

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

August 13, 2025

[REDACTED]
BALA CYNWYD OPERATING LP
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/23/2025 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: SYMPHONY SQUARE AT BALA CYNWYD License #: 14776 License Expiration: 05/01/2026
 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 Merriion Township

Staffing Hours

Resident Support Staff: Total Daily Staff: 62 Waking Staff: 47

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 06/23/2025

Inspection Dates and Department Representative

06/23/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 64 Residents Served: 42
 Secured Dementia Care Unit
 In Home: Yes Area: Memory Care Unit Capacity: 16 Residents Served: 13
 Hospice
 Current Residents: 10
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 20 Have Physical Disability: 1

Inspections / Reviews

06/23/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/13/2025

07/14/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/01/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/19/2025

Inspections / Reviews *(continued)*

07/29/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/04/2025

08/13/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired on [redacted] However, a criminal background check was not completed until [redacted].

Repeat violation: [redacted]

Plan of Correction

Accept ([redacted] - 07/29/2025)

7/8/25- Executive Director re-trained Director of Business Administration and Health & Wellness Director that prior to physical start date all associates need a background check performed from the PA State police site.

7/8/25- No new hires since 5/29/25.

To assist with ongoing compliance DBA or designee will complete monthly audit x 3 months to ensure criminal background utilizing a Pennsylvania State Police Criminal Background Check are completed prior to start date and in associate file.

The Executive Director will review results of audits to determine if any further action is required.

Licensee's Proposed Overall Completion Date: 08/03/2025

Implemented ([redacted] - 08/13/2025)

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 [redacted], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation 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, and telephone use and notification of emergency services.

Plan of Correction

Accept ([redacted] - 07/29/2025)

Staff person B is an agency associate who has not worked any shifts at Symphony Square since [redacted]

65a FS Orientation 1st Day (continued)

7/8/2024 Health & Wellness Director re trained that agency associates must receive orientation, prior to or on their first day of work, on the following topics related to regulation 2600 65a.

7/2/2025 Executive Director worked with agency company to include community orientation in general fire safety and emergency preparedness prior to or on the first day of work.

7/8/2025 To assist with ongoing compliance Health & Wellness Director or designee will complete weekly audits x 8 weeks to ensure that all agency personnel must receive orientation on the following topics related to regulation 2600 65a prior to or during their first day of work.

ED will review results of audits to determine if any further action is required.

Licensee's Proposed Overall Completion Date: 08/03/2025

Implemented [REDACTED] - 08/13/2025)

65d - Initial Direct Care Training

4. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.
 - xiv. The requirements of this chapter.
 - xv. Infection control.
 - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person B, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]

65d - Initial Direct Care Training (continued)

. However, the staff person did not complete training that included a demonstration of job duties, followed by supervised practice, complete and pass the Department-approved direct care training course and pass the competency test and did not complete the following initial direct care staff person training: Safe management techniques, ADLs and IADLs, Personal hygiene, Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities, The normal aging-cognitive, psychological and functional abilities of individuals who are older, Implementation of the initial assessment, annual assessment and support plan, Nutrition, food handling and sanitation, Recreation, socialization, community resources, social services and activities in the community, Gerontology, Staff person supervision, if applicable, Care and needs of residents with special emphasis on the residents being served in the home, Safety management and hazard prevention, Universal precautions, The requirements of this chapter, Infection control, Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, and malnutrition and dehydration, if applicable to the residents served in the home.

Plan of Correction

Accept [redacted] - 07/29/2025)

Staff person B is an agency associate who has not worked in at Symphony Square since [redacted].
7/8/2024- Health & Wellness Director re-trained that agency associates must have their direct care staff training or active CNA license and that the community must have a copy of this training prior to start date.
7/9/2025- Health & Wellness Director or designee will complete weekly audits x4 weeks of agency associates (where applicable) who are scheduled to work shifts to ensure they have completed the department-approved direct care training course and pass the competency test.
8/6/2025- To assist with ongoing compliance Health & Wellness Director or designee will complete weekly audits x 2 months of agency associates (where applicable) who are scheduled to work shifts to ensure they have completed the department-approved direct care training course and pass the competency test.
ED will review results of audits to determine if any further action is required.

