

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

December 16, 2025

[REDACTED]  
BENSALEM PCH LLC  
[REDACTED]  
[REDACTED]

RE: ALLEGRIA AT THE OAKS  
6400 HULMEVILLE ROAD  
BENSALEM, PA, 19020  
LICENSE/COC#: 14367

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/07/2025 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:** ALLEGRIA AT THE OAKS **License #:** 14367 **License Expiration:** 07/15/2026  
**Address:** 6400 HULMEVILLE ROAD, BENSALEM, PA 19020  
**County:** BUCKS **Region:** SOUTHEAST

## Administrator

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

## Legal Entity

**Name:** BENSALEM PCH LLC

**Address:** [REDACTED]

**Phone:** [REDACTED] **Email:** [REDACTED]

## Certificate(s) of Occupancy

**Type:** I-1 **Date:** 10/18/2018 **Issued By:** Bensalem Township

## Staffing Hours

**Resident Support Staff:** 0 **Total Daily Staff:** 117 **Waking Staff:** 88

## Inspection Information

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint **Exit Conference Date:** 11/07/2025

## Inspection Dates and Department Representative

11/07/2025 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 95 **Residents Served:** 66

## Secured Dementia Care Unit

**In Home:** Yes **Area:** Grove **Capacity:** 48 **Residents Served:** 29

## Hospice

**Current Residents:** 7

## Number of Residents Who:

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 64  
**Diagnosed with Mental Illness:** 13 **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 51 **Have Physical Disability:** 0

## Inspections / Reviews

11/07/2025 Partial

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/14/2025

12/16/2025 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 12/16/2025  
**Reviewer:** [REDACTED] **Follow-Up Type:** Bypass Document Submission

Inspections / Reviews *(continued)*

12/16/2025 Bypass Document Submission

Submitted By [REDACTED]

Date Submitted: 12/16/2025

Reviewer [REDACTED]

Follow Up Type: *Not Required*

85a Sanitary Conditions

1. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED], at 10:30 am, the food pantry storage where the home keeps their dried goods had a strong odor sewage. There is a drainage line inside the storage room, and the door is kept closed.

Plan of Correction

Accept [REDACTED] - 12/16/2025)

1.

85.a

The drain had already been being treated by the Dietary Director/designee. It was being treated daily with a Bio-enzymatic Odor Eliminator. However, on the day in question, November 7, 2025, when the odor was noticed it had not been treated yet.

Immediately, the designee for the Dietary Director treated the drain with the Bio-enzymatic Odor Eliminator.

The Dietary Director will ensure that this process is maintained. On a daily basis the Dietary Director/designee will use the Bio-enzymatic Odor Eliminator to prevent the odor from recurring. Beginning on November 7, 2025, and continuing until the permanent solution is in place, no later than December 15, 2025, the Dietary Director/designee will keep a record of treating the drain daily with the Bio-enzymatic Odor Eliminator utilizing the checklist to verify it is being done.

The permanent solution has been developed by the Director of Maintenance. The solution is to cut the pipe leading to the drain in question, removing a portion of the pipe and capping it on one end and removing the drain, since the drain is no longer functional. This will prevent any odor from entering the drain. The Director of Maintenance, assisted by the Maintenance Assistant, completed this project December 9, 2025. Thus, the issue is resolved.

Licensee's Proposed Overall Completion Date: 12/09/2025

Implemented [REDACTED] 12/16/2025)

95 Furniture and Equipment

2. Requirements

2600.  
95. Furniture and Equipment Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [REDACTED], there is only one working elevator. The home has 3 floors and serves 66 residents. The home cannot provide services to residents on the lower level due to the elevator that reaches the lower level is inoperable. The home relocated residents from the lower level to the second floor. The elevator has been out of service since August of 2025.

The main washing machines in the lower level and the washing machine on the personal care floor are out of service. The home has outsourced the laundering of its linens to a laundromat.

Plan of Correction

Accept [REDACTED] - 12/16/2025)

2.

95

The elevator in question has been out of service since October 10, 2025, and not August 2025 as reported by the

## 95 Furniture and Equipment (continued)

inspector. The elevator required a test to be completed to determine the extent of the repairs needed. This test was performed on October 22, 2025, and the cost was [REDACTED]. After this the elevator company was in contact with their subcontractor (the one who is building the parts) to schedule them to come out and take the measurements. The elevator company had to wait for the subcontractor's work to be done and submitted before they could give us their proposal with the quote. This quote is for [REDACTED]. The work order for this quote was signed and submitted on 11/21/25.

