

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

August 25, 2025

[REDACTED]  
CA SENIOR VALLEY FORGE OPERATOR LLC  
[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 05/01/2025, 06/02/2025 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**

**Staffing Hours**

**Resident Support Staff:**      **Total Daily Staff:** 85      **Waking Staff:** 64

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint, Incident      **Exit Conference Date:** 06/02/2025

**Inspection Dates and Department Representative**

05/01/2025 - On-Site: [REDACTED]  
06/02/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 128      **Residents Served:** 61

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Virtue      **Capacity:** 23      **Residents Served:** 19

**Hospice**

**Current Residents:** xx

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 61  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 24      **Have Physical Disability:** 0

**Inspections / Reviews**

**05/01/2025 Partial**

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 06/20/2025

**06/26/2025 - POC Submission**

**Submitted By:** [REDACTED]      **Date Submitted:** 07/18/2025  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 07/21/2025

Inspections / Reviews *(continued)*

08/25/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/18/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 42b Abuse

**1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

On [REDACTED] around 08:15 PM in the home's Secured Dementia Care Unit (SDCU), staff A was preparing medications for resident [REDACTED] who was showing signs of agitation. Staff B sat with the resident to assist in the administration of the medications. Staff C came out of resident [REDACTED]'s room to request assistance with that resident. Staff A told staff C to wait so that resident [REDACTED] medication administration could be completed. In response, staff C grabbed resident [REDACTED] right arm and started pulling the resident, telling staff A that [REDACTED] could chase the resident. Staff A asked staff C to let the resident go and held the resident's left hand to prevent staff C from taking the resident away from the medication cart. In response, staff C started shoving and elbowing staff A, still holding onto the resident. In the midst of these verbal and physical interactions between the two staff members, resident [REDACTED] lost [REDACTED] balance and fell to the ground on their bottom. The resident was assessed by staff A and again by staff D and no signs of injury were identified.

**Plan of Correction****Directed [REDACTED] - 06/26/2025)**

Revelle King of Prussia enforces a zero-tolerance policy for abuse of or by residents or team members. All team members are obligated by law when there is a reasonable basis to report abuse, neglect, suspected abuse or inappropriate behavior to their supervisor. Revelle King of Prussia seeks to ensure that abusive situations do not occur. In the event an incident occurs, Revelle King of Prussia staff will act quickly and fairly to investigate and take decisive action as appropriate. Staff Person C was immediately placed on administrative leave and remained on administrative leave until separated from employment on 5/5/2025. Staff person A was separated from employment at Revelle King of Prussia 5/29/2025 .

Beginning 6/19/2025, all staff will receive training on abuse and neglect by the Residence Director and/or Health Care Director. Topics will include definitions of abuse, reporting abuse, request for witness statements, and Resident Rights - - specifically, Treating Residents with Dignity and Respect. Training methods will include discussion, handouts, role play and solving hypothetical situations. A Question-and-Answer period will follow. Documentation of completed training will be filed in the Plan of Correction binder. Completion: 7/14/2025

Beginning 6/19/2025, The Residence Director/Designee will be notified by staff immediately via text, phone, email or in person of any observation or reports of inappropriate staff interactions with a resident. Under the direction of the Residence Director, the staff person(s) involved will be removed from the resident area and asked to provide a statement pertaining to the event. The staff person(s) involved will then be removed from the community and an investigation will be started immediately by the Residence Director/designee. The local Police, Department of Human Services, and the Area Agency on Aging will be immediately contacted by the Residence Director/designee to verbally report the alleged abuse. The Residence Director/designee will provide a written initial report to the Department of Human Services and Area Agency on Aging within 24 hours of the incident. Further reporting will be provided as additional information becomes available. If the outcome of the investigation identifies that abuse has occurred, the staff person(s) involved will be separated from employment.

The Residence Director will have the responsibility for adherence to this procedure and reporting time frames. Any implementation/activation of this process will be reviewed and discussed by the Residence Director/designee at the Quality Assurance Meeting scheduled for July 18, 2025.

