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

August 12, 2026

[redacted]
DRI/HEARTIS BUCKS COUNTY LLC
[redacted]

RE: REVELLE OF BUCKS COUNTY
SENIOR LIVING
945 YORK ROAD
WARMINSTER, PA, 18974
LICENSE/COC#: 14855

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/11/2026 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 OF BUCKS COUNTY SENIOR LIVING* **License #**: *14855* **License Expiration**: *05/28/2027*

Address: *945 YORK ROAD, WARMINSTER, PA 18974*

County: *BUCKS* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *DRI/HEARTIS BUCKS COUNTY LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *85* **Waking Staff**: *64*

Inspection Information

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

Reason: *Monitoring* **Exit Conference Date**: *06/11/2026*

Inspection Dates and Department Representative

06/11/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *58*

Special Care Unit

In Residence: *Yes* **Area**: *Reflections* **Capacity**: *30* **Residents Served**: *20*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *58*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *27* **Have Physical Disability**: *0*

Inspections / Reviews

06/11/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/10/2026*

07/10/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/03/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/03/2026*

Inspections / Reviews *(continued)*

08/12/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/03/2026*

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

28f Refund - within 30 days

1. Requirements

2800.
28.f. Within 30 days of either the termination of service by the residence or the resident's leaving the residence, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the residence by the resident or a refund owed the resident by the residence. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident [redacted] moved out on [redacted] and the resident was owed a refund of [redacted] however, the refund was not made until [redacted]

Plan of Correction ***Accept ([redacted] - 07/10/2026)***

Resident [redacted] was issued refund on June 11th, 2026.

On 7/8/2026, the Residence Director shall re-educate the Business Office Manager and the Assistant Residence Director on the requirements of 2800.28f, related to issuance of refunds owed within 30 days of discharge from the community. Documentation shall be kept.

Beginning 7/13/2026, the Residence Director, or designee, will review new resident discharges weekly for 4 weeks, and then bi weekly for 2 months to ensure their refund is issued within 30 days. Documentation shall be kept.

On 8/4/2026, the Residence Director or designee, will review the above findings for 2800.28.f 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: *08/01/2026*

Implemented [redacted] - 08/12/2026)

141b1 Annual medical evaluation

2. Requirements

2800.
141.b. A resident shall have a medical evaluation:
1. At least annually.

Description of Violation

Resident [redacted] annual medical evaluation completed on [redacted] does not include:
11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray.
Resident [redacted] annual medical evaluation dated [redacted] does not include the medical professional's certification that the resident's needs can be met at the Assisted Living Residence.

Repeat Violation - [redacted] et al.

Plan of Correction ***Accept [redacted] - 07/10/2026)***

Resident [redacted] was administered tuberculin skin test on June 19th, 2026. The Annual Medical Evaluation dated February 2nd, 2026 was updated by the Health Care Director, with the providers verbal permission, to reflect the testing.

141b1 Annual medical evaluation (continued)

Resident [redacted] The Medical evaluation, dated March 3rd, 2026 was corrected with the providers verbal permission to reflect the residents' needs can be met at the Assisted Living Residence.

Between 6/20/2026 and 6/24/2026, The Health Care Director conducted an audit of current resident medical evaluations to ensure alignment with 2800.141.b.1. Any Medical Evaluation not in compliance was brought into compliance, with providers verbal permission.

By 7/10/2026, the Residence Director will educate the licensed nursing team on the requirements within 2800.141.b.1 and having the ADME completely filled out with all components. Documentation shall be maintained.

On 8/4/2026, the Residence Director or designee, will review the above findings for 2800.141.b.1 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: *07/24/2026*

Implemented [redacted] - 08/12/2026)

141b2 Medical evaluation changes

3. Requirements

2800.
141.b. A resident shall have a medical evaluation:
2. If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident [redacted] status change medical evaluation dated [redacted] does not include the medical professional's certification that the resident's needs can be met at the Assisted Living Residence.

Plan of Correction ***Accept [redacted] - 07/10/2026)***

Resident [redacted] Medical evaluation, dated March 3rd, 2026 was corrected with the providers verbal permission to reflect the residents' needs can be met at the Assisted Living Residence.

On 6/25/2026 and 6/26/2026, The Health Care Director conducted an audit on current resident ADME's to ensure regulatory compliance. Any Medical evaluation non complaint with regulation 2800.41b2 was brought into compliance by Health Care Director, with the providers permission. Documentation shall be maintained.