Licensee's Proposed Overall Completion Date: 08/03/2025

Implemented [redacted] - 08/13/2025)

65i - Training Record

5. Requirements

2600.
65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training completed on [redacted] does not include length of training.

Plan of Correction

Accept [redacted] - 07/29/2025)

7/14/25- ED completed self-education be re-reviewing the RCG 2600 specifically regarding 65i.
6/23/25- Executive Director will include length of training on the record of training moving forward.
July 8, 2025- To ensure on going compliance Executive Director or designee, will complete audits Monthly x3 months to ensure that that length of training is included on training record.
Executive Director will review the results of audits to determine if any further action is required.

Licensee's Proposed Overall Completion Date: 08/03/2025

Implemented [redacted] - 08/13/2025)

181f - Record of Medication

6. Requirements

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering medication.

Description of Violation

On [redacted] resident [redacted] record did not include a current list of medications. The list in the resident's record included [redacted], which was discontinued, and failed to include [redacted], which the resident is currently prescribed.

Plan of Correction

Accept [redacted] - 07/29/2025)

7/8/2025- Resident [redacted] record updated to include current list of medication.

7/9/2025: Director of Health & Wellness re-trained by Executive Director that residents record must include a current list of medications.

7/16/25: Director of Health & Wellness completed an audit of current residents' records to ensure they include a current list of medications.

To assist with ongoing compliance, the Director of Health & Wellness, or designee, will complete monthly audits x 3 months to ensure residents' records include a current list of medications.

The Executive Director will review the results of the audits to determine if further action is required.

Licensee's Proposed Overall Completion Date: 08/03/2025

Implemented [redacted] - 08/13/2025)

182b - Prescription Medication

7. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

From [redacted] through [redacted], at bedtime, staff person B administered [redacted] tablet to resident [redacted]. Staff person B is not a staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of [redacted].

Staff person B was hired on [redacted] and completed the Department medication administration training on a paper test [redacted] which became obsolete [redacted].

182b Prescription Medication (continued)

Plan of Correction

Accept [redacted] 07/29/2025)

Staff person B is an agency associate who has not worked in at Symphony Square since [redacted].
7/9/25 Executive Director re trained Director of Health & Wellness that agency Medication Technicians must complete the department approved medication administration course as specified in 2600 190.
7/9/2025 Health & Wellness Director or designee will complete weekly audits x4 weeks of agency associates (where applicable) who are scheduled to work shifts to ensure they have completed the department approved medication administration course as specified in 2600 190.
8/6/2025 To assist with ongoing compliance Health & Wellness Director or designee will complete weekly audits x 2 months of agency associates (where applicable) who are scheduled to work shifts to ensure they have completed the department approved medication administration course as specified in 2600 190.
The Executive Director will review the results of the audits and determine if further action is required.

Licensee's Proposed Overall Completion Date: 08/03/2025

Implemented [redacted] - 08/13/2025)

183e - Storing Medications

8. 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 [redacted] for resident [redacted] was was opened and dated [redacted]. According to the manufacturer's instructions this should have been discarded after 6 weeks.

A blister pack of [redacted] take twice a day as needed for resident [redacted] was torn at slots 5 and 6. The pills remained in the packaging and the slots were taped over.

A blister pack of [redacted] take twice a day at noon and evening was torn at slots 4,12, 20, 27, all in the fourth row. The pills remained in the packaging and the slots were taped over.

