

Department of Human Services  
Bureau of Human Service Licensing

January 28, 2021

[REDACTED], 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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/16/2020, 12/18/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

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: [REDACTED] Phone: *5704099191* Email: [REDACTED]

**Legal Entity**

Name: *CARE HSL BELLE REVE OPCO LLC*  
Address: *404 EAST HARFORD STREET, MILFORD, PA, 18337*  
Phone: *5704099191* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *03/21/2001* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *46* Waking Staff: *35*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *12/16/2020*

**Inspection Dates and Department Representative**

12/16/2020 - On-Site: [REDACTED]  
12/18/2020 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *65* Residents Served: *34*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *n/a* Capacity: *19* Residents Served: *9*

**Hospice**

Current Residents: *3*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *34*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *12* Have Physical Disability: *0*

Inspections / Reviews

12/16/2020 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *01/08/2021*

1/5/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *01/12/2021*

1/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

**Description of Violation**

On [REDACTED] Resident #1 was transported to the hospital and diagnosed with low blood pressure. On 11/27/20 resident #1's family member contacted the home to report that the resident stockpiled medications and took them all together on [REDACTED] Resident #1 stated [REDACTED] was able to do so because staff did not observe [REDACTED] taking [REDACTED] medications and [REDACTED] was able to save medications to take at a later time. Staff interviews indicated there have been times when medication cups were found on dining room tables with pills in the cups after breakfast was served and residents had left the dining area.

**Plan of Correction**

Accept

2600.182(c)

*What:* On [REDACTED] Resident #1 was transported to the hospital and diagnosed with low blood pressure. On 11/27/20 resident #1's family member contacted the home to report that the resident stockpiled medications and took them all together on [REDACTED]. Resident #1 stated [REDACTED] was able to do so because staff did not observe [REDACTED] taking [REDACTED] medications and [REDACTED] was able to save medications to take at a later time. Staff interviews indicated there have been times when medication cups were found on dining room tables with pills in the cups after breakfast was served and residents had left the dining area. 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: Medication Administration Processes and Procedures (Attachment A) and Medication Observation Audit (Attachment B).

*When:* All med techs will complete training by 1/22/2021.

*How:* All med techs will be retrained by Executive Director and designees. Resident Care Director or Designee will supervise a med pass for each med tech by 2/1/2021.

*Ongoing:* The Resident Care Director or Designee will conduct monthly Quality Assurance observation of med pass and document on Medication Observation Audit (Attachment B). Findings and trends will be reviewed at the QA meetings.

**Completion Date:** 01/05/2021

**Update - 01/05/2021**

Please send/ATTACH proof of staff training as identified in your POC.

**Document Submission**

Implemented

Per the above POC, all med techs will be trained by 1/22/21. Med tech training is scheduled for 1/13. I will submit/attach training sign-in sheet upon completion.