

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

January 2, 2026

[REDACTED]
DRI/HEARTIS BUCKS COUNTY LLC
[REDACTED]
[REDACTED]

RE: REVELLE OF BUCKS COUNTY
SENIOR LIVING
945 YORK ROAD
WARMINSTER, PA, 18974
LICENSE/COC#: 14855

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/03/2025 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 OF BUCKS COUNTY SENIOR LIVING License #: 14855 License Expiration: 05/28/2026
 Address: 945 YORK ROAD, WARMINSTER, PA 18974
 County: BUCKS Region: SOUTHEAST

Administrator

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

Legal Entity

Name: DRI/HEARTIS BUCKS COUNTY LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 09/01/2001 Issued By: Warminster Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 81 Waking Staff: 61

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 11/03/2025

Inspection Dates and Department Representative

11/03/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 100 Residents Served: 54

Special Care Unit
 In Home: Yes Area: Reflections Capacity: 30 Residents Served: 18

Hospice
 Current Residents: 5

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 54
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 27 Have Physical Disability: 0

Inspections / Reviews

11/03/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/13/2025

12/15/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/29/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/29/2025

Inspections / Reviews *(continued)*

01/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/29/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c Incident reporting

1. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department’s assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at approximately 6:00 am, resident [redacted] fell in their bathroom, striking their head. Resident [redacted] had fallen at least once in the previous 24 hours, on [redacted] at 12:15 pm. After complaining of neck and arm pain and exhibiting disorientation, the resident was admitted to an emergency room on [redacted] at 6:56 pm and hospitalized in intensive care with a cervical fracture. The residence did not report this incident to the Department until [redacted] at 1:30 pm.

Plan of Correction

Accept [redacted] - 12/15/2025)

Resident [redacted] went out to the hospital on 10/26/25 and on 10/27/25 resident was admitted and diagnosed with a cervical fracture. The Residence reported this to the Department on 10/27/25.

The Health Care Director and Wellness Nurse were educated on 12/3/2025 by the Residence Director on compliance with 2800.16c to ensure proper reporting of incident or conditions to the Department within 24 hours. Documentation shall be kept.

By 12/15/2025 All Department Managers will be re-educated by the Residence Director or designee on 2800.16c to ensure compliance. Documentation will be kept.

Beginning 12/8/2025, Health Care Director or designee will review the 24-hour report/communication log for incidents needing to be reporting daily. The Residence Director, Health Care Director or designee shall report the incident or condition to the Department’s assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department.

To ensure consistent adherence to Regulation 2800.16c, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting by 12/10/2025, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented [redacted] - 01/02/2026)

22a1 Medical Eval time frames

2. Requirements

2800.

22.a. Documentation. The following admission documents shall be completed for each resident:

- 1. Medical evaluation completed within 60 days prior to admission on a form specified by the Department. The medical evaluation may be completed within 15 days after admission if one of the following conditions applies

Description of Violation

Resident [redacted] was admitted on [redacted]. The resident’s medical evaluation was performed on [redacted], more than 60 days prior to admission.

22a1 Medical Eval - time frames (continued)

Plan of Correction

Accept [redacted] - 12/15/2025)

The Primary Care Physician of resident [redacted] was contacted by the Health Care Director on 12/12/25 to clarify the date of residents' [redacted] in-person visit. The Health Care Director received verbal clarification of the date of the in-person visit to be 6/22/2025. The Health Care Director/LPN amended the ADME per the physician's approval.

The HealthCare Director or designee will conduct an audit of current resident ADMEs to ensure there are no other ADMEs out of compliance, if any found on the audit a notation will be placed on the ADME: "found on POC audit", signed and dated by the auditor.

The Health Care Director and Wellness Nurse will be re-educated on 2800.22a1 to acknowledge proper timeframe requirements of medical evaluations for admissions by the Residence Director of designee by 12/15/2025.

Documentation will be kept.

Beginning 12/15/2025, the Health Care Director or designee will conduct an audit of new admissions' medical evaluations to ensure compliance with regulation 2800.22a1. The 3-person review form (viewed by the HCD, WN, RD) will be signed off by each individual as documentation of the audit. The audit of new admissions medical evaluations will be conducted for X 4 weeks and monitored thereafter. Documentation will be kept.

To ensure consistent adherence to Regulation 2800.22a1, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting by 12/10/2025, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented [redacted] - 01/02/2026)

23a ADL assistance

3. Requirements

2800.

23.a. A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [redacted] for resident [redacted] requires care staff to stand by and assist with transferring the resident in/out of bed/chair and ambulating. On 10/25/25 at 3:25 pm, resident [redacted] used their call bell to be helped out of bed and waited for 45 minutes and 10 seconds for a response. At the time, resident [redacted] had told staff of two falls since the previous day and complained of pain.

