



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: OCTOBER 2, 2023

[REDACTED]
CARE HSL BELLE REVE OPCO LLC
660 SENTRY PARKWAY, SUITE 220
BLUE BELL, PA, 19422

RE: Belle Reve Senior Living Center
License #: 225131

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on June 13 and 14, 2023, August, 3, 2023 and August 23 and 28, 2023 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 225980) dated June 25, 2023, to June 25, 2024, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated June 25, 2023, to June 25, 2024, is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to <62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5); (6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from October 2, 2023 to April 2, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 or 2800	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
Section:					

42b

II

63

\$5

\$315

5 calendar days from
mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

██████████, Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

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

Facility Information

Name: *BELLE REVE SENIOR LIVING CENTER* License #: *22513* License Expiration: *06/25/2024*
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: *660 SENTRY PARKWAY, SUITE 220, BLUE BELL, PA, 19422*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *01/31/2022* Issued By: *Milford Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *95* Waking Staff: *71*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *08/28/2023*

Inspection Dates and Department Representative

08/23/2023 - On-Site: [REDACTED]
08/28/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *86* Residents Served: *63*

Secured Dementia Care Unit

In Home: *Yes* Area: *n/a* Capacity: *40* Residents Served: *0*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *63*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *32* Have Physical Disability: *11*

Inspections / Reviews

08/22/2023 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *09/17/2023*

09/19/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *09/09/2023*

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

According to information received from a complainant and through staff interviews, it was determined that resident #1 sometimes scratches inside their brief, [REDACTED] On the following dates the resident was found to have soiled fingernails during family visits:

[REDACTED] 23, [REDACTED] /23, [REDACTED] /23, and [REDACTED] /23. Also, on [REDACTED] /23 resident #1 was found soaked in urine by a family member during a visit; family member was told the resident was not changed since early morning due to combative behaviors. On [REDACTED] /23 during a family visit resident #1 was found sitting in their wheelchair with a wet, soiled washcloth on the chair. Resident #1 requires assistance with all ADLs.

Plan of Correction

Directed [REDACTED] - 09/19/2023)

What: According to information received from a complainant and through staff interviews, it was determined that resident #1 sometimes scratches inside their brief, [REDACTED]. On the following dates the resident was found to have soiled fingernails during family visits: [REDACTED] /23, [REDACTED] /23, [REDACTED] /23, and [REDACTED] /23. Also, on [REDACTED] /23 resident #1 was found soaked in urine by a family member during a visit; family member was told the resident was not changed since early morning due to combative behaviors. On [REDACTED] /23 during a family visit resident #1 was found sitting in their wheelchair with a wet, soiled washcloth on the chair. Resident #1 requires assistance with all ADLs.

Who/When/How: Executive Director and Memory Care Director have in-serviced staff. ED and MCD have met with family and [REDACTED] RN to discuss interventions. Hospice has ordered anti-strip onesies deemed acceptable by Inspector [REDACTED]. An in-service regarding hand hygiene for staff has been scheduled to be conducted by [REDACTED] RN in September. [REDACTED] has had several positive visits since family meeting.

Ongoing: Beginning 9/18/23 hand hygiene for Resident #1 will be documented in TabulaPro "tasks". Memory Care Director will complete a weekly audit that this task is consistently documented. Findings will be reviewed at quarterly QA meetings.

Within 30 days of receipt of this directed plan of correction:

The administrator or designee shall conduct weekly audits of all resident's general hygiene and ensure that each resident receive assistance with activities of daily living as indicated in each resident's assessment and support plan. Documentation of weekly audits shall be maintained by the home and made accessible to the department upon request.

Directed Completion Date: 10/20/2023

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

42b - Abuse (continued)

Description of Violation

On [redacted] /23 resident #2 was found on the floor of a hallway [redacted] which required treatment [redacted] at the hospital. Resident #3 who was nearby was questioned about what happened and resident #3 stated that they pushed resident #2.

REPEATED VIOLATION: 3-9-2023

Plan of Correction

Directed [redacted] - 09/19/2023)

What: On [redacted] /23 resident #2 was found on the floor of a hallway [redacted] which required treatment [redacted] at the hospital. Resident #3 who was nearby was questioned about what happened and resident #3 stated that they pushed resident #2.

Who: The Memory Care Director or Executive Director will continue to assess behavioral concerns prior to all move ins.

When: At time of move in and ongoing.

How: Resident #3 is now under the care of a new PCP. Stop sign has been placed on [redacted] door and has been effective in minimizing visiting residents. Room change has been offered to Resident #3 with consideration of a private room. Two family meetings have been conducted. Staff continue to engage residents in programming to reduce idle time and complete regular rounds in the neighborhood. Staff will continue to report changes in any residents' behavior in communication log.

