

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

February 12, 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 12/04/2025 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:** 99 **Waking Staff:** 74

Inspection Information

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

Reason: Monitoring **Exit Conference Date:** 12/04/2025

Inspection Dates and Department Representative

12/04/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 128 **Residents Served:** 69

Secured Dementia Care Unit

In Home: Yes **Area:** 4th Floor **Capacity:** 28 **Residents Served:** 19

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 69
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 30	Have Physical Disability: 0

Inspections / Reviews

12/04/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/06/2026

Inspections / Reviews *(continued)*

01/06/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/30/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/02/2026

02/12/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/30/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

In September 2025 Resident # [redacted] reported a missing necklace to Staff Member A who then reported it to Staff Member B on the same day. However, this allegation of abuse was not reported to the Area Agency on Aging.

Plan of Correction

Accept [redacted] - 01/06/2026)

-On 12/4/25, at time of survey this was identified and reported to DHS on 12/4/25 at 5:56PM.

-By 1/9/25 Healthcare Director or Designee shall audit incident reports from 8/1/25 – present to ensure proper reporting has occurred.

-By 1/9/25 Resident Director or Designee shall educate all Department Directors on 2600.15a. Documentation shall be kept.

-Starting 1/9/25, Healthcare Director or Designee will review 24-hour report daily X 6 weeks to ensure proper reporting has occurred.

- Beginning at the QMPI meeting on 1/28/25, the committee shall review compliance with regulation 2600.15a.

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [redacted] - 02/12/2026)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

In September 2025 Resident [redacted] reported a missing necklace to Staff Member A who reported it to Staff Member B on the same day. The home did not report this to the Department.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 01/06/2026)

-On 12/4/25, at time of survey this was identified and reported to Office of Aging on 12/4/25 at 4:00PM.

-By 1/9/25 Healthcare Director or Designee shall audit incident reports from 8/1/25 – present to ensure proper reporting has occurred.

-By 1/9/25 Resident Director or Designee shall educate all Department Directors on 2600.16c. Documentation shall be kept.

-Starting 1/9/25, Healthcare Director or Designee will review 24-hour report daily X 6 weeks to ensure proper reporting has occurred.

- Beginning at the QMPI meeting on 1/28/25, the committee shall review compliance with regulation 2600.16c.

Licensee's Proposed Overall Completion Date: 01/31/2026

16c - Written Incident Report (continued)

Implemented [redacted] 02/12/2026)

224a - Preadmission Screen Form

3. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted] was admitted to the home on [redacted]; however, the resident's preadmission screening form does not include the date it was completed on.

Plan of Correction

Accepted [redacted] - 01/06/2026)

- On 12/4/25, at time of survey, Healthcare Director recalled visit with resident on 4/10/25, prescreen form for Resident [redacted] amended by Healthcare Director.
- By 1/9/25 Healthcare Director or designee will audit current preadmission screening forms for completion.
- By 1/9/25 the Resident Director or Designee will educate Healthcare Director and Assistant Healthcare Director on 2600.224a. Documentation shall be kept.
- Starting 1/9/25 Healthcare Director or designee will audit new move in files for proper completion weekly X 4weeks.
- Beginning at the QMPI meeting on 1/28/25, the committee shall review compliance with regulation 2600.224a.

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [redacted] - 02/12/2026)