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

July 2, 2026

[redacted]
CA SENIOR VALLEY FORGE OPERATOR LLC
[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 05/21/2026 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: *REVELLE SENIOR LIVING KING OF PRUSSIA* **License #**: *14788* **License Expiration**: *01/16/2027*

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**: *04/29/2025*	**Issued By**: *Upper Merion Township*
Type: *I-2*	**Date**: *04/29/2025*	**Issued By**: *Upper Merion Township*
Type: *Other*	**Date**: *04/29/2025*	**Issued By**: *Upper Merion Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *116* **Waking Staff**: *87*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *05/21/2026*

Inspection Dates and Department Representative

05/21/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *128* **Residents Served**: *83*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *28* **Residents Served**: *20*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *2*

Are 60 Years of Age or Older: *83*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *33*

Have Physical Disability: *0*

Inspections / Reviews

05/21/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/20/2026*

Inspections / Reviews *(continued)*

06/22/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/01/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/02/2026*

07/02/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/01/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

42b - Abuse

1. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [redacted] and [redacted] shared the following with this Licensing Representative in a face to face interview on [redacted] On [redacted] staff members A and B were getting resident [redacted] ready for bed. Resident [redacted] stated that the staff members were rough and asked them to stop how they were handling them but the staff members did not respond to the resident's request and continued with putting the resident to bed. Resident [redacted] overheard resident [redacted] asking staff members A and B to stop and got up to check on resident [redacted] Resident [redacted] stated that when they poked their head into the bedroom, staff members A and B looked at them as if they knew they had done something wrong. Both residents indicated seeing the staff members again would make the residents feel uncomfortable. Resident [redacted] stated that they would prefer those staff members not assist resident [redacted] in getting ready for bed. The staff members caused physical pain and mental anguish to resident [redacted]

Repeated Violation [redacted], et. al.

Plan of Correction ***Accept [redacted] 06/22/2026)***

On 5/19/26, immediately upon learning of the incident that occurred, the Residence Director suspended staff person A and B pending investigation. Both staff person A and staff person B were terminated on 6/15/2026.

On 5/19/26, current direct care staff were re-educated on 2600.42b. treating residents with dignity, respectful communication, and proper assistance techniques. Documentation is maintained.

Beginning, 6/22/26, the Residence Director or Designee shall conduct five resident interviews per week for two weeks and then 5 resident interviews monthly for two months to validate that residents are feeling that they are treated with dignity and respect. Documentation shall be kept.

On 6/24/2026, the Residence Director or designee, will review the above findings for 2600.42b during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *07/10/2026*

Implemented [redacted] - 07/02/2026)

131f - Fire Extinguisher Inspection

2. Requirements

2600.
131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

On [redacted] Oliver Fire Protection and Security completed an annual portable fire extinguisher inspection and recommended that the home replace all of their portable fire extinguishers. On [redacted] the tag on the fire extinguishers indicate they have not been inspected by a fire safety expert since [redacted].

131f Fire Extinguisher Inspection *(continued)*

Plan of Correction ***Accept ([redacted] - 06/22/2026)***

On 5/21/26, the Maintenance Director ordered all the new fire extinguishers for the entire building. They were installed on 5/26/2026.

By 6/19/26, the Residence Director will education the Maintenance Director on 2600.131f. Documentation will be maintained.

On 6/24/2026, the Residence Director or designee, will review the above findings for 2600.131f during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *07/10/2026*

Implemented [redacted] - 07/02/2026)

182b - Prescription Medication

3. Requirements

2600.
182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

On [redacted] and [redacted] at the 6:00 AM medication administration time, staff person E administered [redacted] Tablet to resident[redacted]

Staff person E is not:

- *A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic,*
- *A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home,*
- *A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home,*
- *A staff person who has successfully completed the medication administration training or completed the annual recertification requirements as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.*

Repeated Violation[redacted], et. al.

182b - Prescription Medication *(continued)*

Plan of Correction ***Accept [redacted] - 06/22/2026)***

Staff person E was immediately removed from the Medication Technician schedule on 5/21/2026. Staff person E completed [redacted] Medication Technician training course and was re-certified on 6/8/26. Documentation shall be maintained.

On 6/8/2026, the Residence Director and Office Manager were trained in what to look for when doing an audit by the train the trainer for that community. Documentation maintained.

By 6/22/26, the Director of Compliance and Survey Management will educate the Residence Director and Health Care Director on 2600.182b. Documentation shall be kept.

By 6/22/26, the Residence Director shall complete a current Medication Technician Certification Audit. Any staff person found to be out of compliance will be removed from the schedule until compliance can be met.

Starting 6/15/2026, the Residence Director or Designee will review the Medication Technician credentials for all newly hired med techs prior to being placed on the schedule. This review will be done weekly for 4 weeks and then monthly for 2 months. Documentation shall be kept.

On 6/24/2026, the Residence Director or designee, will review the above findings for 2600.182b during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *07/10/2026*

Implemented ([redacted] - 07/02/2026)

223b - Service Procedures

4. Requirements

2600.
223.b. The home shall develop written procedures for the delivery and management of services from admission to discharge.

Description of Violation

The home's medication policies, specifically "10-03-0150P Management of Controlled Drugs" states:
At each shift change, the narcotics count should be verified by the oncoming and previous shift. Each narcotic sheet should be verified with an actual count of the medications; the Controlled Drug Count Log should be signed by both the oncoming and previous shift staff member."
Due to the discovery of a missing narcotic on [redacted], an investigation showed that staff member D failed to count the narcotics with another staff member at the end of their 7:00 AM to 3:00 PM shift on [redacted] and that staff member C did not count the narcotics at the start of their 3:00 PM to 11:00 PM shift.

Plan of Correction ***Accept [redacted] - 06/22/2026)***

On 5/20/2026, both staff member C and D received written corrective action for not following the Narc Count policy/procedure.

On 5/16/26, the Healthcare Director completed an audit of Narc Counts for compliance. Documentation will be maintained.

223b - Service Procedures (continued)

By 6/23/26, Healthcare Director or Designee will educate current Medication Technicians on 2600.223b. and the communities policy for managing controlled drugs. Documentation will be maintained.

Starting 6/22/2026, the Health Care Director or designee will review the narc count sheets, daily for 1 week and then 2 times a week for 2 weeks. Documentation shall be maintained.

On 6/24/2026, the Residence Director or designee, will review the above findings for 2600.223b during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: *07/10/2026*

Implemented [redacted] - 07/02/2026)