



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing date: May 28, 2025

[REDACTED]
[REDACTED]
DRI/Heartis County, LLC
[REDACTED]
[REDACTED]

RE: Revelle of Bucks County Senior Living
945 York Road
Warminster, Pennsylvania 18974
License #: 148550

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on January 15 and 16, 2025, we have found the above facility to be in compliance with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

April 7, 2025

[REDACTED]
DRI/HEARTIS BUCKS COUNTY LLC
[REDACTED]
[REDACTED]

RE: REVELLE OF BUCKS COUNTY
SENIOR LIVING
945 YORK ROAD
WARMINSTER, PA, 18974
LICENSE/COC#: 14855

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/15/2025, 01/16/2025 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: *REVELLE OF BUCKS COUNTY SENIOR LIVING* License #: *14855* License Expiration: *03/13/2025*
 Address: *945 YORK ROAD, WARMINSTER, PA 18974*
 County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED]

Legal Entity

Name: *DRI/HEARTIS BUCKS COUNTY LLC*
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *09/01/2001* Issued By: *Warminster Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Provisional* Exit Conference Date: *01/16/2025*

Inspection Dates and Department Representative

01/15/2025 - On-Site: [REDACTED]
 01/16/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *100* Residents Served: *36*

Special Care Unit
 In Home: *Yes* Area: *Reflections* Capacity: *30* Residents Served: *11*

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *36*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *22* Have Physical Disability: *0*

Inspections / Reviews

01/15/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/14/2025*

02/21/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/03/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/03/2025*

Inspections / Reviews *(continued)*

04/07/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/03/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

81b Resident equip – good repair

1. Requirements

2800.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 1/16/25 a bedside mobility device was present on Resident # 1's bed. This bedside mobility device was not attached securely to the bedframe and slid underneath the bed. The bedside mobility device was able to be moved 7 inches away from the bedframe and mattress creating entrapment zones, posing a potential hazard to the resident.

Repeat Violation 4/15/24 et al

Plan of Correction

Accepted [redacted] - 02/21/2025)

- On day of survey, 1/15/25, bedside mobility device was properly secured to resident #1's bed by the Maintenance Director.
- On 1/15/25, the Maintenance Director and Healthcare Director audited remaining bedside mobility devices, no further issues noted.
- By 2/14/25, the Administrator or designee shall educate maintenance staff on regulation 2800.81b and proper installation of bed mobility devices, documentation shall be kept.
- Beginning 2/24/25, the administrator or designee will audit newly installed bed mobility devices for proper installation.
- To ensure consistent adherence to Regulation 2800.81b, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next monthly QMPI meeting by 2/28/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [redacted] - 04/07/2025)

85a Sanitary conditions

2. Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 1/16/25, at 9:58 A.M., there were dried on feces on the toilet seat of Resident #1's bathroom.

Plan of Correction

Accepted [redacted] - 02/21/2025)

- Resident #1's bathroom was immediately cleaned by housekeeping staff at time of survey on 1/15/25.
- On 1/15/25, remaining resident apartments observed for cleanliness by Administrator, no further issues noted.
- By 2/14/25 Administrator shall educate care staff and housekeeping staff on regulation 2800.85a and the process for informing housekeeping of need for additional services, documentation shall be kept.
- Beginning 2/24/25, Administrator or designee shall audit 5 resident apartments weekly X 4 weeks to monitor for cleanliness and sanitary conditions, documentation shall be kept.
- To ensure consistent adherence to Regulation 2800.85a, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next monthly QMPI meeting by 2/28/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 02/28/2025

85a Sanitary conditions (continued)

Implemented [redacted] - 04/07/2025)

103g Storing food

3. Requirements

2800.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A bag of cookie dough and a bag of fried steak were in the walk in freezer and were opened and unsealed.

Repeat Violation 4/15/24 et al

Plan of Correction

Accept [redacted] - 02/21/2025)

- At time of survey on 1/15/25, the bag of cookie dough and bag of fried steak were immediately disposed of by the Dining Manager.
- On 1/15/25, Dining manager audited additional storage areas and refrigerators, no additional findings noted.
- By 2/14/25, Dining manager shall educate dining staff on regulation 2800.103g, documentation shall be kept.
- Beginning 2/24/25, dining manager or designee to audit food storage areas weekly X 4 weeks, documentation shall be kept.
- To ensure consistent adherence to regulation 2800.103g, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next monthly QMPI meeting by 2/28/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [redacted] - 04/07/2025)

105f Clothing laundering

4. Requirements

2800.
105.f. Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning. The resident's clean clothing shall be returned to the resident within 24 hours after laundering

Description of Violation

The residence does not have a system to safeguard resident laundry from loss. On 1/15/25 at 1:08 P.M., two unlabeled laundry hampers, belonging to residents, were placed on the counter in the commercial laundry room. The hampers did not have any identifying names or room numbers.

