

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

February 24, 2023

[REDACTED]  
CARE HSL BELLE REVE OPCO LLC  
[REDACTED]

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 01/23/2023, 01/30/2023 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: *BELLE REVE SENIOR LIVING CENTER* License #: *22513* License Expiration: *06/25/2023*  
 Address: *404 EAST HARFORD STREET, MILFORD, PA 18337*  
 County: *PIKE* Region: *NORTHEAST*

**Administrator**

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: *CARE HSL BELLE REVE OPCO LLC*  
 Address: [Redacted]  
 Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

Type: *1 1* Date: *01/31/2022* Issued By: *Milford, Pa. Borough*

**Staffing Hours**

Resident Support Staff: *56* Total Daily Staff: *147* Waking Staff: *110*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *01/30/2023*

**Inspection Dates and Department Representative**

*01/23/2023 Off Site* [Redacted]  
*01/30/2023 Off Site* [Redacted]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *86* Residents Served: *56*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *3rd floor* Capacity: *40* Residents Served: *24*

**Hospice**  
 Current Residents: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *56*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *35* Have Physical Disability: *8*

**Inspections / Reviews**

**01/23/2023 - Partial**  
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *02/10/2023*

**02/09/2023 - POC Submission**  
 Submitted By: [Redacted] Date Submitted: *02/20/2023*  
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *02/14/2023*

Inspections / Reviews *(continued)*

02/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/15/2023

02/24/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 187d - Follow Prescriber's Orders

## 1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident #1 was prescribed [REDACTED] one tablet orally once a day for 30 days without refills by his/her physician on [REDACTED]/22. The order was for a quantity of 30 tablets. On [REDACTED]/23 resident #1 received the required one dosage of the medication in the morning around [REDACTED] AM. On [REDACTED]/23 staff person "A" administered a second dosage of the [REDACTED] to resident #1 at [REDACTED] pm [REDACTED]. Staff person "A" failed to look at resident #1's Medication Administration Record (MAR) and the instructions on the medication card before giving resident #1 the medication. Staff person "A" failed to follow the directions of the prescribing physician in administering the medication.

**Plan of Correction**

Accept [REDACTED] - 02/10/2023)

What: Resident #1 was prescribed [REDACTED] one tablet orally once a day for 30 days without refills by his/her physician on [REDACTED]/22. The order was for a quantity of 30 tablets. On [REDACTED] 23 resident #1 received the required one dosage of the medication in the morning around [REDACTED] am. On [REDACTED]/23 staff person A administered a second dosage [REDACTED] to resident #1 at [REDACTED] pm [REDACTED]. Staff person A failed to look at resident #1's Medication Administration Record (MAR) and the instructions on the medication card before giving resident #1 the medication. Staff person A failed to follow the directions of the prescribing physician in administering the medication.

Who: The Med Tech Train the Trainer will retrain all med techs on the 5 Rights of medication administration (Attachment A) and complete sign-in sheet (Attachment B).

When: Med Tech Train the Trainer will complete training with all med techs by 2/20/2023.

How: Med techs will follow the 5 rights when administering medications to ensure medications are given to residents at the prescribed time.

Ongoing: Resident Care Director will conduct monthly Quality Assurance review of a random selection of MARs. This will begin 3/1/23 with a February audit. Findings and trends will be reviewed at QA meetings.

Licensee's Proposed Overall Completion Date: 02/20/2023

Implemented (JH - 02/24/2023)