

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

June 3, 2025

[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 04/01/2025 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 RESIDENCE AT BALA CYNWYD      **License #:** 14979      **License Expiration:** 02/24/2026

**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:** 0      **Total Daily Staff:** 84      **Waking Staff:** 63

**Inspection Information**

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

**Reason:** Complaint      **Exit Conference Date:** 04/01/2025

**Inspection Dates and Department Representative**

04/01/2025    On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 86      **Residents Served:** 49

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Memory Care Unit      **Capacity:** 26      **Residents Served:** 23

**Hospice**

**Current Residents:** 2

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 49

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

**Have Mobility Need:** 35      **Have Physical Disability:** 0

**Inspections / Reviews**

**04/01/2025 - Partial**

**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 05/01/2025

**05/02/2025 POC Submission**

**Submitted By:** [REDACTED]      **Date Submitted:** 06/02/2025

**Reviewer:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 05/07/2025

Inspections / Reviews *(continued)*

## 05/06/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/02/2025

## 06/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42k - Resident Record

1. Requirements

2600.

42.k. A resident and the resident's designated person, and other individuals upon the resident's written approval shall have the right to access, review and request corrections to the resident's record.

Description of Violation

On [REDACTED], staff person E denied resident [REDACTED] designated person access to the resident's record.

Plan of Correction

Accept [REDACTED] - 05/06/2025)

- Resident records were provided to POA on 03/26/2025
- Education was provided on 4/23/25 to associates, by Executive Director, regarding residents' rights to designate individuals who may access their records per 55 Pa Code § 2600.42.k.
- Resident records request log was created and will be maintained by the Executive Director, or designee, for all records requests and reviewed weekly during leadership meetings.

Responsible Party: Administrator/Designee

Licensee's Proposed Overall Completion Date: 05/15/2025

Implemented ([REDACTED] - 06/03/2025)

42p - Restraints

2. Requirements

2600.

42.p. A resident shall be free from restraints.

Description of Violation

On [REDACTED] at 4:30pm, resident [REDACTED] was sitting in a wheelchair; a private duty aide strapped the resident to the chair with a waistband belt. Staff member E stated this is not the first time that this has happened, and the family has been made aware not to provide a waistband belt.

Plan of Correction

Accept [REDACTED] - 05/06/2025)

- Immediate removal of the unauthorized waistband belt on 4/1/25.
- Private Duty Aide (PDA) removed, and replaced, from the community on 4/2/25.
- Safety committee members will do safety rounds weekly, for 3 months then monthly thereafter, and findings will be reviewed during safety meetings.
- Any future violation will result in immediate discontinuation of private aide services.
- All current PDA's will be educated on the Rules of Conduct & Requirements for the community and the Personal Care Resident Rights which includes the right to be free from restraints by the ED/RCD/designee by 5/30/2025. The ED/RCD/designee will audit 10% of these required documents monthly x6 months, then quarterly thereafter.
- Community associates were educated on 4/23/25, led by Executive Director, on LCB zero restraint policy, RCG 42P & RCG 202.

Responsible Party: Resident Care Director/Designee

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented ([REDACTED] - 06/03/2025)

## 54a - Direct Care Staff

**3. Requirements**

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**Description of Violation**

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

**Plan of Correction**

Accept (█) - 05/02/2025)

- *The Business Office Director immediately completed an audit of all associate files on 4/2/25 to ensure compliance.*
- *A Request for Waiver of Regulation was submitted to BHSL on 4/21/2025.*
- *The Business Office Director will implement a checklist verifying required credentials before hire, to begin on effective 5/1/2025.*
- *The Business Office Director will audit 10% of associate files every 1 month, for the first 3 months, then will audit 10% quarterly thereafter. Findings will be reported to the QA committee.*

*Responsible Party: Business Office Director/Designee*

**Licensee's Proposed Overall Completion Date: 05/15/2025**

Implemented (█) 06/03/2025)

## 82c - Locking Poisonous Materials

**4. Requirements**

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

**Description of Violation**

*A tube of Crest toothpaste, with a manufacturer's label indicating "contact poison control," was unlocked, unattended, and accessible to residents. Not all the residents of the home, including resident █, have been assessed as capable of recognizing and using poisons safely.*

