

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

November 3, 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 09/10/2025 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: 05/15/2026  
 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: C-1 Date: 07/17/2018 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 121 Waking Staff: 91

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 09/10/2025

**Inspection Dates and Department Representative**

09/10/2025 - 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: NA Capacity: 40 Residents Served: 38  
 Hospice  
 Current Residents: 6  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 77  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 43 Have Physical Disability: 0

**Inspections / Reviews**

09/10/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/17/2025

10/21/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 10/31/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/26/2025

Inspections / Reviews *(continued)*

10/28/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/31/2025

11/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2025

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

At approximately 10:30 p.m. on [REDACTED], staff witnessed Resident [REDACTED] hand inside the pants of resident [REDACTED] touching their genital area. Both residents reside in the secured dementia care unit and are unable to give consent.

Plan of Correction

Accept [REDACTED] - 10/21/2025)

Immediate Corrective Actions: On 09/01/2025, Residents [REDACTED] and [REDACTED] were redirected to separate areas by staff. Both were assessed and neither of them had injuries, nor were they in distress. Neither resident was able to recall the incident nor did either of them have any concerns. Both of the residents were supervised and monitored by staff throughout the evening. Resident [REDACTED] was assisted to get ready for bed by staff as part of their usual routine. Resident [REDACTED] was wandering for most of the night with staff monitoring. In addition, Residents [REDACTED] and [REDACTED] were placed on 1-hour checks beginning 09/01/2025 for 7 days. A private duty began 1:1 for Resident [REDACTED] on October 2, 2025. Since 09/01/2025, there have been no further incidents between these residents.

Additional Corrective Actions: All resident care staff were assigned Relias Training on PS Resident Abuse Module to be completed by 10/31/2025. Resident Life Director and Resident Care Director will continue to coordinate Structured Day Programming to provide activities to keep residents engaged, and direct care staff will assist with encouraging their attendance throughout waking hours. Reminders and any related guidance to direct care staff will be communicated in the communication log by Care Managers beginning 10/20/2025.

Ongoing Quality Assurance Actions: The Executive Director will round the Day Break neighborhood three times weekly to ensure residents are interacting appropriately, and programming is occurring as scheduled to encourage residents' engagement. Any issues identified during rounds will be recorded in the communication log starting on October 20, 2025, with any changes or updates in care needs being updated in the RASP as well. The Executive Director will have ongoing compliance and findings from the weekly rounding to be reviewed as part of the Quarterly QA Meetings, beginning with the Quarterly QA Meeting to be held in January 2026 to review Q42025 for October, November, and December.

Licensee's Proposed Overall Completion Date: 11/04/2025

Implemented [REDACTED] - 11/03/2025)

141b1 - Annual Medical Evaluation

2. Requirements

2600.

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

Description of Violation

Resident [REDACTED]'s most recent medical evaluation was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 10/21/2025)

Immediate Corrective Actions: The violation was corrected when Resident [REDACTED]'s DME was completed by the Resident Care Director on 09/02/2025.

**141b1 Annual Medical Evaluation (continued)**

*Additional Corrective Actions: An audit was conducted on September 12, 2025 by the Resident Care Director to ensure all medical evaluations were completed within the timeframe as required per regulation, and coordinated the completion of medical evaluations any that were not completed by 10/23/2025. The Resident Care Managers and Department Managers will be in serviced regarding the completion of medical evaluations by the Executive Director by 10/31/2025.*

**Ongoing Quality Assurance Actions**

*The Resident Care Director will audit 5% of the resident medical evaluations monthly for completion and accuracy beginning November 1, 2025. The Resident Care Director will have ongoing compliance and findings from the monthly medical evaluations audit to be reviewed as part of the Quarterly QA Meetings, beginning with the Quarterly QA Meeting to be held in January 2026 to review Q42025 for October, November, and December.*

**Licensee's Proposed Overall Completion Date: 11/04/2025**

**Implemented  - 10/28/2025)**