42b Abuse (continued)

Proposed Overall Completion Date: 07/22/2025

**Directed Plan of Correction: Only the overall date of completion has been directed to 7/18/2025. By this date the home should be able to demonstrate significant compliance with the plan of correction.**

Directed Completion Date: 07/18/2025

Implemented [redacted] - 08/25/2025)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

On [redacted] 07:30 PM, staff C was heard yelling at resident [redacted] "Sit down and don't stand up" while in the home's enclosed courtyard. Shortly thereafter, the staff was overheard yelling at resident [redacted] while escorting the resident to [redacted] room.

Plan of Correction

Directed [redacted] - 06/26/2025)

Revelle King of Prussia enforces a zero tolerance policy for abuse of or by residents or team members. All team members are obligated by law when there is a reasonable basis to report abuse, neglect, suspected abuse or inappropriate behavior to their supervisor. Revelle King of Prussia seeks to ensure that abusive situations do not occur. In the event an incident occurs, Revelle King of Prussia Staff will act quickly and fairly to investigate and take decisive action as appropriate. Staff Person C was immediately placed on administrative leave and remained on administrative leave until separated from employment on 5/5/2025. Staff person A was separated from employment at Revelle King of Prussia o 5/29/2025.

Beginning 6/19/2025, All Medication Technicians and Direct Care Staff will receive training on abuse and neglect by the Residence Director and/or Health Care Director. Topics will include definitions of abuse, reporting abuse, request for witness statements, and Resident Rights specifically, Treating Residents with Dignity and Respect. Training methods will include discussion, handouts, role play and solving hypothetical situations. A Question and Answer period will follow. Documentation of completed training will be filed in the Plan of Correction binder. Completion: 7/14/2025

Beginning 6/19/2025, the Residence Director/Designee will be notified by staff immediately via text, phone, email or in person of any observation or reports of inappropriate staff interactions with a resident. Under the direction of the Residence Director/designee, the staff person(s) involved will be removed from the resident area and asked to provide a statement pertaining to the event. The staff person(s) involved will then be removed from the community and an investigation will be started immediately by the Residence Director/designee. The local Police, Department of Human Services, and the Area Agency on Aging will be immediately contacted by the Residence Director/designee to verbally report the alleged abuse. The Residence Director/designee will provide a written initial report to the Department of Human Services and Area Agency on Aging within 24 hours of the incident. Further reporting will be provided as additional information becomes available. If the outcome of the investigation identifies that abuse has occurred, the staff person(s) involved with be separated from employment.

42c Treatment of Residents (continued)

The Residence Director will have the responsibility for adherence to this procedure and reporting time frames. Any implementation/activation of this process will be reviewed and discussed by the Residence Director/designee at the Quality Assurance Meeting scheduled for July 18, 2025.

Proposed Overall Completion Date: 07/22/2025

**Directed Plan of Correction: Only the overall date of completion has been directed to 7/18/2025. By this date the home should be able to demonstrate significant compliance with the plan of correction.**

Directed Completion Date: 07/18/2025

Implemented [REDACTED] - 08/25/2025)

52 - Hiring Staff

3. Requirements

2600.

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

Description of Violation

The home did not conduct a criminal background check for staff C, hired on [REDACTED] until [REDACTED].

Plan of Correction

Directed [REDACTED] - 06/26/2025)

Note: Change of Legal Entity 2/6/2025

Revelle King of Prussia has Criminal History Checks and Hiring Policies that are in accordance with the Older Protective Services Act (OAPSA) and 6PA Code Chapter 15 (relating to protective services for older adults.) Although hired on 1/14/2025, Staff Member C, did not have a criminal record background check completed until 3/4/2025. Staff person C was separated from employment on 5/5/2025.

Utilizing the Employee Credentialing Tracking Form, all current employee files were reviewed by the Business Office Manager and Residence Director for the presence of a timely PA State Police Criminal Record background check. Due to a change of legal entity, pre existing employees prior to 2/6/2025, had their criminal record background check run on 2/2/2025. Those employees hired after 2/6/2025, had their criminal record check run prior to or on their date of hire. All current employees have a Criminal Background check in their employee file. Completion: 6/13/2025

To ensure that a Criminal Background Check has been obtained, beginning 6/13/2025, the Employee Credentialing Tracking Form will be utilized for all new employees. Upon each new employee's conditional hire, the Business Office Director or Residence Director will ensure that a Criminal background check for the new employee has been requested. Upon receipt of the Criminal Background Check, the Business Office Director or Residence Director will place a check mark in the Criminal Background Check column on the Employee Credentialing Tracking Form to indicate that the Criminal Background check has been received. This procedure will be ongoing for each new employee. No new employee may enter into the community orientation program without evidence of a requested background check.

