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

August 4, 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 06/30/2026 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: *C-1* **Date**: *11/22/1985* **Issued By**: *CWOPA*

Type: *I-2* **Date**: *11/22/1985* **Issued By**: *Middletown Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *68* **Waking Staff**: *51*

Inspection Information

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

Reason: *Monitoring* **Exit Conference Date**: *06/30/2026*

Inspection Dates and Department Representative

06/30/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* **Residents Served**: *34*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Whole Home* **Capacity**: *50* **Residents Served**: *34*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *34*

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

Have Mobility Need: *34* **Have Physical Disability**: *0*

Inspections / Reviews

06/30/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/19/2026*

07/17/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/31/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/31/2026*

Inspections / Reviews *(continued)*

08/04/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/31/2026*

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

3 cans of ProMAR 200 Flat White Paint, with a manufacture's label indicating "if swallowed call Poison Control Center, hospital emergency room, or physician", was unlocked, unattended, and accessible to residents in Bedroom [redacted]. Not all the residents of the home, including Resident [redacted] have been assessed capable of recognizing and using poisons safely.

Alex Plus All Purpose Acrylic Latex Caulk Plus Silicone, with a manufacture's label indicating "Do not ingest. For emergencies call Poison Control Center.", was unlocked, unattended, and accessible to residents in Bedroom [redacted] Not all the residents of the home, including Resident [redacted] have been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Accept [redacted] - 07/17/2026)***

• On 6/30/26 during the survey the door was immediately closed and locked by the Maintenance Tech
• On 6/30/26, the Executive Director (ED) provided retraining to the Maintenance Tech on the requirements of regulation 82c.
• On 7/17/26, the Memory Care Director began conducting retraining for staff on the requirements of regulation 82c.
• Starting the week of 7/20/26, the Memory Care Director or designee will check 10 residents' rooms and 2 common areas weekly for 6 weeks then biweekly for 6 weeks 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: *07/17/2026*

Implemented [redacted] - 08/04/2026)

187b - Date/Time of Medication Admin.

2. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted] 1 tablet three times daily at 8:00 A.M., 2:00 P.M., and 8:00 P.M.. Resident # [redacted] June 2026 medication administration record does not include the initials of the staff person who administered [redacted] on [redacted] at 2:00 P.M.

Plan of Correction ***Accept [redacted] - 07/17/2026)***

• On 6/30/26, the staff member who administered the [redacted] tablet on 6/7/26 at 2:00pm to Resident [redacted] was questioned and stated [redacted] did administer that medication on 6/7/26 at 2:00pm to that resident, however, [redacted] forgot to document the administration that day. The staff member also verified this information to the inspector during the survey. On 6/30/26, during the survey, the staff member updated the documentation for the administration of these medications in the eMAR for Resident [redacted] as a late entry. The documentation was provided to the inspector during

187b Date/Time of Medication Admin. (continued)

the survey.

• On 6/30/26, this staff member was provided with re education on proper medication administration and this regulation's requirements by the Memory Care Director (MCD) who is the community's PA Medication Administration Train the Trainer.

• By 7/24/26, Division Director of Resident Care and Resident Care Specialist will audit current residents' eMARs for June 2026 to ensure compliance with regulation 2600.187b.

• Starting the week of 7/27/2026, Director of Health and Wellness (DHW), Assistant Director of Health and Wellness (ADHW) or designee will audit 3 resident's eMARs three times weekly for 4 weeks then twice weekly for 4 weeks then weekly for 4 weeks to ensure ongoing compliance with regulation 2600.187b.

• Documentation of training and audits will be maintained.

Licensee's Proposed Overall Completion Date: *07/17/2026*

Implemented [redacted] - 08/04/2026)

227g -Support Plan Signatures

3. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] assessment dated [redacted] was not signed by the assessor.

Plan of Correction ***Accept ([redacted] - 07/17/2026)***

• On 6/30/26, during the survey, the MCD who was the assessor for resident [redacted]'s support plan from 2/9/26 signed that support plan and it was documented as a late signature that was noted to be missing during the survey. A copy of the signed support plan for resident [redacted] was provided to the inspector during the survey.

• On 6/30/26, ED retrained MCD on the requirements of regulation 227g.

• By 7/24/26, MCD or designee will audit current resident's RASPs to ensure individuals who participated in the development of the support plan have signed and dated the support plan per the requirements in regulation 227g. If any RASPs are found to be out of compliance, they will be addressed immediately.

• Starting the week of 7/27/26, MCD or designee will audit 4 RASPs weekly for 3 months to ensure individuals who participated in the development of the support plan signed and dated the support plan for ongoing compliance with regulation 2600.227g.

• Documentation of training and audits will be maintained.

Licensee's Proposed Overall Completion Date: *07/17/2026*

Implemented ([redacted] - 08/04/2026)

227h - Support Plan Refuse Sign

4. Requirements

2600.
227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

227h - Support Plan Refuse Sign *(continued)*

Description of Violation

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. The resident was unable, refused to sign the support plan. The home did not make a notation regarding the resident's inability, refusal to sign.

Plan of Correction ***Accept [redacted] - 07/17/2026)***

• On 6/30/26, during the survey, the MCD got resident [redacted] to sign [redacted] support plan from 2/9/26 and it was documented as a late signature that was noted to be missing during the survey. A copy of the signed support plan for resident [redacted] was provided to the inspector during the survey.

• On 6/30/26, ED retrained MCD on the requirements of regulation 227h.

• By 7/24/26, MCD or designee will audit current resident's RASPs to ensure they have been signed or if the resident is unable and/or refused to sign, that it is documented per the requirements in regulation 227h. If any RASPs are found to be out of compliance, they will be addressed immediately.

• Starting the week of 7/27/26, MCD or designee will audit 4 RASPs weekly for 3 months to ensure there is a signature or documentation regarding the resident being unable and/or refusing to sign for ongoing compliance with regulation 2600.227h.

Licensee's Proposed Overall Completion Date: *07/17/2026*

Implemented ([redacted] - 08/04/2026)