Repeat violation: [redacted]

Plan of Correction

Accept ([redacted] - 07/29/2025)

6/23/25 [redacted] drops for resident [redacted] was immediately removed from the cart and disposed of.
6/23/25 Pills in torn slots that remained in the packaging and taped over for resident [redacted] take twice a day as needed were immediately removed from cart and wasted.
6/23/25 Pills in torn slots that remained in the packaging and taped over for resident [redacted] take twice a day at noon and evening were immediately removed from cart and wasted.
7/9/2025 Director of Health and Wellness re trained community Medication technicians and nurses that they need to follow manufacturer's instructions on how long after opening eye drops they need to be discarded.
7/9/2025 Director of Health and Wellness re trained community Medication technicians and nurses that narcotic medications in blister packs cannot have any torn slots nor be taped over and need to be wasted per policy.
7/13/25 Health & Wellness Director or designee will complete weekly cart audits x 4 weeks to ensure that narcotic medications in blister packs do not have torn in any slots and are not taped over.

183e - Storing Medications (continued)

8/10/25- Director of Health & Wellness or designee, will complete monthly audits x 2 months to ensure that narcotic medications in blister packs do not have torn in any slots and are not taped over. Executive Director will review the results of the audit to determine if further action is required.

Licensee's Proposed Overall Completion Date: 08/03/2025

Implemented [redacted] - 08/13/2025)

185a - Implement Storage Procedures

9. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [redacted] is prescribed [redacted] every 4 hours as needed for [redacted] give 10 ml by mouth every 4 hours a needed for [redacted], [redacted] mg give one tablet every 4 hours as needed for [redacted] and [redacted] give two tabs by mouth every 5 hours as needed for pain. On [redacted] these medications were not available in the home.

Plan of Correction

Accept [redacted] 07/29/2025)

Resident [redacted] prescribed [redacted] every 4 hours as needed for [redacted] give 10ml by mouth every 4 hours as needed for [redacted] give one tablet every 4 hours as needed for [redacted], and [redacted] give two tabs by mouth every 5 hours as needed for pain were delivered to community.

7/9/25- Medication Technicians and Nurses re-trained by Director of Health & Wellness that if a medication is not available in the community they are to contact pharmacy and well as nurse on call.

7/13/2025- Director of Health & Wellness Director or designee will complete weekly cart checks x 4 weeks to ensure that prescribed medication is available.

8/10/24- To continue with ongoing compliance Director of Health & Wellness Director or designee will complete cart audits monthly x2 months to ensure that prescribed medication is available.

The Executive Director will review the results of the audit to determine if further action is required

Licensee's Proposed Overall Completion Date: 08/03/2025

Implemented [redacted] - 08/13/2025)

10. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The individual controlled substance record for resident [redacted] tablets, give one tablet by mouth 3 times a day, is missing times for administrations twice on [redacted] one on [redacted], and once on [redacted]

The home's narcotic policy states "the individual controlled substance record for which each individual resident's-controlled substance medication has the following specific information: name of the team member, date and time of assistance/administration and the dose given and the amount remaining"

185a Implement Storage Procedures (continued)

Plan of Correction

Accept (████) - 07/29/2025)

Community changed to electronic individual controlled substance record.

7/9/25 Medication Technicians and Nurses re trained by Director of Health & Wellness that if times for administration must be documented on the individual controlled substance record.

7/13/2025 Director of Health & Wellness Director or designee will run report weekly x 12 weeks to ensure that electronic documentation of time administered is located on the individual controlled substance record.

The Executive Director will review the results of the audit to determine if further action is required.

Licensee's Proposed Overall Completion Date: 08/03/2025

Implemented (████) - 08/13/2025)

187b - Date/Time of Medication Admin.

11. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident █████ is prescribed █████ twice a day as needed. On the resident's narcotic tracking log this medication is signed out on █████ at 7:00 PM, █████ at 7:00 PM, █████ at 10:00 AM, and █████ at 10:00 AM. However resident █████ medication administration record does not include the initials of the staff person who administered the medication on any of those dates or times.

Plan of Correction

Accept (████) - 07/29/2025)

Community changed to electronic narcotic tracking logs.

7/9/25 Medication Technicians and Nurses re trained by Director of Health & Wellness that if initials must be included when administering narcotics on the resident's narcotic tracking log.

7/13/2025 Director of Health & Wellness Director or designee will run report weekly x 12 weeks to ensure that electronic documentation contains the initials are included of the staff member administering narcotics on the residents' narcotics tracking log.