Ongoing: All incidents will be documented and reviewed at quarterly QA meetings. Memory Care Director and Executive Director will review communication log daily to review reported changes in behavior or status of residents.

Within 30 days of receipt of this directed plan of correction:

The administrator and all staff will receive training from an outside source, and at the cost of the home, in management of resident with aggressive behaviors, ways to intervene with residents who have aggressive and physical behaviors and constructive ways in dealing with residents who have physical and aggressive behaviors.

All residents will be reassessed (in the secured unit) to determine if the home could meet the individual needs of each resident.

All staff, including the administrator, will receive training in resident rights from an outside source.

Directed Completion Date: 10/20/2023

42c - Treatment of Residents

3. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

An incident occurred in which staff had to intervene after resident #4 entered [redacted] room and [redacted] roommate, resident #5 verbally threatened to kill [redacted]

Plan of Correction

Directed [redacted] - 09/19/2023)

What: An incident occurred in which staff had to intervene after resident #4 entered [redacted] room and [redacted]

42c - Treatment of Residents (continued)

roommate, resident #5 verbally threatened to kill them.

Who/When/How: This concern was reported by staff. Resident #4 was moved to another room. Resident #5 was issued a 30 day notice on [REDACTED]/23 and did not have a roommate during the time of Resident #4's room change and moved out on [REDACTED]23. These two residents had no further issues after no longer residing in the same room and Resident #5 no longer lives at the community.

Ongoing: All incidents will be documented and reviewed at quarterly QA meetings. Memory Care Director and Executive Director will review communication log daily to review reported changes in behavior or status of residents.

Within 30 days of receipt of this directed plan of correction:

All staff, including the administrator, will receive training in resident rights from an outside source.

Residents will be treated with dignity and respect.

Directed Completion Date: 10/20/2023

144d - Smoking Outside

4. Requirements

2600.

144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

Resident #5 was observed smoking in [REDACTED] bedroom on [REDACTED]/2023 which is prohibited by the home's rules.

Plan of Correction

Directed ([REDACTED] - 09/19/2023)

What: Resident #5 was observed smoking in [REDACTED] bedroom on [REDACTED]/2023 which is prohibited by the home's rules.

Who/When/How: This concern was reported promptly by the witnessing Maintenance Director. Resident #5 was questioned and denied this behavior. No further evidence of smoking was witnessed and this resident has since been discharged.

Ongoing: There have no previous incidents of smoking in the home and there have not been any since this incident. Non Smoking policy is in the Resident Handbook and is reviewed during every lease agreement signing.

Within 30 days of receipt of this directed plan of correction:

All residents and staff shall be retrained on the homes smoking policy. Documentation of the training shall be maintained by the home and available to the department upon request. Smoking outside of the smoking room is prohibited.

Directed Completion Date: 10/20/2023

227d - Support Plan Medical/Dental

5. 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.

227d - Support Plan Medical/Dental (continued)

Description of Violation

The Resident Assessment and Support Plan for Resident #5 dated [REDACTED]/2023 was not updated to reflect the resident's behaviors in the home. Resident #5 had threatened staff, residents, smoked cigarettes in the home, and was found in a kitchen area restricted from residents on multiple occasions. These behaviors and a plan to address them were not reflected in the RASP.

Plan of Correction

Directed ([REDACTED] - 09/19/2023)

What: The Resident Assessment and Support Plan for Resident #5 dated [REDACTED] 2023 was not updated to reflect the resident's behaviors in the home. Resident #5 had threatened staff, residents, smoked cigarettes in the home, and was found in a kitchen area restricted from residents on multiple occasions. These behaviors and a plan to address them were not reflected in the RASP.

How/When: Resident #5's RASP cannot be updated due to [REDACTED] no longer living in the home.

Who/Ongoing: Resident Care Director and Memory Care Director will maintain updates to residents' RASPs as a live document and make notes on "Update and Change" page as needed. These updates will be reviewed in weekly 1:1s with Resident Care Director and Memory Care Director and will be reviewed during clinical meetings beginning 9/18/23.

Within 30 days of receipt of this directed plan of correction:

All current resident assessment and support plans (RASP) shall be audited by administration and shall ensure that all residents needs specific to their care are addressed and documented in the resident's support plan and to include-- 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.

Documentation of the resident's record (RASP) audit shall be maintained by the home and made available to the department upon request.

Directed Completion Date: 10/20/2023