

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

May 19, 2026

[REDACTED]  
HIDDEN MEADOWS OPCO LLC

[REDACTED]  
WHITE OAK HEALTHCARE REIT  
[REDACTED]

RE: HIDDEN MEADOWS ON THE RIDGE  
THE LAURELS  
340 FARMERS LANE  
SELLERSVILLE, PA, 18960  
LICENSE/COC#: 14524

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/16/2026 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]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *HIDDEN MEADOWS ON THE RIDGE THE LAURELS* License #: *14524* License Expiration: *07/20/2026*  
 Address: *340 FARMERS LANE, SELLERSVILLE, PA 18960*  
 County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *HIDDEN MEADOWS OPCO LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *03/05/2014* Issued By: *West Rockhill Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *74* Waking Staff: *56*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Monitoring* Exit Conference Date: *04/16/2026*

**Inspection Dates and Department Representative**

04/16/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *50* Residents Served: *37*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *entire home* Capacity: *50* Residents Served: *37*

**Hospice**  
 Current Residents: *1*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *37*  
 Diagnosed with Mental Illness: *37* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *37* Have Physical Disability: *1*

**Inspections / Reviews**

04/16/2026 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/10/2026*

05/11/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *05/18/2026*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/18/2026*

Inspections / Reviews *(continued)*

05/19/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/18/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

82c Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On [redacted] around 09:25 AM, following personal hygiene items with manufacturer's labels indicating "if ingested, contact a medical professional or Poison Control right away", were unlocked, unattended, and accessible:

- A+D ointment, Secret deodorant, and Crest tooth paste in resident room [redacted]
- Tom's tooth paste, A+D ointment in resident room [redacted]

Not all the residents of the home have been assessed as capable of recognizing and using poisons safely.

Repeated Violation - [redacted].

Plan of Correction

Accept [redacted] - 05/11/2026)

- On 4/16/2026, during the inspection, the A+D ointment, Secret deodorant, and Crest toothpaste were immediately removed from resident room [redacted] and Tom's toothpaste and A+D ointment were immediately removed from resident room [redacted]
- On 4/16/2026, the Executive Director provided retraining to the Memory Care Director on the requirements of regulation 2600.82.c.
- On 4/20/2026 and 4/21/2026, the Executive Director conducted retraining for the leadership team on the requirements of Regulation 2600.82.c.
- On 4/22/2026, the Memory Care Director began conducting retraining for staff on the requirements of regulation 2600.82.c.
- Starting the week of 4/27/2026, the Memory Care Director or designee will check 10 residents' rooms and 2 common areas weekly for 6 weeks, then biweekly for 6 weeks, and then monthly for 3 months to ensure compliance with regulation 2600.82.c
- Documentation of training and meetings will be maintained.

Licensee's Proposed Overall Completion Date: 05/08/2026

Implemented [redacted] 05/19/2026)

85a Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] around 09:30 AM, a catheter bag filled with red colored urine was hanging on the handrail in the bathroom of resident room [redacted] which was shared by two residents.

Plan of Correction

Accept [redacted] - 05/11/2026)

- On 4/16/2026, during the inspection, the catheter bag was immediately removed from the handrail in the bathroom of resident room [redacted] cleaned and properly stored.
- On 4/16/2026, the Executive Director provided retraining to the Memory Care Director on the requirements of regulation 2600.85.a.
- On 4/20/2026 and 4/21/2026, the Executive Director conducted retraining for the leadership team on the

85a - Sanitary Conditions (continued)

requirements of Regulation 2600.85.a.

- On 4/22/2026, the Memory Care Director began conducting retraining for staff on the requirements of regulation 2600.85.a.
- On 5/6/2026, the Memory Care Director trained the home health staff who placed the catheter on the handrail in the bathroom in room #A10 on Regulation 2600.85.a.
- Starting the week of 4/27/2026, the Memory Care Director or designee will check 10 residents' rooms and 2 common areas weekly for 6 weeks, then biweekly for 6 weeks, and then monthly for 3 months to ensure compliance with regulation 2600.85.a.
- Documentation of training and meetings will be maintained.

Licensee's Proposed Overall Completion Date: 05/08/2026

Implemented [REDACTED] - 05/19/2026)

233c - Key-Locking Devices

3. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not posted near the exit to the enclosed court yard. The code posted on the keypad in the court yard read 'Gold#'; however, the keypad displayed only numbers without any letters that correspond to the numbers.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 05/11/2026)

- On 4/16/2026, during the inspection, the directions for operating the home's locking mechanism was immediately posted near the exit to the enclosed courtyard and the code posted on the keypad in the courtyard was changed from letters to numbers with a "#".
- On 4/16/2026, the Executive Director provided retraining to the Memory Care Director on the requirements of regulation 2600.233.c.
- On 4/20/2026 and 4/21/2026, the Executive Director conducted retraining for the leadership team on the requirements of Regulation 2600.233.c.
- On 4/22/2026, the Memory Care Director began conducting retraining for staff on the requirements of regulation 2600.233.c.
- Starting the week of April 27, 2026, the Memory Care Director or designee will check that the directions for operating the home's locking mechanism are conspicuously posted near each device weekly for 6 weeks, then biweekly for 6 weeks, and then monthly for 3 months to ensure compliance with Regulation 2600.233.c.
- Documentation of training and meetings will be maintained.

Licensee's Proposed Overall Completion Date: 05/08/2026

Implemented [REDACTED] - 05/19/2026)