

Department of Human Services
Bureau of Human Service Licensing

November 13, 2020

JEREMY KEITER, ADMINISTRATOR
CARE HSL BELLE REVE OPCO LLC
404 EAST HARFORD STREET
MILFORD, PA 18337

RE: BELLE REVE SENIOR LIVING CENTER
404 EAST HARFORD STREET
MILFORD, PA, 18337
LICENSE/COC#: 22513

Dear Mr. Keiter,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/22/2020, 04/23/2020, 04/24/2020, 04/29/2020, 05/04/2020, 05/06/2020, 05/27/2020, 05/29/2020, 08/31/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *BELLE REVE SENIOR LIVING CENTER* License #: *22513* License Expiration Date: *06/25/2021*
 Address: *404 EAST HARFORD STREET, MILFORD, PA 18337*
 County: *PIKE* Region: *NORTHEAST*

Administrator

Name: *Doug Fouche* Phone: *5704099191* Email:
DFouche@powdermill.com; lindscott@pa.gov; agraziano@pa.gov

Legal Entity

Name: *CARE HSL BELLE REVE OPCO LLC*
 Address: *404 EAST HARFORD STREET, MILFORD, PA, 18337*
 Phone: *5704099191* Email: *JKEITER@HERITAGESL.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/20/2001* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *59* Waking Staff: *44*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *08/31/2020*

Inspection Dates and Department Representative

04/22/2020 - Off-Site: Gerald Dumas
04/23/2020 - Off-Site: Gerald Dumas
04/24/2020 - Off-Site: Gerald Dumas
04/29/2020 - Off-Site: Gerald Dumas
05/04/2020 - Off-Site: Gerald Dumas
05/06/2020 - Off-Site: Gerald Dumas
05/27/2020 - Off-Site: Gerald Dumas
05/29/2020 - Off-Site: Gerald Dumas
08/31/2020 - Off-Site: Gerald Dumas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *65* Residents Served: *46*

Secured Dementia Care Unit

In Home: *Yes* Area: *n.a.* Capacity: *19* Residents Served: *13*

Resident Demographic Data as of Inspection Dates *(continued)*

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 46

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 13

Have Physical Disability: 0

Inspections / Reviews

04/22/2020 - Partial

Lead Inspector: *Gerald Dumas*

Follow-Up Type: *POC Submission*

Follow-Up Date: *10/12/2020*

10/15/2020 - POC Submission

Lead Reviewer: *Anne Graziano*

Follow-Up Type: *Document Submission*

Follow-Up Date: *10/30/2020*

11/13/2020 - Document Submission

Lead Reviewer: *Anne Graziano*

Follow-Up Type: *Not Required*

227d - Support Plan Medical/Dental

1. Requirements

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's Residents Assessment and Support Plan dated 8/20/19, was not updated to include the residents multiple falls sustained from 1/15/20 to 4/4/20. In addition, the home did not include a discussion between the residents physicians, family and home exploring the possibility for skilled services.

Plan of Correction

Directed

What: Resident’s Assessment and Support Plan dated 8/20/19 was not updated to include resident’s multiple falls 1/15/20 to 4/4/20. Also, the home did not include in the Support Plan a discussion between physician, family, and home exploring the possibility for skilled services. Unable to update resident’s support plan, secondary to resident is no longer living at the home.

Who: The Executive Director or designee will train the direct care team on Plan of Correction Training: Resident Care Services Updated in Support Plan (Attachment A).

When: All staff will complete training by October 31, 2020

How: The support plan for residents who had multiple falls will be updated by the clinical leadership team. Resident falls will be reviewed weekly in The Weekly Clinical Meeting for patterns and trends. We will use our Falls Management program to assess fall risks and confounding factors after resident falls, and will then determine appropriate interventions. Interventions will be reviewed with the resident and family then documented on the support plan. Any updates to the resident’s support plan relating to falls will also be communicated to staff.

Ongoing: The Resident Care Director or Designee will conduct monthly Quality Assurance audits of the Fall Tracker to identify who requires support plan updates and audits of those support plans relating to falls. Findings and trends will be reviewed at the QA meetings.

Directed Plan of Correction:

10-16-2020

Please submit the most recent QA Meeting notes for review. Also, please include the "Fall Tracker" that has documentation contained within for review.

Completion Date: 10/30/2020

Document Submission

Implemented

No QA minutes to share at this point - Previous QA meeting was held prior to POC on 10/2/2020, Next meeting scheduled for 1/10/2021. "Fall Tracker" attached