

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

August 31, 2023

[REDACTED], COO
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 07/21/2023 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: *06/25/2024*

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: [REDACTED]

[REDACTED] 5704099191 Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *64* Total Daily Staff: *163* Waking Staff: *122*

Inspection Information

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

Reason: *Incident* Exit Conference Date: *07/21/2023*

Inspection Dates and Department Representative

07/21/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *86* Resident Served: *64*

Secured Dementia Care Unit

In Home: *Yes* Area: *3rd Floor* Capacity: *40* Resident Served: *24*

Hospice

Current Resident : *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *64*

Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *35* Have Physical Disability: *1*

Inspections / Reviews

07/21/2023 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/19/2023*

Inspections / Reviews *(continued)*

08/24/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/29/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/30/2023

08/31/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/29/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

227h - Support Plan Refuse Sign

1. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #1 did not sign his/her Initial Assessment and Support Plan (RASP) dated [REDACTED]. There is no notation recorded on resident #1's Initial Resident Assessment and Support Plan (RASP) dated [REDACTED] to indicate if resident #1 or his/her designated person was unable or chose to refuse to sign resident #1's initial support plan.

Plan of Correction

Accept [REDACTED] - 08/24/2023)

What: Resident #1 did not sign his/her Initial Assessment and Support Plan (RASP) dated [REDACTED]/22. There is no notation recorded on resident #1's Initial Resident Assessment and Support Plan (RASP) dated [REDACTED]/22 to indicate if resident #1 or his/her designated person was unable or chose to refuse to sign resident #1's initial support plan.

Who/How: Resident Care Director and Memory Care Director will assure that all participants in RASP review have signed or indicate otherwise.

Ongoing: Resident Care Director and Memory Care Director will conduct a monthly audit to review RASPs due and appropriate signature documentation. Findings and trends will be reviewed at the QA meetings.

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented [REDACTED] - 08/30/2023)