

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

January 6, 2026

[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 09/15/2025, 09/30/2025 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:** 91 **Waking Staff:** 68

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Incident **Exit Conference Date:** 09/30/2025

Inspection Dates and Department Representative

09/15/2025 - On-Site: [REDACTED]

09/30/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 128 **Residents Served:** 66

Secured Dementia Care Unit

In Home: Yes **Area:** Virtue **Capacity:** 28 **Residents Served:** 16

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 66
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 25	Have Physical Disability: 0

Inspections / Reviews

09/15/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/31/2025

Inspections / Reviews *(continued)*

11/03/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/25/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/28/2025

01/06/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/25/2025

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] Resident # [REDACTED] noticed [REDACTED] in cash kept in a cabinet above their refrigerator was missing. Resident [REDACTED] last saw the money 3 weeks prior. Resident [REDACTED] kept the cash there because it could only be accessed by a step stool. Resident [REDACTED] prefers that staff do not enter the room when the resident is not present. Each staff person has an assigned key fob that tracks which rooms they enter. The home also has a generic key fob labeled Med Tech 1 that is accessible to all Medication Technicians and allows access to all rooms. The generic key fob was used several times to enter Resident [REDACTED] room during the three-week period in which Resident # [REDACTED] last saw the [REDACTED]

On [REDACTED] at approximately 11:00 P.M. Resident [REDACTED] removed their [REDACTED] valued at [REDACTED] dollars and placed it on the dresser in their bedroom. At approximately 11:37 P.M. Resident [REDACTED] left their bedroom to go to the receptionist's desk and report a mouse sighting. Staff Person A assisted Resident [REDACTED] back upstairs and did not enter the resident's bedroom. Staff Person B came to the resident's room at approximately 11:47 P.M. and offered to assist Resident [REDACTED] with looking for the mouse. Staff Person B looked through the resident's entire bedroom alone. Staff Person B did not find a mouse, reassured Resident [REDACTED] and left. Resident # [REDACTED] woke up the next day at approximately 7:00 A.M. and noticed the ring was missing. Staff Person B did not return to work and was a no call/no show for their scheduled shift on [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/03/2025)

-Upon receiving details of resident [REDACTED] missing money on [REDACTED] the incident was reported to DHS, AAA and the police on 9/4/25 by Residence Director.

-Upon receiving details of residents [REDACTED] missing ring on [REDACTED] the incident was reported to DHS, AAA and the police on 9/7/25 by Residence Director.

-Staff person B was terminated from employment on [REDACTED]

-By 11/15/25, current 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, misappropriation of property. During this in-service, we will also discuss the availability of locked drawers/boxes in each resident room as well as the process for reporting allegations of abuse. Documentation of completed training shall be kept.

-Additionally, on 10/15/2025, Revelle KOP, hosted a lecture in the community theater provided by Bank of America. This session served as an educational opportunity for all our residents to learn how to recognize, prevent and avoid financial scams.

-To simplify the identification of agency staff, starting on November 4, 2025 all agency personnel will be required

42b Abuse (continued)

to report to the main desk prior to their shift to sign out a key fob. The concierge will also make a photocopy of each agency staff's ID and attach it to the sign out form for recordkeeping. If a key fob is not returned at the end of shift, the Concierge will notify the Maintenance Director or their designee to immediately deactivate the fob. By November 3, 2025 the Residence Director will provide in service training on this procedure to the Health Care Director, Assistant Health Care Director, Maintenance Director and Lead Concierge. In addition, by November 3, the Health Care Director will both call and email the agency vendor to review and confirm the new procedure going forward

Beginning 11/1/25, the administrator or designee shall interview 5 resident weekly X 4 weeks, then monthly X 3 months to inquire if safety needs are being met and lock boxes are available and in use.

To ensure consistent adherence to Regulation 2600.42b, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting on 11/28/25 documentation shall be kept, further ensuring our commitment to transparency and accountability. The quality management review shall include a review of all items specified in 2600.42b.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented (██████) 01/06/2026

252 - Record Content**2. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.

252 - Record Content (*continued*)

18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident [REDACTED] record does not include a photograph of the resident that is no more than 2 years old.

Plan of Correction

Accept [REDACTED] - 11/03/2025)

On 9/20/25, the Healthcare Director took resident 1's photograph, labeled the picture with name and date, placed in resident's record.

By 11/15/25, the Healthcare Director or designee shall audit remaining resident records for current photograph. Any findings older than 2 years shall be replaced at time of audit.

By 11/15/25, the administrator shall educate the Healthcare Director and Assistant Healthcare Director on regulation 2600.252, documentation shall be kept.

Beginning 11/1/25, the administrator or designee shall review new resident move in records weekly for adherence to regulation 2600.252. This review shall be weekly X 6 weeks, then monthly X 3 months.

To ensure consistent adherence to Regulation 2600.252, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting on 11/28/25, documentation shall be kept, further ensuring our commitment to transparency and accountability. The quality management review shall include a review of all items specified in 2600.252.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented [REDACTED] - 01/06/2026)