 2025 to December 2025.

Repeat Violation: 4/21/2025

65g - Annual Training Content (continued)

Plan of Correction ***Accept (- 07/10/2026)***

Staff Person C and Staff Person D were immediately identified as not having completed the required annual Fire Safety and Emergency Preparedness training for year 2025. Both employees have been scheduled to complete the required training conducted and coordinated by the communities Maintenance team.

Team Member D is scheduled for the safety training on 7/13/2026.
Team Member C is scheduled for fire safety training on next scheduled day to work on 7/17/2026.
The Executive Director implemented a tracking system binder to monitor all records of annual trainings to maintain compliance.

The Executive Director/Maintenance Director or designee will audit all employee training records monthly x 3 months to verify required annual Fire Safety and Emergency Preparedness training has been completed and documented. Any deficiencies identified will be corrected immediately through scheduling and completion of the required training.

Licensee's Proposed Overall Completion Date: *09/17/2026*

Implemented (- 07/10/2026)

81b - Resident Personal Equipment

5. 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

On 6/5/2026, the bedside enabler attached to the bed for Resident 1 measured 13 x 11, was not covered.

Plan of Correction ***Accept (- 07/10/2026)***

In response to the violation on 06/05/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the Director of Health and Wellness and Executive Director by conducting a facility wide inspection of all bedside enablers, assistive devices and similar resident equipment was completed by the DHW to ensure compliance with safety requirements.

Cover placed and secured on resident 1 enabler for protection on 6/5/2026 by DHW.
Staff will be educated on identifying potential entrapment hazards and the requirements for bedside enablers at next Nursing Meeting being held on 7/15/2026.

To maintain ongoing compliance, the Executive Director/Director of Maintenance or designee will conduct monthly audits x 3 months of bedside enablers and other resident assistive devices to verify they remain clean and in good repair, free of hazards, and compliant with the maximum allowable opening of 120mm. Any deficiencies identified during the audit will be corrected immediately.

81b - Resident Personal Equipment (continued)

Licensee's Proposed Overall Completion Date: *09/03/2026*

Implemented ([redacted] - 07/10/2026)

85a - Sanitary Conditions

6. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/5/2026 at 1:00 pm, the smell of sewage filled the first floor of the home.

Plan of Correction ***Accept ([redacted] - 07/10/2026)***

In response to the violation on 06/05/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/05/2026 by the Maintenance Director upon discovery of the sewage odor, maintenance immediately investigated the source of the odor. The odor was related to a dried floor drain trap in the housekeeping closet. Water was immediately poured into the drain trap restoring the water seal and eliminating the sewage odor.

A new task was added by the corporate office into our internal preventative maintenance system TELS to ensure drain traps are routinely filled with water each month.
On 7/6/2026 education provided to Maintenance/Housekeeping Team by Executive Director of new task added to TELS system for monthly water pours to drains.

The Maintenance Director or designee will add/run water monthly to all infrequently used floor drains as instructed by task set in TELS system to maintain sanitary conditions throughout the home on a regular basis and document completion each month.
Executive Director will confirm completion of monthly floor drain pours and will be monitored during monthly safety meetings.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 07/10/2026)

132g - Fire Drills Days/Times

7. Requirements

2600.
132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills at the end of the month as evidenced by the following drills;

132g - Fire Drills Days/Times (continued)

6/30/2025 at 2:30 am
7/31/2025 at 8:45 pm
8/29/2025 at 2:00 pm
9/28/2025 at 5:30 am
10/30/2025 at 4:00 pm
11/30/2025 at 10:00 am
1/30/2026 at 9:45 pm
3/30/2026 at 3:30 am
4/28/2026 at 3: 00 pm
5/29/2026 at 8:00 am.

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Plan of Correction ***Accept (- 07/10/2026)***

In response to the violation on 06/05/2026 by the Pennsylvania Bureau of Human Service Licensing, action was taken on 06/08/2026 by Executive Director by contacting [redacted] Fire Safety, the facility's contracted fire drill vendor, to review the cited deficiency. [redacted] Fire Safety personal was informed that fire drills had been routinely scheduled at the end of the month and was instructed to ensure future fire drills are conducted on varying days of the week and at varying times of the day and night in accordance with 55 Pa. Code §2600.132(g).

