



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to PINE RUN VILLAGE, INC.

LEGAL ENTITY

To operate PINE RUN LAKEVIEW

NAME OF FACILITY OR AGENCY

Located at 2425 LOWER STATE ROAD, DOYLESTOWN, PA 18901

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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 107
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 13

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 August 24, 2023 until August 24, 2024 ,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **150360**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
ACTING 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.

HS 628 - 04/23



Emailing date: August 23, 2023

[REDACTED]
[REDACTED]
Pine Run Village, Inc.
[REDACTED]
[REDACTED]

RE: Pine Run Lakeview
2425 Lower State Road
Doylestown, Pennsylvania 18901
License #: 150360

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on August 22, 2023 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 this is a new legal entity operating the 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,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

August 23, 2023

[REDACTED]
Pine Run Village, Inc.
[REDACTED]
[REDACTED]

RE: Pine Run Lakeview
2425 Lower State Road
Doylestown, PA, 18901
LICENSE/COC#: 15036

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/22/2023 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: *Pine Run Lakeview*

License #: 15036

License Expiration:

Address: *2425 Lower State Road, Doylestown, PA 18901*County: *BUCKS*Region: *SOUTHEAST*

Administrator

Name:

Phone:

Email:

Legal Entity

Name: *Pine Run Village, Inc.*

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: *C 2 LP*Date: *12/14/1999*Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0*Total Daily Staff: *110*Waking Staff: *83*

Inspection Information

Type: *Partial*Notice: *Announced*

BHA Docket #:

Reason: *Change Legal Entity*Exit Conference Date: *08/22/2023*

Inspection Dates and Department Representative

08/22/2023 On Site

Resident Demographic Data as of Inspection Dates

General Information

License Capacity:

Residents Served: *90*

Secured Dementia Care Unit

In Home: *Yes*Area: *The Arbor*Capacity: *13*Residents Served: *13*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *80*Diagnosed with Mental Illness: *0*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *20*Have Physical Disability: *0*

Inspections / Reviews

08/22/2023 - Partial

Lead Inspector:

Follow-Up Type: *POC Submission*Follow-Up Date: *08/23/2023*

08/23/2023 - POC Submission

Submitted By:

Date Submitted: *08/23/2023*

Reviewer:

Follow-Up Type: *Document Submission* Follow-Up Date: *08/23/2023*

Inspections / Reviews *(continued)*

08/23/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/23/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

86b - Bathroom**1. Requirements**

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom in Room 116 does not have an operable window or ventilation fan.

The bathroom in Room 208 does not have an operable window or ventilation fan.

Plan of Correction**Accept** [REDACTED] - 08/23/2023)

- *The ventilation issue has been resolved in RM# 116. Pictures included. We traced the vent in question with a scope camera and located a shut damper up in the attic. I opened the damper and the air flow resumed. Our initial air flow reading on the anemometer was 0.0 Km/h, after opening the damper we were at 7.2 Km/h.*
- *Preventative Maintenance work order has been entered into the system to check all shut dampers in the attic annually.*
- *Maintenance Technician ([REDACTED]) will be responsible to check all shut dampers in the attic annually in late July/ early August.*
- *Maintenance technician will provide Administrator ([REDACTED]) with an email after the vents in the attic have been checked if there are any issues.*
- *8/22/23 all vents were checked and are operable, next check will be done July 2024 / August 2024.*
- *Room 208 was "fixed on site" during the inspection.*

Licensee's Proposed Overall Completion Date: 08/22/2023

Implemented [REDACTED] - 08/23/2023)**91 - Telephone Numbers****2. Requirements**

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone behind the reception desk.

Plan of Correction**Accept** [REDACTED] - 08/23/2023)

- *A sticker was placed immediately on the red emergency phone located behind the Concierge desk and "fixed on site". The surveyor noted that all other phones were observed to have the sticker in place.*
- *Monthly Audits of all public phones will be conducted for the next 6 months to ensure the emergency numbers are posted and in good repair (lobby, hallway phones, all red emergency phones, wellness centers, laundry rooms, offices).*
- *Lead Concierge ([REDACTED]) will be responsible for the monthly audits for the next 6 months beginning 8/28/23.*

91 - Telephone Numbers (continued)

- Lead Concierge will email Administrator [REDACTED] if there are any phones missing stickers or any other concerns.

Licensee's Proposed Overall Completion Date: 08/22/2023

Implemented [REDACTED] 08/23/2023)

121a - Unobstructed Egress**3. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 8/22/23 at 10am, a printed red STOP sign with the warning, "This door is alarmed!!!" was attached to the double doors for the first-floor exit near the entrance to the home's secured dementia care unit. This STOP sign obstructs the exit by causing a person to hesitate or refrain from using this emergency exit in the event of an actual emergency.

Plan of Correction

Accepted [REDACTED] - 08/23/2023)

- The exit doors by the maintenance office had a sign posted that says "STOP – this door alarms if opened". DHS believes using the word STOP obstructs the exit.
- The recommendation was made to change the verbiage of the sign to: This door is alarmed and for emergency exit only.
- The old sign was removed and replaced with the recommended verbiage. The surveyors noted this was also "fixed on site".
- Preventative Maintenance work order has been entered into the system to check all exit doors monthly.
- Maintenance technician [REDACTED] will ensure that nothing is blocking or obstructing any of the exits each month and the appropriate sign is in place.
- Maintenance Technician will complete the monthly work order and contact the Administrator (Kate Gilbert) if there are concerns.

- o Exit Doors by Maintenance office
- o Exit door at bottom of North tower
- o Exit door at bottom of South tower

Licensee's Proposed Overall Completion Date: 08/22/2023

Implemented [REDACTED] 08/23/2023)