

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

March 26, 2025

[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 02/11/2025 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: 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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 126 Waking Staff: 95

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 02/11/2025

Inspection Dates and Department Representative

02/11/2025 - On-Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 86 Residents Served: 78
Secured Dementia Care Unit
In Home: Yes Area: Daybreak Capacity: 40 Residents Served: 40
Hospice
Current Residents: 7
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 78
Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 48 Have Physical Disability: 25

Inspections / Reviews

02/11/2025 Partial
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/15/2025

03/26/2025 - POC Submission
Submitted By: [Redacted] Date Submitted: 03/26/2025
Reviewer: [Redacted] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

03/26/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

A reportable incident that occurred on [redacted] at 10:15am was not reported until [redacted] at 3:10pm.

A reportable incident that occurred on [redacted] at 3:00pm was not reported until [redacted] at 3:20pm.

Plan of Correction

Accept [redacted] - 03/26/2025)

Immediate Corrective Actions:

On 1/13/25, the Resident Care Director was managing a situation in our Personal Care neighborhood and lost track of time, resulting in the late submission of the report. The Executive Director retrained the Resident Care Director on 1/13/25 of the regulatory requirements for reporting timelines and the need to ask for assistance in moments when she is managing more than one task. If she cannot complete the forms, the Executive Director will complete them. The 1/23/25 INITIAL report was sent timely on 1/23/25 at 5:15pm. The Department was sent the FINAL report on 1/24/25 at 3:20pm. Supporting documentation is attached to demonstrate emails received from DHS per regulatory timelines.

Additional Corrective Actions: All staff and Directors received education from the Executive Director on 2/4/25 and 3/6/25 regarding regulatory requirements for reporting timelines. In addition, all incidents will be reviewed by Resident Care Director, Memory Care Director or Executive Director during Daily Clinical Huddles to ensure timely reporting, beginning 3/6/25.

Ongoing Quality Assurance Actions: Findings and patterns of incident reviews will be discussed at Quarterly Quality Assurance Meeting by Executive Director and Resident Care Director, beginning with first quarter review in April 2025.

Licensee's Proposed Overall Completion Date: 03/13/2025

Implemented [redacted] - 03/26/2025)