

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

August 26, 2025

[REDACTED]  
1425 HORSHAM SNF OPERATIONS LLC

[REDACTED]  
Suite 303  
[REDACTED]

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

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/15/2025 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 INN AT HORSHAM CENTER FOR JEWISH LIFE License #: 14706 License Expiration: 10/26/2025
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: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 35 Waking Staff: 26

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 07/15/2025

Inspection Dates and Department Representative

07/15/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 58 Residents Served: 29
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: 29
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 6 Have Physical Disability: 0

Inspections / Reviews

07/15/2025 Partial
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 08/09/2025

08/04/2025 - POC Submission
Submitted By: [Redacted] Date Submitted: 08/15/2025
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 08/09/2025

Inspections / Reviews *(continued)*

## 08/14/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/15/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/01/2025

## 08/26/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/15/2025

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

During a meeting with the home's administrator on [REDACTED], resident [REDACTED] accused staff A of inflicting a scratch on his/her arm during a wrestle over a medication cup the previous night. The home did not immediately suspend staff A or develop/implement a plan of supervision.

## Plan of Correction

Directed ([REDACTED] - 08/14/2025)

Although the allegation was ultimately unsubstantiated, a supervision plan was created by Inn Administrator on 7/16/2025 as a precautionary measure. The allegation was documented and the appropriate regulatory authorities were notified in accordance with policy. On 7/15/25 DHS recommended reaching out to AAA Montgomery county. On 7/15/25 Inn administrator immediately reached out and spoke with Liaison [REDACTED]. She stated that if Montgomery county intended to respond they typically would have done so within 24-72 hours of referral. As no response occurred within that timeframe, the county logged the referral and took no further action. The Liaison conveyed that DHS's findings support Staff #A ability to continue working. Please see attached document. Moving forward, beginning on 7/16/2025 any staff member named in an abuse allegation-will either be placed on administrative leave or be subject to a written supervision plan that includes direct oversight by a staff member during all resident interactions until the investigation is completed by Inn administrator or delegated person. On 7/16/2025 a standardized supervision plan has been developed by Inn administrator. On 7/16/2025 Inn staff received a training by Inn Administrator on abuse prevention training and resident rights. By 8/4/2025 The Quality Assurance Committee with review abuse allegations quarterly to ensure compliance with immediate response protocols and documentation with Inn Administrator. Please see attached documents. Because of the misapplication of policy a training component has been added by the regional director of operations on 8/4/25 for administrator and nursing supervisor. Please see attached. On 8/5/25 a plan of supervision has been sent to the department in this attachment and sent to AAA. Please see attached.

Proposed Overall Completion Date: 08/05/2025

**Directed Plan of Supervision** ([REDACTED] 8/14/25)

**Immediately: If any suspected abuse or allegations of abuse occur, the administrator or designee shall immediately place the accused staff person on a plan of supervision which includes not having access to any residents without the presence of another qualified direct care staff person, which must have the pre-approval of the Department, or suspend the staff person or persons involved. A staff person may not work until the plan of supervision is approved by the Department.**

**Within 15 days of receipt of the accepted plan of correction: All staff persons shall be educated on the requirements of regulation 2600.15(b) and the home's policy and procedures for allegations of abuse. Documentation of education shall be kept in the staff records.**

Proposed Overall Completion Date: 08/29/2025

Directed Completion Date: 08/29/2025

Implemented ([REDACTED] 08/26/2025)

141a 1-10 Medical Evaluation Information

2. Requirements

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. 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

Resident [redacted] medical evaluation dated [redacted] is checked None on (8) Body Positioning and Movement when the resident utilizes a rollator walker for ambulation.

Plan of Correction

Directed ([redacted] - 08/14/2025)

Upon identification, this correction was made on 07/15/25 while DHS was on site by nursing supervisor. Please see attached. On 7/21/25 a full audit of all Inn residents with assistive devices was initiated by Administrator and Nursing Supervisor to ensure all DME's have accurate documentation. On 7/22/2025 Nursing supervisor was re-educated by Inn Administrator on accurate documentation of DME, Reporting procedures for new or changed assistive devices, updating service plans accordingly. Please see attached.

Proposed Overall Completion Date: 08/05/2025

Directed Plan of Correction [redacted] 8/14/25)

**Beginning within 5 days from the receipt of the acceptable plan of correction, the administrator shall review all new resident documentation to ensure all new residents have an in-person medical evaluation completed within 60 days prior to admission or within 30 days after admission, and ensure that the medical evaluation form(s) is complete for all required fields for two months.**

Directed Completion Date: 08/19/2025

Implemented [redacted] - 08/26/2025)

184a - Resident's Meds Labeled

3. Requirements

2600.

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

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident [redacted] is prescribed [redacted] 3 times a day on Monday, Wednesday, Friday, and Sunday and 2 times a day on Tuesday, Thursday, and Saturday. The pharmacy label for this medication read three times daily,

184a - Resident's Meds Labeled (continued)

requiring a direction change sticker.

**Plan of Correction**

**Accept** [REDACTED] - 08/04/2025)

On 7/15/2025 upon Identification, the outlined bottle was immediately addressed. A "Change Of Direction" sticker was applied on the medication bottle while the DHS representative's were on site by the nursing supervisor. On 7/22/25 a staff training was initiated by Inn Administrator on Medication Order Accuracy and Labeling procedures. beginning 7/24/25 Weekly audits of the medication cart will be conducted by designated staff weekly for 30 days to ensure medication labels match MAR'S and current physician orders and change of direction stickers are used appropriately. Please see attached.

Licensee's Proposed Overall Completion Date: 07/31/2025

**Implemented** [REDACTED] - 08/26/2025)