

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

June 8, 2026

[REDACTED]
CARE HSL BELLE REVE OPCO LLC
[REDACTED]

RE: BELLE REVE SENIOR LIVING CENTER
404 EAST HARFORD STREET
MILFORD, PA, 18337
LICENSE/COC#: 22513

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/05/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: BELLE REVE SENIOR LIVING CENTER License #: 22513 License Expiration: 06/12/2026
 Address: 404 EAST HARFORD STREET, MILFORD, PA 18337
 County: PIKE Region: NORTHEAST

Administrator

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

Legal Entity

Name: CARE HSL BELLE REVE OPCO LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [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: 93 Waking Staff: 70

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 03/24/2026

Inspection Dates and Department Representative

03/05/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 86 Residents Served: 65
 Secured Dementia Care Unit
 In Home: Yes Area: 3rd floor Capacity: 40 Residents Served: 26
 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: 0 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 28 Have Physical Disability: 0

Inspections / Reviews

03/05/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/04/2026

04/13/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/29/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/19/2026

Inspections / Reviews *(continued)*

04/17/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/29/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/29/2026

06/08/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/29/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a Activities of Daily Living Assistance

1. Requirements

2600.

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

Description of Violation

Resident [redacted] assessment and support plan (RASP), dated [redacted] indicates the resident requires assistance with bladder and bowel management. The RASP indicates the resident will receive incontinence checks and toileting every 2 hours. On [redacted] the resident was observed at 9:10a.m. sitting in the dining room with a puddle of urine under the wheelchair. Interviews with Staff indicated that Resident [redacted] is a heavy wetter and toileting every 2 hours is not adequate to ensure the resident does not wet through their clothing causing a urine puddle on the floor. Staff indicated that this is a daily occurrence for Resident [redacted] and that 2-hour checks are not always completed.

Plan of Correction

Accept [redacted] - 04/17/2026)

Immediate Correction:

For resident [redacted] the area where urine was lying below the resident was cleaned immediately by Housekeeping. as dc'ed to the hospital on 03/09/2026 and transferred from the hospital to a skilled nursing facility. Resident [redacted] Current Residents with incontinence issues will have these programs reviewed by the Clinical Coordinator and Memory Care to ensure PRN Care documentation expectations are consistent with the support plans by 04/29/2026. Resident Care Staff will be inserviced by the Executive Director/designee, Clinical Coordinator, Memory Care Director on expectations of communication of resident's changing needs and documentation of change in care on by April 7, 2026. The resident care staff will document PRN care in the electronic medical record starting April 9, 2026. The Clinical Coordinator and Memory Care Director will monitor the PRN Care Documentation daily for compliance.

Ongoing Monitoring Actions

The PRN Care Documentation will be reviewed weekly in the Weekly Clinical Meeting by the Clinical Care Coordinator and Memory Care Director. The Executive Director to review and signon off on weekly after the weekly Clinical Meeting to ensure compliance

Licensee's Proposed Overall Completion Date: 04/29/2026

Implemented [redacted] - 05/05/2026)

85a Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted], at 9:05a.m., there was a strong smell of urine noticed immediately upon exiting the elevator onto the 3rd floor. Department representative returned to the 3rd floor at 2:55p.m., and the urine smell remained strong.

At 9:05a.m., Staff Person A was observed mopping a puddle they identified as urine off the floor in the secured dementia unit. Upon entering the dining room, Resident [redacted] was observed sitting in a wheelchair with a puddle under their wheelchair. Staff identified it as a puddle of urine.

At approximately 3:05 p.m., a brown substance identified by staff as feces was observed on the sitting chair cushion next to the bed of Resident [redacted]

85a Sanitary Conditions (continued)

Plan of Correction

Accept [redacted] - 04/13/2026)

The urine lying under resident [redacted]'s chair, and the brown substance on Resident [redacted]'s chair cushion next to [redacted] bed was cleaned by housekeeping staff at time of inspection.

Additional Corrective Actions: Housekeeping and Resident Care staff will be inserviced by the Executive Director/designee on maintaining sanitary conditions to provide a clean and safe environment for the residents in the community by April 7, 2026. Resident Care staff will alert Housekeeping staff of any issues. Resident Care staff will maintain compliance in the absence of housekeeping. As of 03/31/2026 all directors and managers in serviced by RDO on Regulation

Ongoing Monitoring Audits:

Starting 4/1/26 for thirty days, a daily sign off sheet will be completed by a director, manager or Administrator during business hours, for hourly walking rounds to ensure sanitary conditions, and 4 hours during manager on duty on the weekends will be completed. After initial thirty days, of no findings, Daily log will go to every 2 hour walking rounds to ensure sanitary conditions, during business hours. Manager on duty on the weekends will complete as well. After sixty days with no finding, Daily log will be completed twice per shift. Ensuring sanitary conditions, manger on duty on weekends will complete as well during business hours. After a ninety day review with no findings, Then the audit will be completed daily for another ninety days, with no findings, audit will then be completed. The Executive Director and Housekeeping Food Service Director will audit daily to ensure any issues from rounding have been addressed.