The elevator company informed us that it would take up to 12 weeks for the parts to be constructed. Once made, it could take up to a week to two weeks for installation.

The Director of Maintenance in conjunction with the Executive Director is working with the elevator company to oversee the process.

One of the main washing machines in the lower level is out of service. At this point, due to the elevator not functioning it cannot be removed as it cannot be carried up the steps. The washer will be removed upon the completion of the elevator repair. The Director of Maintenance will be responsible for following up with this at that time.

The washing machine on the personal care floor is functioning and is NOT out of service. The machine begins its cycle by "sensing" what is in the machine before filling up with water. So, there is a slight delay. This delay was interpreted as not functioning by the inspector. In fact, it is functioning and did not need any repairs.

The Director of Maintenance is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/06/2026

Implemented [REDACTED] - 12/16/2025)

## 105g - Lint Removal and Duct Cleaning

## 4. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

## Description of Violation

On [REDACTED] there were two dryers with an approximate 12 inch accumulation of lint in the lint trap of the memory care unit. There were no clothes in the dryer at the time.

## Plan of Correction

Accept [REDACTED] - 12/16/2025)

4.

105.g

The lint that was in the dryer was removed immediately.

The Director of Residential Services reminded the nursing staff on that day, November 7, 2025, of the importance of checking for the lint after each use.

Going forward: The Director of Residential Services has instructed the nurse/med tech supervisors on Personal Care and Memory Care to check the dryers at the end of their shifts each day. This change was initiated on November 10, 2025, and is to be ongoing. If lint is discovered and it can be determined who was responsible, that person will be written up, according to the disciplinary process. If it cannot be determined who was responsible, then all staff present during that shift will be written up, according to the disciplinary process.

Records are kept of the supervisors checking the dryer at the end of each shift, by means of a log.

**105g Lint Removal and Duct Cleaning (continued)**

Periodically, the Director of Residential Services checks to ensure compliance and is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/09/2025

Implemented (████) - 12/16/2025)

**121a - Unobstructed Egress****5. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**Description of Violation**

On █████ at 10:00 am, the west wing exit in the memory care unit had a stop sign placed next to the exit door to block egress from the home's exits.

**Plan of Correction**

Accept (████) - 12/16/2025)

5.

121.a

The sign was removed immediately by the inspector.

Going forward:

Managers were instructed by the Executive Director on December 8, 2025, that beginning immediately and continuing in an ongoing manner, all signage hung throughout the building must be approved in writing by the Executive Director. Any manager or staff member who wishes to place any signage anywhere in the building must submit a request to the Executive Director for approval, using the Sign Approval Form. If the sign is approved to be used, the Executive Director will sign the Sign Approval Form and return the sign to the manager involved. The signed approval form will be kept on file in the office of the Executive Director.

The managers were also instructed by the Executive Director on December 8, 2025 that "no signs are to be placed on any exit doors, especially if the sign would create doubt in anyone's mind about exiting in case of an emergency."

The Executive Director is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/09/2025

Implemented (████) - 12/16/2025)

**183e - Storing Medications****6. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

On █████, resident █████ is prescribed █████. Apply █████ to the inner wrist or other hairless area every 4 hours as needed for anxiety or restlessness; it was in the medication's cart. According to the manufacturer's instructions, the medication's label indicated not to use after █████.

## 183e - Storing Medications (continued)

## Plan of Correction

Accept [REDACTED] - 12/16/2025)

6.

183.e

The gel was provided by the hospice. The resident had not used the gel in months as [REDACTED] was receiving other medications which were keeping [REDACTED] comfortable.

The Lorazepam gel was immediately removed by the nurse working on the cart and wasted. The doctor was contacted by the Director of Residential Services on November 7, 2025 to determine if in this case the med was actually needed. The doctor discontinued the med for this resident.

Going forward:

During the week of November 10, 2025 the Director of Residential Services reminded all nurses/med techs to be aware of any medication whose expiration date falls outside of the norm, and [REDACTED] directed the nurses/med techs to enter any medication whose expiration date is outside of the norm in the EMAR so that the nurse/med tech will receive a notification of the expiration date from the EMAR system.

The routine cart checks already in place will continue:

Nurse/med tech monitors the cart during [REDACTED] shift.

The designated med tech continues to check each cart 4 times a month.

The Director of Residential Services reviews the work of the designated med tech on a monthly basis.

The nurse liaison from the pharmacy is continuing monthly cart checks.

The Director of Residential Services is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/09/2025

Implemented [REDACTED] - 12/16/2025)