

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

August 15, 2024

[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 07/17/2024 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *BELLE REVE SENIOR LIVING CENTER* License #: *22513* License Expiration: *05/15/2025*  
 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]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *101* Waking Staff: *76*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *07/17/2024*

**Inspection Dates and Department Representative**

07/17/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *86* Residents Served: *67*  
 Secured Dementia Care Unit  
 In Home: *Yes* Area: *NA* Capacity: *30* Residents Served: *25*  
 Hospice  
 Current Residents: *5*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *67*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *34* Have Physical Disability: *0*

**Inspections / Reviews**

07/17/2024 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/09/2024*

08/09/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *08/14/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/14/2024*

Inspections / Reviews *(continued)*

08/15/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/14/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

181c - Self-administration Assessment

1. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #6 was found to have a white bottle of [redacted] tablets on the side table next to the chair in the resident's room. Resident #6 does not have an order for [redacted] tablets listed on the medical evaluation dated [redacted] or on the resident's medication administration record.

Plan of Correction

Accept ([redacted]/09/2024)

Immediate Corrective Action: On [redacted], during the DHS site inspection the white bottle of [redacted] was immediately removed from Resident #6's room. PCP was notified. PCP ordered Tylenol after Residents medical appointment with PCP. Order received on [redacted] for [redacted], with no self-medicating indicated. Family was also called on [redacted] and made aware of self-administration policy. Family was educated by the RCD (Resident Care Director) to give all medication to Med Techs if bringing any OTC medications to the Resident. Residents room was searched, with resident permission, for any additional medications. None found.

Additional Corrective Actions: On [redacted], the Executive Director trained the Management Team on inspecting resident apartments for medications. On [redacted] All resident rooms were inspected as per routine with focus being on medications stored in room by Managers

Ongoing Quality Assurance Actions: The Management Team will complete weekly room checks to assure resident who are unable to self-administer medications do not have them stored in their apartment. Any medications found will be removed immediately and will be documented in the communication log in TabulaPro by the manager, beginning 8/07/24. The Resident Care Director will review the communication log each month as part of the QA process, beginning 8/07/24. This will be reviewed as part of the Quarterly QA Meetings, beginning 8/1/24.

Licensee's Proposed Overall Completion Date: 08/08/2024

Implemented [redacted] - 08/15/2024)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident #1 has an order to have blood sugar levels checked [redacted] times per day and [redacted] administered per the sliding scale. No documentation of the reading or administration was found on the resident's medication administration record at [redacted].

Resident #5 has an order to have blood sugar levels checked 4 times per day and [redacted] administered per the sliding scale. No documentation of the reading or administration was found on the resident's medication administration record at [redacted].

187d - Follow Prescriber's Orders (continued)

Resident #4's prescription states inject [redacted] two times a day. However, resident #4 was administered [redacted] for the evening dosage.

Resident #3's prescription for [redacted] states inject [redacted] per day before meals but hold if [redacted] is below [redacted]. However, resident #3 was administered [redacted] of insulin on [redacted] at [redacted] and on [redacted] at [redacted].

Resident #2 was administered [redacted] of [redacted] on [redacted] at [redacted] pm. The resident's glucometer reading for [redacted]. The resident's prescription sliding scale indicates the resident should be administered [redacted] when the glucometer reading is from [redacted] [redacted] when the reading is between [redacted].

Plan of Correction

Accept [redacted] - 08/09/2024)

Immediate Corrective Actions: On [redacted] during the DHS site inspection for self-reported inaccurate blood sugar readings found on [redacted], community reported all errors to the physician and family for Resident #1, 2, 3, 4, 5. A Reportable was completed and sent to the department. There were no effects noted for Resident #1, 2, 3, 4,5 for these errors. Final Reportable sent 8/7/24.

Additional Corrective Actions: The medication error for Resident #1, 2, 3, 4, 5 were all made by the same Med Tech. That Med Tech wasn't identified on Privacy Coding page but received additional diabetic training by Clinical Care Coordinator 5/31/24 and 6/1/24 for full med pass due to the errors found on 5/28/24. All Med Techs received a review of the Best Practices for Medication Administration on 5/29/24 by Resident Care Director.

Ongoing Quality Assurance Actions: The Wellness Nurse will complete a weekly MAR audit for residents on insulin to assure medications were administered appropriately, beginning 7/25/24. Resident Care Director will review a sample of the daily shift reports for glucometer checks done at the change of shift. These reports will be reviewed as part of the Quarterly QA Meetings, beginning August 2024.

Licensee's Proposed Overall Completion Date: 08/08/2024

Implemented [redacted] - 08/15/2024)