Plan of Correction

Accept [redacted] - 02/21/2025)

- At time of survey on 1/15/25, the unlabeled hampers were labeled with apartment number by the Memory Care Director.
- Designated tags to be purchased for hamper labeling, by 2/14/25, the Resident Care Coordinator or designee shall properly label hampers to include resident name and room number.
- By 2/14/25, Healthcare director or designee shall educate care staff on regulation 2800.105f, documentation shall be kept.
- Beginning 2/24/25, the Administrator or designee will audit 5 resident apartments weekly X 4 weeks for properly labeled hampers, documentation shall be kept.
- To ensure consistent adherence to regulation 2800.105f, compliance monitoring will be conducted during the

105f Clothing laundering (continued)

QMPI meeting. This review, shall occur at the next monthly QMPI meeting by 2/28/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [redacted] - 04/07/2025)

141b1 Annual medical evaluation

5. Requirements

- 2800.
- 141.b. A resident shall have a medical evaluation:
 1. At least annually.

Description of Violation

Resident # 2 s most recent medical evaluation was completed on [redacted]/24. The resident's previous medical evaluation was completed on [redacted]/23.

Repeat Violation 4/15/24 et al

Plan of Correction

Accept [redacted] - 02/21/2025)

- Resident #2 medical evaluation is not able to be corrected as it was completed late.
- On 2/5/25, Healthcare Director audited remaining resident charts for medical evaluations coming due, a tickler file was created to track due dates.
- By 2/14/25, the Administrator or designee shall educate Healthcare Director and Wellness nurse on regulation 2800.141b and use of tickler file, documentation shall be kept.
- Beginning 2/24/25, the administrator or designee will meet with the Healthcare director or designee weekly X 4 weeks to review the upcoming medical evaluations to monitor for timely completion, documentation shall be kept.
- To ensure consistent adherence to regulation 2800.141b1, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next monthly QMPI meeting by 2/28/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [redacted] 04/07/2025)

185a Storage procedures

6. Requirements

- 2800.
- 185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident # 3 is prescribed blood sugar readings 4 times daily at 7:30 A.M., 11:30 A.M., 4:30 P.M., and 8:00 P.M. On 1/8/25 at 4 :16 P.M. the blood sugar reading recorded on the medication administration record (MAR) was 173, and the reading on the glucometer was 172. On 1/11/25 at 8:00 P.M. the blood sugar reading recorded on the MAR was 253, and the reading on the glucometer was 230. Staff Person A was the Medication Technician during both of these occurrences.

185a Storage procedures (continued)

Plan of Correction

Accept (████) - 02/21/2025)

- Healthcare Director not able to correct the error in documentation on Resident #3 MAR for glucometer readings on 1/8/25 and 1/11/25. On 2/10/25, Healthcare Director wrote a clarification note in resident's file.
- By 2/14/25, Healthcare director or designee shall educate staff who administer medications on regulation 2800.185a, accurate documentation of glucometer readings and process to verify glucometer readings, documentation shall be kept.
- Beginning 2/5/25, staff who administer medications shall review glucometer readings occurring during their shift with oncoming shift during narcotic count/shift report.
- Beginning 2/24/25, during weekly cart review, Healthcare Director or designee shall audit glucometer documentation weekly X 4 weeks.
- To ensure consistent adherence to regulation 2800.185a, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next monthly QMPI meeting by 2/28/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented (████) - 04/07/2025)

227c Final support plan - revision

7. Requirements

2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

Description of Violation

On 1/16/25, Resident # 1's bed was observed to be equipped with a bedside mobility device. The resident's support plan, updated for a significant change in needs on 9/24/24, does not include the use of this device.

Plan of Correction

Accept (████) - 02/21/2025)

- On day of survey, 1/16/25, Healthcare Director reviewed and updated resident #1 current support plan to include bedside mobility device.
- On 1/16/25, Healthcare Director reviewed remaining residents support plans who utilize a bedside mobility device, support plans noted to capture devices.
- By 2/14/25, the Administrator or designee shall educate Healthcare Director, Memory Care Director and Wellness Nurse on regulation 2800.227c, documentation shall be kept.
- Beginning 2/24/25, Healthcare Director or designee shall review incoming orders for assistive devices and capture new orders on the resident's support plan. The use of the device shall be reviewed quarterly during support plan review.
- To ensure consistent adherence to regulation 2800.227c, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next monthly QMPI meeting by 2/28/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented (████) - 04/07/2025)

236a Staff training

8. Requirements

2800.

236.a. Each direct care staff person working in a special care unit for residents with Alzheimer’s disease or dementia shall have 8 hours of initial training within the first 30 days of the date of hire and a minimum of 8 hours of annual training related to dementia care and services, in addition to the 16 hours of annual training specified in § 2800.65 (relating to staff orientation and direct care staff person training and orientation).

Description of Violation

Direct Care Staff Person B, who works in the special care unit had only 3 hours of training related to dementia care during the January 1, 2024 to December 31, 2024 training year.

Plan of Correction

Accept [REDACTED] **02/21/2025)**

- Unable to correct 2024 trainings for staff member B.
- By 2/14/25, staff member B shall complete 8 hours of training related to dementia care and services.
- The 2025 Training Record includes 8 hours of training related to dementia care and services.
- By 2/14/25 the Administrator or designee shall educate the Business Office Manager on regulation 2800.236a and to monitor required training of associates for compliance.
- Beginning 2/24/25, the Business Office Manager shall monitor monthly Relias completion, employees not in compliance shall be addressed.
- To ensure consistent adherence to regulation 2800.236a, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next monthly QMPI meeting by 2/28/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [REDACTED] **04/07/2025)**