



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **BALA CYNWYD OPERATING LP**

LEGAL ENTITY

To operate **SYMPHONY SQUARE AT BALA CYNWYD**

NAME OF FACILITY OR AGENCY

Located at **35 OLD LANCASTER ROAD, BALA CYNWYD, PA 19004**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **64**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 16**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **May 1, 2021** until **May 1, 2022**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **147760**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

April 29, 2021

Mr. Kenneth R. Assiran
Manager
Bala Cynwyd Operating, LP
1422 Clarkview Road
Baltimore, Maryland 21209

RE: Symphony Square at Bala Cynwyd
35 Old Lancaster Road
Bala Cynwyd, Pennsylvania 19004
License #: 147760

Dear Mr. Assiran:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on April 6, 2021 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because while the residence is serving more than four residents, the residence is new as a Personal Care Home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *Symphony Square at Bala Cynwyd* License #: 14776 License Expiration Date:
 Address: *35 Old Lancaster Rd, Bala Cynwyd, PA 19004*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: *Adrienne Stevens* Phone: *6106606560* Email: *ed@symphonysq.com*

Legal Entity

Name: *Bala Cynwyd Operating, LP*
 Address: *1422 Clarkview Road, Baltimore, MD, 21209*
 Phone: *4103423155* Email: *ksparwasser@caphealthgroup.com*

Certificate(s) of Occupancy

Type: *I-2* Date: *02/29/2012* Issued By: *Lower Merion Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *53* Waking Staff: *40*

Inspection

Type: *Partial* Notice: *Announced* BHA Docket #:
 Reason: *New* Exit Conference Date: *04/06/2021*

Inspection Dates and Department Representative

04/06/2021 - On-Site: Youn Hie Chung

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *64* Residents Served: *38*

Secured Dementia Care Unit

In Home: *Yes* Area: *MC* Capacity: *16* Residents Served: *10*

Hospice

Current Residents: *x*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *38*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *15* Have Physical Disability: *0*

Inspections / Reviews

04/06/2021 - Partial

Lead Inspector: *Youn Hie Chung* Follow-Up Type: *POC Submission* Follow-Up Date: *04/29/2021*

Inspections / Reviews *(continued)*

4/27/2021 - POC Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *Document Submission*Follow-Up Date: *04/29/2021*

4/28/2021 - Document Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *Not Required*

103g - Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There was an open bag of brown sugar and an open bag of cereal, which were not tightly sealed, in one of the cupboards in the Secured Dementia Care Unit (SCDU) kitchenette.

Plan of Correction**Accept**

A. With respect to the specific resident or event cited.

- A bag of brown sugar and cereal bag were not tightly sealed in the secured dementia care unit kitchenette. The bag of brown sugar and cereal bag was immediately removed from the secured dementia care unit kitchenette and disposed of.*

B. With respect to how the facility will identify residents with the potential for the identified concern and take corrective action.

- The Memory Support Director and Culinary Director conducted an audit of the secured dementia care unit kitchenette to ensure all food was properly stored.*

C. With respect to what systemic measures have been put in place to address the stated concern.

- The Memory Support Director and/or Culinary Director will conduct a weekly audit x3 months to ensure ongoing compliance*

D. With respect to how the plan of corrective measures will be monitored.

- Executive Director and/or designee will conduct weekly random compliance rounds to ensure compliance. The Executive Director and/or designee will report findings and follow-up during the community Quality Assurance meetings for three months.*

Completion Date: 04/07/2021

Document Submission**Implemented**

See attached audit

103i - Outdated Food

1. Requirements

2600.

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

Description of Violation

There were two half-full bags of unlabeled, undated cookie-dough in the freezer section of the refrigerator in the SDCU kitchenette.

103i - Outdated Food (continued)

Plan of Correction

Accept

A. With respect to the specific resident or event cited.

- Cookie-dough being used by the Memory Support Director was unlabeled and undated in the freezer in the secured dementia care unit. The cookie dough was immediately discarded while the surveyor was present.

B. With respect to how the facility will identify residents with the potential for the identified concern and take corrective action.

- The Memory Support Director and Culinary Director conducted an audit of the secured dementia care unit kitchenette to ensure all food items were dated and that the kitchenette was in compliance.

C. With respect to what systemic measures have been put in place to address the stated concern.

- The Memory Support Director and/or Culinary Director will conduct a weekly audit x3 months to ensure ongoing compliance.

D. With respect to how the plan of corrective measures will be monitored.

- Executive Director and/or designee will conduct weekly random compliance rounds. The Executive Director and/or designee will report findings and follow-up during the community Quality Assurance meetings for three months.

Completion Date: 04/07/2021

Document Submission

Implemented

See attached audit

130a - Smoke Detector 15 ft Bedroom

1. Requirements

2600.

130.a. There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

Description of Violation

The smoke detectors in the home are located inside each resident's living unit. The smoke detectors on the ceiling off the home's two elevators are more than 15 feet away from any resident's bedroom door.

130a - Smoke Detector 15 ft Bedroom (continued)

Plan of Correction

Accept

A. With respect to the specific resident or event cited.

- An automatic smoke detection system is used throughout the building and is in each living unit. During the time of inspection, the licensing representative discussed the requirement under 2600 130(a) that smoke detectors must be located within 15 feet of each bedroom door. Each living unit has smoke detectors 11'5 feet from the unit doorway and additional smoke detectors in each unit bedroom. At the time of inspection, additional smoke detectors placed within 15 feet of each living unit in the hallway to ensure compliance.

B. With respect to how the facility will identify residents with the potential for the identified concern and take corrective action.

- The Maintenance Director conducted an audit of the community to ensure that smoke detectors were located within 15 feet of each bedroom door in the common hallways.

C. With respect to what systemic measures have been put in place to address the stated concern.

- Please see the attached pictures measuring the distance to the floor at the center of the doorway entering a living unit from the hallway.

D. With respect to how the plan of corrective measures will be monitored.

- The Maintenance Director and/or designee will audit the smoke detection system x3 months to ensure ongoing compliance.

Completion Date: 04/06/2021

Document Submission

Implemented

See attached photos

130b - Smoke Detectors Hallways

1. Requirements

2600.

130.b. The smoke detectors specified in subsection (a) shall be located in hallways.

Description of Violation

There is no smoke detector in the hallway within 15 feet of resident bedrooms. The smoke detectors in the home are located inside each resident's living unit. The smoke detectors on the ceiling off the home's two elevators are more than 15 feet away from any resident's bedroom door.

130b - Smoke Detectors Hallways (*continued*)**Plan of Correction****Accept**

A. *With respect to the specific resident or event cited.*

- *Under regulations 2800 each living unit at Symphony Square had a smoke detector located in the unit as well as in each bedroom; as applicable. At time of inspection for change in licensure Symphony Square placed additional smoke detectors within 15 feet of each living unit in the hallway to ensure compliance under regulation 2600 130(b).*

B. *With respect to how the facility will identify residents with potential for the identified concern and take corrective action.*

- *The Maintenance Director conducted an audit of the community to ensure that smoke detectors were located within 15 feet of each bedroom door in the common hallways.*

C. *With respect to what systemic measures have been put in place to address the stated concern.*

- *Please see attached pictures measuring the distance to the floor at the center of the doorway entering a living unit from the hallway.*

D. *With respect to how the plan of corrective measures will be monitored.*

- *The Maintenance Director and/or designee will audit the smoke detection system x3 months to ensure ongoing compliance.*

Completion Date: 04/06/2021

Document Submission**Implemented**

See attached photos