Licensee's Proposed Overall Completion Date: 04/29/2026

Implemented [redacted] - 05/05/2026)

187c - Refusal of Medication

3. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On [redacted] at 2:00a.m., Resident [redacted] refused to take their prescribed [redacted] tablet of APAP and the home did not notify the prescriber.

Plan of Correction

Accept ([redacted] 04/17/2026)

Immediate Corrective Action:

Resident [redacted]'s refusal of the 325 mg APAP was reported to prescriber by the Executive Director.

Additional Corrective Actions:

Medication Technicians will be inserviced regarding the process detailed below by the Memory Care Director or Clinical Coordinator by 04/01/2026. Medication techs will document the EMARS missed or refused. Medication Techs will then call prescriber between the hours of 8am and 8pm to notify their prescriber of the refusal, with then completing the fax notification. Medication Techs will place in Clinical Care Coordinator and Memory Care Director mailboxes in medication rooms, to ensure communication is made with provider or providers office and or families if was not between the call hours of 8a 8p with supporting documentation into the electric records. The Clinical Coordinator or Memory Care Director will monitor the medical exception report daily to ensure medications

187c - Refusal of Medication (continued)

refused are identified and the physician has been notified

Ongoing Monitoring Audits:

The Clinical Coordinator and Memory Care Director will present the monitoring of the medication exception reports weekly during Weekly Clinical Meeting. The Executive Director will review and sign off on the medication exception report monitoring weekly after the Weekly Clinical Meeting to ensure compliance.

Licensee's Proposed Overall Completion Date: 04/29/2026

Implemented [redacted] - 05/15/2026)

234d - Support Plan Revision

4. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident [redacted] assessment and support plan was completed on [redacted] The support plan indicates for bladder management that the resident will receive 2-hour incontinence checks and toileting. Staff interviews indicate the resident does not always receive 2-hour checks and is often wet through their adult briefs and clothing after only 30 to 50 minutes on a regular basis.

Plan of Correction

Accept [redacted] - 04/17/2026)

Immediate Plan of Correction:

At the time of exit, Resident [redacted] had been discharged to the hospital on 03/09/2026 and transferred to a skilled nursing facility from the hospital. Current Residents with incontinence issues will have these programs reviewed by the Clinical Coordinator/designee and Memory Care/designee to ensure PRN Care documentation expectations are consistent with the support plans by 04/29/2026.

Ongoing Plans of Correction

Resident Care Staff will be inserviced by the Executive Director/designee, Clinical Coordinator, Memory Care Director on expectations of communication of resident's changing needs and documentation of change in care on by April 7, 2026. The resident care staff will document PRN care in the electronic medical record starting April 9, 2026. The Clinical Coordinator and Memory Care Director will monitor the PRN Care Documentation daily for compliance.

Ongoing Monitoring Actions:

The PRN Care Documentation will be reviewed weekly in the Weekly Clinical Meeting by the Clinical Care Coordinator and Memory Care Director. The Executive Director to review and sign on off on weekly after the weekly Clinical Meeting to ensure compliance by 04/29/2026

Licensee's Proposed Overall Completion Date: 04/29/2026

Implemented [redacted] - 05/15/2026)

252 - Record Content

5. Requirements

2600.

252 - Record Content (continued)

252. Content of Resident Records - Each resident's record must include the following information:

23. If the resident dies in the home, a copy of the official death certificate.

Description of Violation

Resident [REDACTED] passed away in the home on [REDACTED]. The resident's record does not include a death certificate.

Plan of Correction

Accept [REDACTED] - 04/13/2026)

The Executive Director contacted the funeral home 03/06/2026 and received the death certificate for Resident [REDACTED] on 03/31/2026.

Ongoing Corrective Actions: Clinical Coordinator will call funeral homes weekly for a copy of the death certificate with oversight from the Executive Director by starting 04/08/2026. The Clinical Coordinator will be inserviced by the Executive Director regarding regulation 2600.252.23 by 4/7/2026.

Ongoing Monitoring: A weekly audit will be conducted by the Clinical Care Coordinator and Memory Care Director during the weekly Clinical Meeting to be signed off by the Executive Director starting 04/08/2026 ensure death certificates have been received.

Licensee's Proposed Overall Completion Date: 04/29/2026

Implemented [REDACTED] - 05/05/2026)