Outcomes regarding the Criminal Record Background check procedure will be discussed by the Business Office

52 - Hiring Staff (continued)

Director at the Quality Assurance Meeting scheduled for July 18, 2025. The Business Office Director will have the responsibility for maintaining ongoing compliance.

Proposed Overall Completion Date: 07/22/2025

**Directed Plan of Correction: Only the overall date of completion has been directed to 7/18/2025. By this date the home should be able to demonstrate significant compliance with the plan of correction.**

Directed Completion Date: 07/18/2025

Implemented [REDACTED] - 08/25/2025)

54a - Direct Care Staff

4. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person C does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Directed [REDACTED] - 06/26/2025)

Revelle King of Prussia will ensure that Direct Care Staff Persons shall have the following qualification: a high school diploma, GED or active registry status on the PA Nurse Aide Registry. Revelle King of Prussia was unable to obtain qualifications for staff person C. Staff person C was separated from employment on 5/5/2025.

On 6/13/2025, the Business Office Manager and Residence Director conducted an audit of all current Direct Care Staff employee files for the presence of a high school diploma, GED or active registry status on the PA Nurse Aide Registry. Results of this audit revealed that educational credentialing has been obtained for all Direct Care Staff person. Date of Completion: 6/24/2025

To ensure that the necessary hiring documents are present, beginning 6/13/2025, the Employee Credentialing Tracking Form will be utilized for all new employees. Upon the employee's conditional hire, the Business Office Director will be responsible for ensuring that the necessary credentialing has been obtained. Once the education credentialing has been received, the Business Office Director will place a check mark in the Education column on the Employee Credentialing Tracking Form. No new employee may enter into the community orientation program without evidence of a high school diploma, GED or active registry status on the PA Nurse Aide Registry.

Outcomes of the Employee Credentialing Tracking Form and procedure will be discussed by the Business Office Director at the Quality Assurance Meeting scheduled for 7/18/2025. The Business Office Director will be responsible for ongoing compliance.

54a - Direct Care Staff (continued)

Proposed Overall Completion Date: 07/22/2025

**Directed Plan of Correction: Only the overall date of completion has been directed to 7/18/2025. By this date the home should be able to demonstrate significant compliance with the plan of correction.**

Directed Completion Date: 07/18/2025

Implemented (████) - 08/25/2025)

65b - Rights/Abuse 40 Hours

5. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 2. Emergency medical plan.
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A, hired on ██████████, completed ██████████ 40th scheduled work hour in April 2025. However, this staff person did not complete training in Emergency medical plan and reporting of reportable incidents and conditions.

Plan of Correction

Directed (████) - 06/26/2025)

Within 40 scheduled working hours, Revelle King of Prussia will provide direct care staff persons, ancillary staff persons, substitute personnel and volunteers with orientation that includes: Resident's Rights, Emergency Medical Plan, Mandatory Reporting of Abuse and Reporting of reportable incidents and conditions. Staff person A was separated from employment on 5/29/2025.

On 6/13/2025, utilizing the Employee Credentialing Tracking Form, all current employees initial training records were reviewed by the Business Office Director and the Residence Director for documentation of required training completion within the 40 scheduled working hours' time frame. Any current employee with omitted orientation training, pertaining to 2600.65b, will be provided with training and documentation placed in the employee file. Completed: 6/24/2025.

To ensure completion of required training within 40 scheduled work hours, beginning 6/13/2025, all new hires will have their training form reviewed by the Business Office Director prior to the 40 scheduled work hours timeframe. Any training items noted to be incomplete will have the training topic(s) provided. Completed training will be verified and a check mark placed in the training column on the Employee Credentialing Tracking Form. This procedure will be ongoing for all new hires.

Outcomes of the Employee Credentialing Tracking Form - (training verification) will be discussed by the Business Office Director at the Quality Assurance Meeting scheduled for 7/18/2025. Any revisions, if necessary, to the procedure will be discussed at that time. The Business Office Director will be responsible for ongoing compliance.

