



pennsylvania

DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: DECEMBER 12, 2025

[REDACTED]
Care HSL Belle Reve OPCO LLS
[REDACTED]

RE: Belle Reve Senior Living Center
404 East Harford Street,
Milford, Pennsylvania 18377
License: 225131

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on October 22, 2025, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 225130) dated May 15, 2025, to May 15, 2026, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on the directed plan to correct the violations as specified on the LIS. The license dated May 15, 2025, to May 15, 2026, is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5); (6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from DECEMBER 12, 2025 to JUNE 12, 2026.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, Pennsylvania 17105-2675
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

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

[REDACTED]

Legal Entity

Name: *CARE HSL BELLE REVE OPCO LLC*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *01/31/2022* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *122* Waking Staff: *92*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *10/22/2025*

Inspection Dates and Department Representative

10/22/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *86* Residents Served: *77*

Secured Dementia Care Unit

In Home: *Yes* Area: *SDCU* Capacity: *40* Residents Served: *35*

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: *0*
Have Mobility Need: *45* Have Physical Disability: *0*

Inspections / Reviews

10/22/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/23/2025*

Inspections / Reviews *(continued)*

12/03/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/22/2025

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document Submission*

12/03/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/03/2025

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

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]/25, resident 1 who had previous history in the home of sexual abuse of a resident and is known to seek out and take female memory care residents to their room for sexual acts, was found in their bedroom with resident 2. Resident 2 was seated on a couch and resident 1 was standing in front of them holding resident 2's shirt up above their breasts while touching them.

Repeat Violation: 7/10/25, and 2/25/25.

Plan of Correction

Directed [REDACTED] - 11/26/2025)

Immediate Corrective Actions:

On 10/16/2025, both residents were redirected by direct care staff to separate areas immediately and assessed. Neither appeared to be injured nor were they in distress. Department of Aging, physicians, families, Milford Police Department were notified of the incident by Resident Life Director on 10/16/2025. The family of Resident #1 denied further medical evaluation at the hospital, and the family of Resident #2 declined both a psychiatric evaluation at the hospital and an on-site psychiatric consultation. Both of the residents were placed on hourly checks on 10/16/2025. Resident #1 had a private duty 1:1 caregiver in place from 5pm-11pm starting 10-17-2025 and then for 24-hour coverage beginning 10/22/2025. Family of Resident #1 found alternative placement for the resident at an assisted living community in [REDACTED] and the resident was discharged from Belle Reve Senior Living on [REDACTED]/2025.

Additional Corrective Actions:

All Direct Care Staff will be in-serviced on Resident Rights, Abuse and Reporting, and Positive Approaches to Care by December 19, 2025. The Resident Life Director and Resident Care Director will continue to coordinate the Structured Day programming and activities to ensure residents are engaged, and direct care staff will encourage and assist residents with their attendance and participation during waking hours. The Communication Log will be reviewed by the Executive Director and Resident Care Director during Clinical Meeting beginning November 19, 2025. Reminders and guidance related to the resident's participation, care, and behaviors will be communicated by the Executive Director, Resident Care Director, Clinical Coordinator, or Medication Technician Supervisor in the Communication Log beginning November 20, 2025. Executive Director, Resident Care Director, Clinical Coordinator, or Medication Technician Supervisor will document in the Communication Log that the log was reviewed during morning Clinical Meeting beginning November 20, 2025.

Ongoing Quality Assurance Actions:

The Executive Director and Resident Care Director will each round the Daybreak neighborhood at least once daily, beginning November 2 to ensure residents are interacting appropriately, and programming is occurring as

42b - Abuse (continued)

scheduled to encourage residents' engagement. Any concerns identified during rounds will be documented in the Communication Log, with further guidance for direct care staff as needed. The Executive Director and Resident Care Director will monitor ongoing compliance and findings from the once daily rounding will be reviewed as part of quarterly QA meetings beginning with the Quarterly QA Meeting in January 2026 to review Q4 2025 for October, November, and December.

