



**Sent via e-mail to: dprice@bellerevesl.com
MAILING DATE: February 6, 2020**

Mr. Travis Martin
Executive Director
Care HSL Belle Reve OPCO LLC
404 East Harford Street
Milford, Pennsylvania 18337

RE: Belle Reve Senior Living Center
License #: 225130

Dear Mr. Martin:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 13, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "M. Moskalczyk". The signature is written in a cursive style.

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *BELLE REVE SENIOR LIVING CENTER*
Address: *404 EAST HARFORD STREET,, MILFORD, PA 18337*
County: *PIKE* Region: *NORTHEAST*

License Number: *22513*

Administrator

Name: *Darlene Price* Phone: *5704099191* Email: *dprice@bellerevesl.com*

Legal Entity

Name: *CARE HSL BELLE REVE OPCO LLC*
Address: *404 EAST HARFORD STREET, MILFORD, PA, 18337*

Certificate(s) of Occupancy

Type: *C-1* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *83* Waking Staff: *62*

Inspection

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

Inspection Dates and Department Representative

11/13/2019 - On-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *65* Residents Served: *61*

Secured Dementia Care Unit

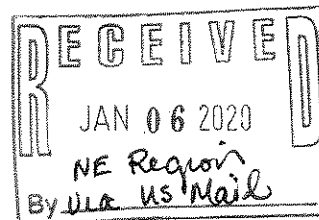
In Home: *Yes* Area: *na* Capacity: *19* Residents Served: *19*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *59*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *22* Have Physical Disability: *0*



11/13/2019

1 of 2

[Signature] Michael Perlock, Executive Director 12/31/19

227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 began receiving wound care for an ulcer on the right foot on 9/24/2019. The support plan completed 5/7/2019 was not updated to reflect that the resident was receiving wound care from an outside agency, and that the resident needed to have his feet elevated at intervals throughout the day.

Plan of Correction (POC)

2600.227d

is to

What: Resident identified during complaint survey on 11/13/19 had a RASP that wasn't updated.

Who: The Resident Care Director (RCD) or designee will train the direct care team on **Addendum and Updates to RASP-Support Plans (Attachment A)** and **Resident RASP Audit (Attachment B)** and complete **Sign-in Sheet (Attachment C)**.

When: RASP was updated 11/14/2019 to reflect Residential Home Health services and services provided. Staff training started on 11/15/2019 and to be completed by 1/10/20

How: Resident Care Director or Designee will maintain a current and up to date RASP on all residents. The interdisciplinary team will timely communicate changes to the RCD or designee so the RASP can be updated. Resident care director and designee completed resident RASP audits on 11/20/2019 and were compliant with regulation.

Ongoing: The Resident Care Director or Designee will conduct monthly Quality Assurance audits of resident's RASP for changes. Findings and trends will be reviewed at the QA meetings.

Legal Entity Representative

Signature

Michael Perlock, Executive Director 12/31/19

Printed Name and Title

Date

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The above plan of correction is approved as of 1-29-2020
(Date)

Plan of correction implementation status as of 1-29-2020
(Date)

The above plan of correction was approved by MM
(Initials)

- Fully Implemented
- ~~Partially Implemented - Adequate Progress~~
- ~~Partially Implemented - Inadequate Progress~~
- Not Implemented