Plan of Correction

Accept [redacted] - 12/15/2025)

Resident #1 Did not return to the residence after being admitted to the hospital on 10/26/25.

Direct care staff will be re-educated by 12/30/25 by the Health Care Director, Wellness Nurse, Memory Care

23a ADL assistance (continued)

Director or designee on ADL assistance and where to locate each resident service plan that indicates activities of daily living to include answering call bells in a timely manner for each resident needing ADL assistance. Documentation shall be kept.

As an ongoing process, the HCD, WN, MCD or designee will review all ADL service plans with the direct care staff quarterly and when changes are made as the ASP is reviewed per regulation to ensure all resident's ADL assistance are known and implemented as required by the support plan.

Residence Director/ Health Care Director or designee shall observe ADLs of 5 residents weekly to ensure care plan/ASP is being followed. This observation shall occur weekly X 4 weeks then monthly X 3 months.

To ensure consistent adherence to Regulation 2800.22a1, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting by 12/10/2025, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented [redacted] - 01/02/2026)

57c 2 hrs/day/immob. resident

4. Requirements

2800.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On [redacted], there were 55 residents in the residence, including 28 residents with mobility needs, requiring a total minimum of 83 hours of direct care service. On this date, only 77.11 hours of direct care staffing was provided.

Plan of Correction

Accept [redacted] - 12/15/2025)

The daily staffing hours are being reviewed daily by the Health Care Director, Memory Care Director and Assistant Residence Director to ensure adequate staffing to meet the needs of residents with mobility needs and compliance with 2800.57c to begin on 12/4/2025.

The HCD, WN, MCD, and ARD will be re-educated by the Residence Director or designee by 12/15/2025 to ensure acknowledgement and compliance with 2800.57c for staffing appropriately to ensure immobile residents have adequate care and can safely evacuate in an emergency. Documentation will be kept.

The Nursing department began utilizing new staffing forms on 12/4/2025 that will be reviewed by the Health Care Director or designee to ensure proper calculations of daily staffing hours per number of residents with mobility needs. Documentation will be kept.

To ensure consistent adherence to Regulation 2800.57c, compliance monitoring will be conducted during the QMPI

57c 2 hrs/day/immob. resident (continued)

meeting. This review shall occur at the next QMPI meeting by 12/10/2025, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented [redacted] - 01/02/2026)

57d Waking staff hours

5. Requirements

2800.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On [redacted] a total of 83 hours of direct care was required. However, only 54.11 of the required hours, or 65 percent, were provided during waking hours.

Plan of Correction

Accept [redacted] 12/15/2025)

The daily staffing hours are being reviewed daily by the Health Care Director, Memory Care Director and Assistant Residence Director to ensure adequate staffing to meet the needs of residents during waking hours and compliance with 2800.57d to beginning on December 4, 2025.

The HCD, WN, MCD, and ARD will be re-educated by the Residence Director or designee by 12/15/2025 to ensure acknowledgement and compliance with 2800.57d for staffing appropriately to ensure residents have daily adequate care and there is sufficient staff available to meet the needs are residents. Documentation will be kept.

The Nursing department began utilizing new staffing forms on 12/4/2025 reviewed daily by the Health Care Director to ensure proper calculations of daily staffing hours per number of residents to ensure adequate staffing during waking hours. Documentation will be kept.

To ensure consistent adherence to Regulation 2800.57d, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting by 12/10/2025, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented [redacted] - 01/02/2026)

162c Menus - posted

6. Requirements

2800.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On [REDACTED] the residence's menu for the week of [REDACTED] was posted. Staff said that the menu was misdated and the meals were accurate for the current week of [REDACTED]. The menu for the week beginning [REDACTED] was not posted.

Plan of Correction**Accept ([REDACTED] 12/15/2025)**

The correct menus for week 11/2-11/8/25 and 11/9-11/15/25 were immediately posted in the designated dining areas by the Assistant Residence Director prior to exit of surveyor.

Beginning 12/7/25, Menus for all dining areas will be updated weekly/bi-weekly and posted in a conspicuous and public place by the Culinary Director or designee for resident access, specific to food being served at each meal. The Culinary Director shall post the updated menu at the beginning of each weekly cycle on Mondays.

The Culinary Director and cooks will be re-educated on 2800.62c to ensure compliance by the Residence Director or designee by 12/15/2025. Documentation will be kept.

Beginning 12/15/2025, the Residence Director or designee will audit the posted menus weekly on Mondays X 6 weeks, then monthly X 3 months.

To ensure consistent adherence to Regulation 2800.162c, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting by 12/10/2025, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented [REDACTED] - 01/02/2026)