[redacted] Fire Safety provided dates of future fire drills to the Executive Director on 7/6/2026.
The Executive Director reviewed fire drill dates provided by [redacted] Fire Safety on 7/6/26 and fire drill schedule verified that dates are not routinely scheduled at the end of each month.

The Executive Director or designee will conduct a monthly audits x3 months to verify fire drills are held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low. Any scheduling concerns identified will be communicated immediately to [redacted] Fire Safety for correction prior to the scheduled drill to maintain ongoing compliance.

Licensee's Proposed Overall Completion Date: *09/07/2026*

Implemented (- 07/10/2026)

141a 1-10 Medical Evaluation Information

8. Requirements

2600.

141a 1 10 Medical Evaluation Information *(continued)*

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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The medical evaluation for Resident 2 did not include if the resident can safely avoid poison.

Plan of Correction ***Accept ([redacted] - 07/10/2026)***

In response to the violation on 06/05/2026 by the Pennsylvania Bureau of Human Service Licensing, Resident 2's medical evaluation was reviewed and PCP office made aware of incomplete DME and clarification was requested by the Executive Director to include authorization from the provider to modify/complete existing DME to include documentation regarding the resident's ability to safely avoid poisonous materials. The resident's record will be corrected upon receipt of authorization to change in accordance with 55 Pa. Code §2600.141(a).

An audit of all current resident medical evaluations was completed by the Director of Health and Wellness and Executive Director on 6/8/2026 to verify that each required element of the Department approved medical evaluation form, including documentation of the resident's ability to safely avoid poison, was completed with no other deficiencies found.

The Executive Director or Director of Health and Wellness will review new resident DME's and any residents with noted changes monthly x 3 months to ensure completeness and ED/DHW will communicate and follow up with the medical provider if any required information is missing or inaccurate.

Licensee's Proposed Overall Completion Date: *09/09/2026*

Implemented ([redacted] - 07/10/2026)

171b5 - First Aid Kit

9. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

171b5 - First Aid Kit *(continued)*

Description of Violation

The first aid kit in the 2011 Lincoln Town car used to transport residents did not include scissors.

Plan of Correction ***Accept ([redacted] - 07/10/2026)***

In response to the violation on 06/05/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the Maintenance Director by placing scissors in the first aid kit of the Lincoln Town Car immediately upon discovery of the missing item.

On 6/15/26 the Executive Director preformed an audit on first aid kits on the vehicles and throughout the community and no other missing content were identified.
On 7/6/26 the Executive Director educated all staff persons who provide transportation for the residents of required contents relating to the first aid kits and importance of verifying that all required supplies remain present and readily available as per regulation 171b5 - First Aid Kits

The Executive Director or designee will conduct monthly audit s of all facility first aid kits x 3 months to ensure all required contents are present and maintained in compliance with regulatory requirements. Any deficiencies identified will be corrected immediately.

Licensee's Proposed Overall Completion Date: *09/08/2026*

Implemented ([redacted] - 07/10/2026)

183e - Storing Medications

10. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 6/5/2026 Resident 2, Melatonin Tab 5mg "Give 1 tablet by mouth every day at bedtime as needed" was punctured in slot 30 and had tape on the back.

On 6/5/2026, Resident 3, Oxybutynin Tab mg "Give 1 tablet by mouth twice a day" was punctured in slot 4 and remained in place.

Repeat Violation: 6/23/2025

Plan of Correction ***Accept ([redacted] - 07/10/2026)***

In response to the violation on 06/05/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken following the survey by the DHW regarding the damaged medication blister packs for Resident 2 (Melatonin 5
mg) and Resident 3 (Oxybutynin) were removed from service and replaced in accordance with the pharmacy's recommendations. Medications were inspected to ensure they were stored under proper conditions and that no compromised medication packaging remained in use.

183e Storing Medications (continued)

An audit was performed on 6/8/2026 by the Director of Health and Wellness of all resident medications to ensure blister packs and other medication packaging were intact and free of damage.

Medication cart inspections will be completed weekly x 4 weeks then monthly with our already scheduled monthly Med Cart audits by the Director of Health and Wellness and/or designee to verify medications remain properly stored in accordance with manufacturer instructions and continue to maintain regulatory requirements.

Licensee's Proposed Overall Completion Date: *10/09/2026*

Implemented ([redacted] - 07/10/2026)