**Plan of Correction**

Accept (█) - 05/02/2025)

- *Immediate removal of toothpaste from resident bathroom on 4/1/25.*
- *Associates were educated on poisonous material community policy & PA RCG on 4/23/25 by Executive Director and Resident Care Director.*
- *Daily rounds will be completed by our Reflections Director, Resident Services Supervisor, or designee, to ensure compliance with locking requirements and address any concerns immediately. This will be completed by using the tool "Reflections Daily Quick Reference Checklist." Results of rounds will be reviewed quarterly at our safety meeting.*

*Responsible Party: Reflections Director/Resident Services Supervisor/Designee*

## 82c - Locking Poisonous Materials (continued)

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented [REDACTED] - 06/03/2025)

## 202 - Prohibitions

## 5. Requirements

2600.

202. The following procedures are prohibited:

## Description of Violation

On [REDACTED] at 4:30pm, resident [REDACTED] was sitting in a wheelchair inside their apartment; the private duty aide strapped the resident to the chair with a waistband belt. The private aide unclicked the belt as soon as we were entering the room.

## Plan of Correction

Accept [REDACTED] - 05/06/2025)

- Immediate removal of the unauthorized waistband belt on 4/1/25.
- Private Duty Aide (PDA) removed, and replaced, from the community on 4/2/25.
- Resident Care Director, or designee, will perform weekly audits on residents utilizing PDA's, for the first 3 months, then monthly thereafter to ensure compliance.
- Any future violation will result in immediate discontinuation of private aide services.
- All current PDA's will be educated on the Rules of Conduct & Requirements for the community and the Personal Care Resident Rights which includes the right to be free from restraints by the ED/RCD/designee by 5/30/2025. The ED/RCD/designee will audit 10% of these required documents monthly x6 months, then quarterly thereafter.
- Community associates were educated on 4/23/25, led by Executive Director, on LCB zero restraint policy, RCG 42P & RCG 202.

Responsible Party: Administrator/Resident Care Director

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented [REDACTED] - 06/03/2025)

## 225c - Additional Assessment

## 6. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

## Description of Violation

The medical evaluation for resident [REDACTED], dated [REDACTED], indicates the resident has a need for restricted lactose. The resident's assessment and support plan dated [REDACTED] does not document how this need will be met.

## Plan of Correction

Accept [REDACTED] - 05/02/2025)

- Resident [REDACTED] was discharged from community on 9/11/2024.
- An audit of dietary needs will be completed of all resident records to ensure the diet recommendations are

**225c - Additional Assessment (continued)**

documented clearly on both the DME and support plans. This audit will be completed by the RCD/designee by 5/30/2025.

• Resident Care Director, Resident Services Supervisor, or designee will review all DME's, and hospital or rehab discharge documentation when received and ensure the diet recommendation is accurately reflected on the RASP effectively immediately and ongoing.

Responsible Party: Resident Care Director/Designee

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented [REDACTED] 06/03/2025)

**252 - Record Content****7. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

## 252 - Record Content (continued)

**Description of Violation**

Resident [REDACTED] expired in the home on [REDACTED] however, resident [REDACTED] record does not include the death certificate.

**Plan of Correction**

Accept [REDACTED] 05/02/2025)

- Resident [REDACTED] death certificate was unable to be obtained despite attempts. Facility reached out to NJ funeral home, and they refused to release as they cited we did not have authority. Facility then contacted coroner who did not have a copy, but did provide facility with a coroner's report that outlined cause of death.
- Administrative team received in-service on the regulation of obtaining death certificates promptly, by the Executive Director on 4/23/2025.
- A move-out checklist was implemented for the Business Office Director to complete for each move-out that includes the death certificate.
- Executive Director will audit 10% of move-out files monthly, for the first 3 months then 10% quarterly thereafter, to ensure compliance.

Responsible Party: Executive Director/Business Office Director/Designee

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented [REDACTED] 06/03/2025)