By 7/10/2026, the Residence Director will educate the licensed nursing team on the requirements within 2800.141.b.2 and having the ADME completely filled out with all components. Documentation shall be maintained.

On 8/4/2026, the Residence Director or designee, will review the above findings for 2800.141.b.2 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: *07/31/2026*

Implemented [redacted] 08/12/2026)

187d Follow prescriber's orders

4. Requirements

2800.
187.d. The residence shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed 3 units of [redacted] 3 times daily before meals. However, the resident was not administered this medication [redacted] at 05:00 PM.

Plan of Correction ***Accept [redacted] 07/10/2026)***

Immediately upon notification, the Med Tech responsible for the omission was re-educated on following prescribers directions.

By 7/24/2026, current Med Techs shall be educated by the Health Care Director, on the policy that addresses missed medication and regulation 2800.187d. Documentation shall be maintained.

Beginning 6/20/2026, the Health Care Director, or designee, will audit the EMAR system for missed medications, daily for 14 days, and weekly for 2 weeks. Any missed medication, shall be reported to the residents attending physician for instruction related to the missed medication. Medication techs found to be non-compliant with medication administration, shall be removed from the cart and re-educated by Health Care Director, or designee. Documentation shall be maintained.

On 8/4/2026, the Residence Director or designee, will review the above findings for 2800.187.d. 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: *07/31/2026*

Implemented [redacted] 08/12/2026)

224a5 Written initial assessment

5. Requirements

2800.
224.a.5. The written initial assessment must, at a minimum include the following:

i. The individual's need for assistance with ADLs and IADLs.
ii. The mobility needs of the individual.
iii. The ability of the individual to self-administer medication.
iv. The individual's medical history, medical conditions, and current medical status and how they impact or interact with the individual's service needs.
v. The individual's need for supplemental health care services.
vi. The individual's need for special diet or meal requirements.
vii. The individual's ability to safely operate key-locking devices.
viii. The individual's ability to evacuate from the residence.

Description of Violation

Resident [redacted] was admitted on [redacted] and utilizes a bedside mobility device. The resident's initial assessment dated [redacted] does not address:

- The specific need for the device
- The intended use and any risks associated with the use
- The resident's ability to use the device safely for the purpose it was intended

224a5 Written initial assessment (continued)

Identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Plan of Correction ***Accept [redacted] - 07/10/2026)***

Resident [redacted] initial assessment did not address utilization of bedside mobility device. On June 24th, 2026, the assessment was updated to reflect the utilization of the bedside mobility device.

By 7/10/2026, the Residence Director will train licensed nursing staff on the requirements within 2800.224.a.5. Documentation shall be maintained.

By 7/13/2026, Health Care Director, or designee, will audit current resident assessments that have bed enablers to ensure proper documentation of the enabler. Any found to be non compliant will have the appropriate documentation added at that time. Documentation to be maintained.

Starting 7/13/2026, the Health Care Director or designee will review assessments of residents with newly added enablers, weekly for 4 weeks, then monthly for 2 months to ensure compliance with 224.a.5. with regards to bed enablers. Documentation shall be maintained.

On 8/4/2026, the Residence Director or designee, will review the above findings for 2800.224.a.5. 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: *07/31/2026*

Implemented [redacted] 08/12/2026)

251c Standardized forms

6. Requirements

2800.
251.c. The residence shall use standardized forms to record information in the resident's record.

Description of Violation

Resident [redacted] s initial medical evaluation, dated [redacted], was not completed on the Department's current standardized form. It was completed on the Department's Personal Care Home form.

Plan of Correction ***Accept [redacted] - 07/10/2026)***

Resident [redacted] medical evaluation, dated March 19th, 2026 was completed on Department Personal Care Home form.

Medical evaluation for resident [redacted] was completed on the correct form on June 15th, 2026 by the Health Care Director.

On 7/7/2026, the Health Care Director, was reeducated by the Residence Director on the requirements of 2800.251c. Documentation will be maintained.

Beginning July 20th, 2026, the Healthcare Director or Designee, will audit all charts to ensure regulatory compliance related to 2800.251c. Corrections will be completed during audit. Healthcare Director will review all new resident move in paperwork to validate the correct forms are being utilized.

On 8/4/2026, the Residence Director or designee, will review the above findings for 2800.251.c during the

251c Standardized forms (continued)

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: *07/31/2026*

Implemented [redacted] - 08/12/2026)