

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

November 4, 2024

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

RE: BELLE REVE SENIOR LIVING CENTER
404 EAST HARFORD STREET
MILFORD, PA, 18337
LICENSE/COC#: 22513

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/21/2024 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]

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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: 11 Date: 01/31/2022 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 109 Waking Staff: 82

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 08/21/2024

Inspection Dates and Department Representative

08/21/2024 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 86 Residents Served: 69

Secured Dementia Care Unit
 In Home: Yes Area: n/a Capacity: 40 Residents Served: 28

Hospice
 Current Residents: 5

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 69
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 40 Have Physical Disability: 0

Inspections / Reviews

08/21/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/02/2024

09/04/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 09/03/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/09/2024

Inspections / Reviews *(continued)*

11/04/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/09/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

2600.

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

Description of Violation

On [redacted] staff in the secure dementia unit heard resident [redacted] yell "Get out of my chair!" at around 5am. When staff reached the resident, they found resident [redacted] standing next to a recliner and resident [redacted] on the floor on their side. Resident [redacted] told staff that resident [redacted] was in their chair so they removed them. It was determined that resident [redacted] pushed resident [redacted] out of a recliner and onto the floor.

Plan of Correction

Accept [redacted] 09/04/2024)

Immediate Corrective Action: Staff responded immediately, and redirected the residents to different areas where they were assessed and found to have no injuries. Neither resident was in distress, nor did either recall what happened. Resident [redacted]'s chair was returned to his room. Resident [redacted] RASP was updated on 7/16/24 by ED and there have been no further incidents between them.

Additional Corrective Actions: The Executive Director and Memory Care Director will review at the staff meeting on 7/15/24 the need to implement the Structured Day Program Schedule and encourage residents to stay engaged in activities to decrease unstructured time. Staff will continue to be vigilant for residents who may enter one another's personal space, and redirect as needed and as planned in resident RASPs. Changes in care needs will be addressed through the RASP and subsequent Care Plan Conferences.

Ongoing Quality Assurance Actions: The Memory Care Director will walk through the neighborhood at least 5 times per shift, beginning 7/15/24 to observe for concerns, changing needs, and provide assistance and support as needed. As residents' needs or changes are identified, RASPs will be updated by the Memory Care Director. Changes and/or concerns will be reviewed as part of the Quarterly QA Meetings, beginning with the third quarter review to be held in October 2024.

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented [redacted] 09/10/2024)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] staff person A mistakenly used resident [redacted] to test the blood sugar of resident [redacted]. Staff person A reported the mistake immediately.

Plan of Correction

Accept [redacted] - 09/04/2024)

Immediate Corrective Actions: On [redacted], staff person A immediately reported the incident to the Resident Care Director and the glucometer was removed from the medication cart. Families and Physicians for both residents were notified. Reportable was completed and sent to the Department on 8/7/24. New glucometer ordered and received from pharmacy on 8/9/24.

Additional Corrective Actions: Staff member A received individual training on 8/8/24 with Resident Care Director.

85a - Sanitary Conditions (continued)

Additionally received Department's Medication Administration Course through North Hampton Community College with successful certification received 8/27/24 for Diabetic Overview, GLP1 and GLP.

Ongoing Quality Assurance Actions: Weekly medication cart audits will be completed by LPN to include verifying each glucometer is labeled with the resident's name, beginning 8/8/24. Findings will be reviewed as part of the Quarterly QA Meetings, beginning with the third quarter review to be held in October 2024.

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented [redacted] - 09/10/2024)

182b - Prescription Medication

3. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A is a med tech who passes medications in the home. A review of staff person A's medication technician training indicates that staff person A took the modified medication tech training on 2/18/23 but did not complete the full med tech training.

Plan of Correction

Accept [redacted] 09/04/2024)

Immediate Corrective Actions: On 8/21/24, staff person A was immediately removed from the medication cart.

Additional Corrective Actions: Staff member A completed successful certification on 8/28/24 through the Department's Medication Administration Training program. An audit of medication training certification and documentation will be completed by RCD by 9/15/24.

Ongoing Quality Assurance Actions: The RCD will audit 5% of staff records each month, to include maintaining medication administration training documentation and the completion of the annual practicum requirements and documentation, beginning 9/1/24. Compliance will be reviewed at Quarterly Quality Assurance Meetings, beginning with the third quarter review in October 2024.

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented [redacted] - 09/10/2024)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident [REDACTED] has an order for [REDACTED], one application daily as needed. On 6/24/24 staff administered the [REDACTED] to resident [REDACTED] at both 9:43am and 9:35pm. Resident [REDACTED] is only supposed to receive one daily application of [REDACTED]

Repeat Violation: 2-27-24 et al.

Plan of Correction

Accepted [REDACTED] - 09/04/2024)

Immediate Corrective Action: Education completed immediately on 6/25/24 with the Med Tech who created the error.

Additional Corrective Actions: Med Techs trained to do Shift Change Responsibility, including review of dashboard to review alerts and use of PRN meds and narcotic counts on 6/29/24 and 8/6/24 by RCD and MCD. RCD completing reviews of Dashboard daily and weekly review of narcotic counts to provide additional oversight.

Ongoing Quality Assurance Actions: Findings and patterns of reviews will be discussed at Quarterly Quality Assurance Meeting, beginning with third quarter review in October 2024.

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented [REDACTED] - 09/10/2024)