Proposed Overall Completion Date: 07/22/2025

**Directed Plan of Correction: Only the overall date of completion has been directed to 7/18/2025. By this date the home should be able to demonstrate significant compliance with the plan of correction.**

Directed Completion Date: 07/18/2025

65b - Rights/Abuse 40 Hours (continued)

Implemented ( ) - 08/25/2025

65d - Initial Direct Care Training

6. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person C, hired on ( ) began providing unsupervised ADL services towards the end of January 2025. However, on ( ) the home was not able to provide documentation showing that staff C completed the Department-approved direct care training course and passed the competency test.

Plan of Correction

Directed ( ) - 06/26/2025

Revelle King of Prussia will ensure that no Direct Care Staff person will provide unsupervised ADL services until the successful completion and passing the Department - approved direct care training course and passing the competency test. Direct care staff person C was separated from employment at Revelle King of Prussia on 5/5/2025.

The Business Office Director and Residence Director conducted an audit of all active Direct Care Staff employee files to confirm the presence of the approved direct care training course and passing competency test certificate. All current direct care staff have their certifications filed in the Employee Credentialing binder. Date of completion: 6/13/2025

To ensure that the necessary hiring documents are present, beginning 6/13/2025, the Employee Credentialing Tracking Form will be utilized for all new employees. Upon hire, the Business Office Director will be responsible for ensuring that the necessary credentialing has been collected. A check mark will be placed in the initial training certification column on the Employee Credentialing Tracking Form to indicate receipt of the direct care training course certification. No new hire will be entered into the community orientation program without the direct care training course certification.

Outcomes of the Employee Credentialing Tracking Form will be discussed by the Business Office Director at the Quality Assurance Meeting scheduled for 7/18/2025. Any revisions, if necessary, to the procedure will be discussed at that time. The Business Office Director will be responsible for ongoing compliance.

Proposed Overall Completion Date: 07/22/2025

**Directed Plan of Correction: Only the overall date of completion has been directed to 7/18/2025. By this date the home should be able to demonstrate significant compliance with the plan of correction.**

Directed Completion Date: 07/18/2025

Implemented ( ) - 08/25/2025

82c - Locking Poisonous Materials

7. 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

On [REDACTED] at 09:23 AM, the cabinet located in Resident [REDACTED]'s bathroom located in the home's Secured Dementia Care Unit (SDCU) contained personal hygiene items including Colgate toothpaste and Suave deodorant, with a manufacture's label indicating "if swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible. Not all the residents of the home, including resident [REDACTED], have been assessed capable of recognizing and using poisons safely.

Repeat Violation: [REDACTED] et al.

Plan of Correction

Directed ([REDACTED] - 06/26/2025)

Revelle King of Prussia will keep all poisonous/hazardous materials including items labeled "Seek medical attention if swallowed" or "contact poison control center if swallowed" locked and inaccessible to all residents unless all of the residents living in the home are able to safely use or avoid poisonous substances. On 5/1/2025, resident 1's personal hygiene items were immediately removed by a 1st shift SDCU resident care assistant and locked for safekeeping.

On 5/1/2025, Environmental rounds were immediately conducted in the SDCU by all 1st shift resident care assistants assigned to the SDCU. Any potentially hazardous products were removed and secured for safekeeping.

Re-education will be conducted by the Assistant Health Care Director and/or the Maintenance/Housekeeping Director for all community staff. Emphasis will be placed on what a hazard is and how to maintain a hazard free environment. In addition, communication will be sent by the Residence Director to all Responsible Parties of our SDCU residents educating them on securing potentially hazardous products that are brought into the SDCU. Date of completion: 6/23/2025

Beginning 6/17/2025, Environmental Rounds will be performed by the Assistant Health Care Director/Designee x7 days per week for 6 weeks. Any issues identified during these environmental rounds will be corrected immediately. Outcomes and continuation frequency of the Environmental Rounds will be discussed by the Assistant Health Care Director at the Quality Assurance Meeting scheduled for July 18, 2025. The Assistant Health Care Director will have the responsibility for maintaining ongoing compliance.

Proposed Overall Completion Date: 07/22/2025

**Directed Plan of Correction: Only the overall date of completion has been directed to 7/18/2025. By this date the home should be able to demonstrate significant compliance with the plan of correction.**

Directed Completion Date: 07/18/2025

Implemented ([REDACTED] - 08/25/2025)

141b1 Annual Medical Evaluation

8. Requirements

2600.

