

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

April 29, 2025

[REDACTED]
CA SENIOR VALLEY FORGE OPERATOR LLC
[REDACTED]
[REDACTED]

RE: REVELLE SENIOR LIVING KING OF
PRUSSIA
350 GUTHRIE ROAD
KING OF PRUSSIA, PA, 19406
LICENSE/COC#: 14788

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/31/2025 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 SENIOR LIVING KING OF PRUSSIA **License #:** 14788 **License Expiration:** 01/16/2026
Address: 350 GUTHRIE ROAD, KING OF PRUSSIA, PA 19406
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: CA SENIOR VALLEY FORGE OPERATOR LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I 1	Date: 12/08/2020	Issued By: Upper Merion Township
Type: I 2	Date: 12/08/2020	Issued By: Upper Merion Township
Type: Other	Date: 12/08/2020	Issued By: Upper Merion Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 86 **Waking Staff:** 65

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 03/31/2025

Inspection Dates and Department Representative

03/31/2025 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 128 **Residents Served:** 62

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Care Unit **Capacity:** 28 **Residents Served:** 20

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 62
Diagnosed with Mental Illness: 1	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 24	Have Physical Disability: 0

Inspections / Reviews

03/31/2025 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 04/25/2025

Inspections / Reviews (*continued*)

04/28/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/28/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/05/2025

04/29/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/28/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42v - Resident-Home Contract

1. Requirements

2600.

42.v. A resident has the right to receive services contracted for in the resident-home contract.

Description of Violation

The home does not provide weekly housekeeping services as agreed upon in the resident-home contract. According to resident [REDACTED] interview housekeeping has only cleans the room three weeks times a month.

Plan of Correction

Accept [REDACTED] - 04/28/2025)

The Primary Benefit: Ensures that residents receive the services for which they are paying and which the home is required by Chapter 2600 to provide.

With Respect to the specific deficiency cited: The reason for the violation is the resident states housekeeping services are not provided each week/the home failed to provide housekeeping services with consistency.

With Respect to Systemic Measures that have been put into place to address the stated concern: The violation was corrected at time of inspection whereby housekeeping services were provided for Resident [REDACTED] apartment on 3/31/2025.

On 04.02.2025 The Maintenance Director did re-educate the current housekeeping associates on Regulation 42V, Resident Contract and Resident Rights and documentation remains on file.

To prevent future occurrence the individual housekeeper will be identified on the room cleaning assignment sheet, the resident will sign acknowledgment of the completed service and that documentation will remain on file. Beginning 04/18/2025 the Maintenance Director will review the assignment document to ensure cleaning records are complete for each week of service through the remainder of the second quarter of 2025. Beginning 04/20/2025 the Maintenance Director will include a weekly housekeeping audit of Resident #1's apartment and a minimum of one apartment of each floor of Personal Care & Memory Care and will be noted on the Quality Management Plan through the second quarter of 2025.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [REDACTED] - 04/29/2025)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

During the safety walkthrough, the Memory Care unit's housekeeping room door was unlocked. There were multiple cleaning products unattended and accessible to residents. Not all the residents of the home, including residents on the Memory Care unit, have been assessed as capable of recognizing and using poisons safely.

82c Locking Poisonous Materials (continued)

Plan of Correction

Accept (█ - 04/28/2025)

2600.82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation: On █ during the physical walk through of the community, the surveyor observed a Memory Care housekeeping closet open. The closet contained chemicals.

Plan of Correction:

- 1. At time of discovery on 3/31/25, the closet door was immediately closed and locked by the Maintenance Director. No further issues were identified.
- 2. On 04.02.2025 The Maintenance Director/designee did re educate current housekeeping associates on Regulation 82.c, Locking Poisonous Materials, on proper storage and securing any items labeled poisonous or hazardous materials and documentation remains on file.

To prevent future occurrences beginning 04.02.2025 and through the remainder of the second quarter of 2025 the Maintenance Director and/or Memory Care Director/Designee will conduct daily walkthrough audits to ensure safety measures are in place and compliance is on going and documentation will be maintained. A review of the safety measure walkthrough audits will be noted on the Quality Management Plan through the second quarter of 2025.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented (█ - 04/29/2025)

141b1 - Annual Medical Evaluation

3. Requirements

- 2600.
- 141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident █ most recent medical evaluation was completed on 3/07/2025. The resident's previous medical evaluation was completed on █

Repeat Violation: █

Plan of Correction

Accept (█ - 04/28/2025)

The purpose of this regulation is updated medical information helps the home decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that resident's medical needs will be met.

The violation was incurred

141b1 Annual Medical Evaluation (continued)

due to the former owner/operator's failure to maintain regulatory compliance in securing medical evaluations timely. The regulation permits a fifteen day grace period and DME compliance indicated an extension deadline of 8/31/2025 would have been in compliance; However, the former owner failed to maintain compliance.

The Personal Care Home was acquired by a new legal entity on 02.06.2025. During a record review the Regional Healthcare Director completed an audit of the DME's. The new entity acquired the non compliant record. On 03.07.2025 the Regional Healthcare Director secured an updated DME from the provider and that document remains on file in the resident chart.

On 04.07.2025 The Operations Specialist did re educate the Healthcare Director & Memory Care Director associates on Regulation 141b1, DME Compliance and documentation remains on file.

To prevent future violations effective 04.07.2025 the Healthcare Director will proactively arrange for the necessary appointment in advance for a physical exam and to complete the required DME form and the Healthcare Director/Designee will continue monthly chart audits and utilize the internal DME tracker as a tool to monitor due date compliance. A review of the tracker compliance will be noted on the Quality Management Plan through the second quarter of 2025.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [REDACTED] - 04/29/2025)

225c - Additional Assessment

4. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [REDACTED] most recent assessment was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/28/2025)

The purpose of the regulation is that it allows homes to create a comprehensive profile of a resident's needs and serves as the basis for the plan to meet those needs.

The violation was incurred due to the former owner/operator's failure to maintain regulatory compliance in completing the Resident Assessment Support Plan timely.

The Personal Care Home was acquired by a new legal entity on 02.06.2025. During a record review the Regional Healthcare Director completed an audit of the RASP's. The new entity acquired the non compliant record. On 04.07.2025 the Healthcare Director completed the assessment, and the RASP was finalized on 04.17.2025. The RASP document remains on file in the resident chart.

On 04.07.2025 The Operations Specialist did re educate the Healthcare Director & Memory Care Director associates on Regulation 225C, RASP Compliance and documentation remains on file.

225c - Additional Assessment (continued)

To prevent future violations effective 04.07.2025 the Healthcare Director will continue monthly chart audits and utilize the internal RASP tracker as a tool to monitor due date compliance and ensure assessments & final RASP's are completed timely in accordance with the criteria of the regulation. A review of the tracker compliance will be noted on the Quality Management Plan through the second quarter of 2025.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [REDACTED] - 04/29/2025)