Proposed Overall Completion Date: 12/19/2025

Directed: In addition to the above plan of correction, all residents in the home will be assessed monthly at a minimum by the administrator or designee for inappropriate sexual activity or concerns toward other residents. If any concerns are identified, the home will immediately implement steps to supervise and prevent any abuse. These changes will be documented on the Resident's Assessment and Support Plan. The monthly checks will be documented with the date, person completing the check, resident, concerns identified, and actions taken.

Directed Completion Date: 12/24/2025

101i - Access to Bedroom

2. Requirements

2600.

101.i. A resident shall have access to his bedroom at all times.

Description of Violation

On 10/22/25, staff interviews confirmed that all memory care resident bedrooms are now being locked when residents are not in them. Residents must find a staff person to open their doors to gain access to their rooms.

Plan of Correction

Directed [redacted] - 11/26/2025)

Immediate Corrective Actions:

To provide privacy and security when residents are in their rooms, the resident room doors in memory care automatically lock on the outside, but are able to be opened from the inside without a key. This prevents residents from entering one another's rooms uninvited. Direct Care Staff have keys with them to unlock resident rooms as needed, and monitor resident locations, to be available to unlock their rooms for them as desired. This expectation was reviewed with staff by Resident Care Director on October 1, 2025.

Ongoing Corrective Actions:

All Direct Care Staff will be in-serviced regarding 2600 101i Access to Bed Room requirement by December 1, 2025. The residents in the memory care neighborhood will receive keys to their rooms by December 1, 2025. Current memory care neighborhood residents' RASPs will be audited and updated by the Resident Care Director to reflect that they have a key to their room and their ability to use and maintain the key by December 19, 2025.

Ongoing Quality Actions

The Executive Director will ensure residents have keys, and that staff will monitor residents to provide access to their rooms as desired beginning 12/1/2025.

The Resident Care Director will complete a monthly audit of a 5% sample of memory care resident RASPs to ensure the resident was provided a key and their ability to use and maintain a key is indicated in the support plan beginning January 1, 2026. The Resident Care Director will monitor ongoing compliance and findings from the RASP audit will be reviewed as part of QA Quarterly Meetings, beginning with the Quarterly QA Meeting to be held in

101i - Access to Bedroom (continued)

April 2026 to review Q1 for January, February and March.

Proposed Overall Completion Date: 12/19/2025

Directed: in addition to the above plan of correction, any resident that is assessed as being unable to open their locked bedroom door with a key on their own will have their door left open so that the resident has access at all times to their room. This will be reflected in the resident assessment and support plan.

Directed Completion Date: 12/24/2025

234b - Support Plan Needs Elements

3. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Resident 1's support plan, dated [REDACTED]/25, does not include information or a plan to address a previous elopement from the facility on [REDACTED]/2025 or information about a previous incident of sexual abuse of a resident on [REDACTED]0/25.

Plan of Correction

Directed [REDACTED] - 12/03/2025)

2600 234b

Immediate Corrective Actions:

Resident #1's support plan was updated by the Resident Care Director on 10/22/2025 to include all relevant information regarding care, safety, and behavioral concerns.

Additional Corrective Actions:

The Resident Care Director will be in-serviced by Executive Director regarding the accurate completion of RASPs by December 1, 2025. An audit of RASPs of all memory care residents will be conducted by the Resident Care Director by December 19, 2025 to ensure they are updated and accurate and include all relevant information regarding care, safety, and behavioral concerns.

Ongoing Quality Assurance Actions:

The Resident Care Director will conduct an audit of a 5% sample of resident records each month beginning January 1, 2026 to ensure the resident RASPs are updated and accurate. The Resident Care Director will monitor ongoing compliance and findings from the monthly RASP audit to be reviewed as part of QA Quarterly Meetings, beginning with the Quarterly Q1 Meeting to be held in April 2026 to review Q1 for January, February, and March.

Proposed Overall Completion Date: 12/19/2025

Directed: In addition to the above plan of correction, an audit will be completed on all RASP's of both PCH and SDCU residents. These audits will be documented with the date, resident RASP audited, person completing the audit, any issues identified, and date updated if needed.

Directed Completion Date: 12/24/2025