The Executive Director will review the results of the audit to determine if further action is required.

Licensee's Proposed Overall Completion Date: 08/03/2025

Implemented (████) - 08/13/2025)

187d - Follow Prescriber's Orders

12. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident █████ is prescribed █████ every two weeks on Sunday. However, resident █████ did not receive this medication on █████ because it was not available in the home.

Repeat violation: █████ and █████

187d Follow Prescriber's Orders (continued)

Plan of Correction

Accept [redacted] 07/29/2025)

7/8/2025 Resident [redacted] physician notified of missed dose of [redacted] on [redacted].

7/9/2025 Medication Technicians and Nurses retrained by Director of Health & Wellness that physicians orders must be followed and if a medication cannot be administered that physician must be notified.

July 12, 2024 Director of Health & Wellness Director or designee will complete weekly audits x 12 weeks to ensure that medication is administered per physician orders.

Executive Director will review the results of the audit to determine if further action is required.

Licensee's Proposed Overall Completion Date: 08/03/2025

Implemented [redacted] - 08/13/2025)

224a - Preadmission Screen Form

13. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted] preadmission screening form, dated [redacted] does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept [redacted] 07/29/2025)

Resident [redacted] preadmission screening form updated to include a determination that the needs of the resident can be met by the services provided by the home.

7/8/25 Director of Health & Wellness re trained by Executive Director that preadmission screening forms must include a determination that the needs of the resident can be met by the services provided by the home.

7/15/25 Health and Wellness Director will complete an audit of current resident's preadmission screening form to ensure they include a determination that the needs of the resident can be met by the services provided by the home, initials of auditor will be in bottom right corner.

8/1/25 Health & Wellness Director or designee, will complete monthly audits x 3 months of updated/new preadmission screening forms to ensure they include a determination that the needs of the resident can be met by the services provided by the home, initials of auditor will be in bottom right corner.

The Executive Director will review the results of the audit to determine if further action is required.

Licensee's Proposed Overall Completion Date: 08/03/2025

Implemented [redacted] - 08/13/2025)

231c - Preadmission Screening

14. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

231c - Preadmission Screening (continued)

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's written cognitive preadmission screening was not completed.

Plan of Correction

Accept [redacted] - 07/29/2025)

Resident [redacted]'s written cognitive preadmission screening completed.

7/8/2025- Director of Health & Wellness was re-trained by Executive Director that residents admitted to the Secure Dementia Care Unit must have a written cognitive preadmission screening completed within 72 hours prior to admission to the unit.

7/15/25- Health and Wellness Director will complete an audit of current SDCU resident's written cognitive preadmission screening form to ensure they are located in the residents file, initials of auditor will be located in the bottom right corner.

8/1/25- Health & Wellness Director or designee, will complete monthly audits x 3 months of newly admitted SDCU resident's written cognitive preadmission screening form to ensure they are completed within 72 hours prior to admission to secured unit, initials of auditor will be located in the bottom right corner.

The Executive Director will review the results of the audit to determine if further action is required

Licensee's Proposed Overall Completion Date: 08/03/2025

Implemented [redacted] - 08/13/2025)

251b - Record Entries Legible

15. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

On resident [redacted] controlled substance log for a prescription of [redacted] give 1 tablet twice a day, the amount left on line 8, 17 and 22 cannot be determined because of numbers had been written over each other.

Repeat violation: [redacted]

Plan of Correction

Accept [redacted] - 07/29/2025)

Community changed to electronic controlled substance logs tracking logs.

7/9/25- Medication Technicians and Nurses re-trained by Director of Health & Wellness that if numbers in written controlled substance logs cannot be written over.

7/15/25- Director of Health & Wellness will complete monthly audits x3 months of electronic controlled substance logs to ensure items are not written over.

Executive Director will review audits to determine if further action is required.

Licensee's Proposed Overall Completion Date: 08/03/2025

Implemented [redacted] - 08/13/2025)