

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

December 10, 2025

[REDACTED]  
PINE RUN VILLAGE, INC.  
[REDACTED]

Suite 201  
[REDACTED]

RE: THE GARDEN AT PINE RUN HEALTH  
CENTER  
777 FERRY ROAD  
DOYLESTOWN, PA, 18901  
LICENSE/COC#: 15037

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/06/2025 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: THE GARDEN AT PINE RUN HEALTH CENTER License #: 15037 License Expiration: 08/24/2026  
 Address: 777 FERRY ROAD, DOYLESTOWN, PA 18901  
 County: BUCKS Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: PINE RUN VILLAGE, INC.  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: Other Date: 07/25/2023 Issued By: Township of Doylestown

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 66 Waking Staff: 50

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 11/06/2025

**Inspection Dates and Department Representative**

11/06/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 40 Residents Served: 33  
 Secured Dementia Care Unit  
 In Home: Yes Area: All Capacity: 40 Residents Served: 33  
 Hospice  
 Current Residents: 1  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 33 Have Physical Disability: 0

**Inspections / Reviews**

11/06/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/12/2025

12/10/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 12/10/2025  
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

12/10/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/10/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

2600.

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

Description of Violation

Resident [redacted] has diagnoses of [redacted] and [redacted]. According to resident [redacted]'s assessment and support plan dated [redacted] the resident has a moderate need relating to wandering requiring prompts and redirection and requires encouragement by staff to eat meals. Staff report that Resident [redacted] is usually allowed to eat meals in the living-room area or their apartment where resident can feed themselves. On [redacted] at approximately 5:30 pm, during the dinner service, resident [redacted] brought into the dining room. Resident [redacted] repeatedly got up from their seat and wandered around the room, as they often did. Direct care staff person A ordered the resident to "sit down," at least three times in a loud voice, and repeatedly brought resident back to the chair to sit again. Other residents and their families were present during this time and reported that Staff person A was [redacted] towards resident [redacted], and was not respectful in their approach when resident [redacted] attempted to leave their seat. Another staff person and a visiting family member of another resident also informed staff person A that resident [redacted] does not usually like to sit at the table or chair at which staff person A was trying to seat resident [redacted] at. Upon hearing staff person A ordering resident [redacted] to sit multiple times, another staff person intervened to assist resident [redacted] to walk down the hall and engage in another activity.

Plan of Correction

Accept [redacted] - 12/10/2025)

Staff including Staff member A have been re-educated on PSL abuse policy, PDA LMS -PS mandatory abuse reporting and Older American Act completed by 11/12/2025. The training courses are part of the annual training module and will be audited by Human Resources to fulfill regulations and PSL requirements. RSM along with PCHA or designee will monitor compliance through audits of current employees for the next three months. In addition, Staff member A was re-educated on dementia care, communication, along with resident rights. Audits will be forwarded to QAPI for review and recommendations.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [redacted] - 12/10/2025)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff persons A and B did not receive training in infection control during training year 2024.

Repeat violation: [redacted]

Plan of Correction

Accept [redacted] - 12/10/2025)

Audits have been conducted by Human Resources identifying items needed to fulfill regulation and PSL requirements. RSM and PCHA along with Human Resources will have the required documentation completed by 12/2/2025 bringing staff fully compliant with PSL and regulatory requirements. HR and PCHA or designee will review monthly audits beginning 12/1/2025 of annual training modules to ensure proper training modules are updated and completed timely for the next three months. Audits will be forwarded to QAPI for review and recommendations.

65f - Training Topics (continued)

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [redacted] - 12/10/2025)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Direct care staff persons A and B did not receive training in fire safety, emergency preparedness procedures, or the Older Adult Protective Services Act during training year 2024.

Repeat violation: [redacted]

Plan of Correction

Accepted [redacted] 12/10/2025)

Audits have been conducted by Human Resources identifying items needed to fulfill regulation and PSL requirements. Staff member A and B training was found in a file and has since been uploaded into HR file on 12/2/2025. PCHA or designee along with Human Resources will have required documentation completed by 12/2/2025 bringing staff fully compliant with PSL and regulatory requirements. HR and PCHA or designee will review monthly audits beginning 12/1/2025 of annual training modules to ensure proper training modules are completed timely for the next three months.

Audits will be forwarded to QAPI for review and recommendations.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [redacted] - 12/10/2025)