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

141b1 - Annual Medical Evaluation (continued)

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted]. The resident's previous medical evaluation was completed on [redacted]

Repeat Violation: [redacted] et al.

Plan of Correction

Directed [redacted] - 06/26/2025)

Each resident of Revelle King of Prussia will have a medical evaluation completed at least annually.

Beginning 5/2/2025, an audit was conducted by the Health Care Director of each resident's chart to verify the inclusion of a DME and the dates documented on each DME. Dates of completion were then documented by the Health Care Director on the community DME Tracking Form.

To ensure that the most recent DME is completed within 12 months (+ 15-day grace of the most recent evaluation) an electronic listing (DME Tracking Tool) of all current residents has been developed and includes: Resident Name, Date of Move-in and Date of Last DME. The Health Care Director will utilize this list to coordinate the completion of each DME timely ensuring that the completion date is within the regulated time frame. In order to keep the audit tool updated and accurate, the Health Care Director/Designee will add the name of the resident when admitted (or if there is a change of condition) to the DME Tracking tool with the date of the new DME. A resident's name will be deleted from the DME Tracker when no longer in the community. The Health Care Director/Designee will review the electronic DME Tracking Tool list at the beginning the month and weekly during the month, checking for timeliness of the DME completion. If a DME is coming due and is not completed, the Health Care Director/Assistant Health Care Director will coordinate the necessary appointment with the physician/family in advance of the due date in order to arrange for a date/time for a physical exam to be performed and the required DME form to be completed. By 6/17/2025, the Residence Director will educate the Health Care Director on regulation 141b1 (Annual Medical Evaluation) and the process for the timely completion of the DME Tracking Form.

To ensure ongoing compliance and timely completion of the DME, the Health Care Director or Assistant Health Care Director will continue monthly chart audits and complete DME Tracking Form. Any issues identified will be corrected immediately by the Health Care Director or Assistant Health Care Director. Outcomes of this review will be discussed by the Health Care Director at the Quality Assurance Meeting scheduled for July 18, 2025. The Health Care Director will have the responsibility of maintaining compliance.

Proposed Overall Completion Date: 07/22/2025

**Directed Plan of Correction: Only the overall date of completion has been directed to 7/18/2025. By this date the home should be able to demonstrate significant compliance with the plan of correction.**

Directed Completion Date: 07/18/2025

Implemented [redacted] - 08/25/2025)

234d - Support Plan Revision

9. Requirements

234d - Support Plan Revision (*continued*)

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

**Description of Violation**

Resident [REDACTED] began receiving hospice services on [REDACTED]. Resident [REDACTED]'s assessment/support plan, dated [REDACTED] does not reflect this significant change.

**Plan of Correction**

**Directed [REDACTED] - 06/26/2025)**

Revelle King of Prussia will revise a resident's support plan at least annually and as a resident's condition changes. Resident [REDACTED] is deceased.

On 6/16/2025, the Health Care Director reviewed all support plans for residents currently receiving hospice services. The Health Care Director has confirmed that each resident's support plan includes identification of the hospice services that they receive. Completed: 6-16-2025.

Upon notification of a resident's admission to hospice services, the Health Care Director or Assistant Health Care Director will update the resident's support plan to include admission to hospice services. In addition, the support plan will be updated to reflect any changes in the resident's hospice care. Beginning 6/17/2025, the Health Care Director or Assistant Health Care Director will provide weekly audits x4 weeks, then monthly audits thereafter for all newly admitted residents into hospice services to ensure hospice details are included on the support plan. Any hospice participation omissions on the support plan will be corrected immediately by the Health Services Director or Assistant Health Care Director. On 6/17/2025, the Health Care Director and Assistant Health Care Director were provided with an inservice pertaining to regulation 234d and the procedure for auditing. As of 6/16/2025, there have been no further residents added to a hospice program.

The Health Care Director or Assistant Health Care Director will discuss outcomes of this procedure at the Quality Assurance Meeting scheduled for July 18, 2025. The Health Care Coordinator will be responsible for compliance.

**Directed Plan of Correction: Only the overall date of completion has been directed to 7/18/2025. By this date the home should be able to demonstrate significant compliance with the plan of correction.**

Proposed Overall Completion Date: 07/22/2025

Directed Completion Date: 07/18/2025

**Implemented [REDACTED] - 08/25/2025)**