pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **945 YORK ROAD OPCO LLC**
LEGAL ENTITY

To operate **REVELLE OF BUCKS COUNTY SENIOR LIVING**
NAME OF FACILITY OR AGENCY

Located at **945 YORK ROAD, WARMINSTER, PA 18974**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **100**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 30**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **August 24,** **2026** until **August 24,** **2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **152550**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Pennsylvania
Department of Human Services

Emailing Date: August 24, 2026

[redacted]
Authorized Representative
[redacted]

RE: Revelle of Bucks County Senior Living
945 York Road
Warminster, Pennsylvania 18974
License #: 152550

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on March 16, 2026 and June 11, 2026 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

June 30, 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 03/16/2026, 03/17/2026 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**: *05/28/2026*

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

Type: *Other* **Date**: *08/02/2021* **Issued By**: *L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *81* **Waking Staff**: *61*

Inspection Information

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

Reason: *Renewal, Incident* **Exit Conference Date**: *03/17/2026*

Inspection Dates and Department Representative

03/16/2026 - On-Site: [redacted]

03/17/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *55*

Special Care Unit

In Residence: *Yes* **Area**: *Memory Care Unit* **Capacity**: *30* **Residents Served**: *20*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *55*

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

Have Mobility Need: *26* **Have Physical Disability**: *0*

Inspections / Reviews

03/16/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/17/2026*

04/21/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/16/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/26/2026*

Inspections / Reviews *(continued)*

04/24/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/16/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *05/17/2026*

06/30/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/16/2026*

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

28e Refund death

1. Requirements

2800.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the residence shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101 10226.107). The residence shall keep documentation of the refund in the resident's record.

Description of Violation

Resident # [redacted] passed away on [redacted] Resident [redacted]'s personal belongings were removed from [redacted] room on [redacted] However, the residence did not refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room was cleared of the resident's personal property. The refund was paid on [redacted]

Plan of Correction ***Do Not Accept [redacted] - 04/21/2026)***

Community unable to correct for Resident [redacted] The refund for resident [redacted] was issued on 2/10/2026.
By 4/30/2026, the Residence Director shall educate the Business Office Manager-upon hire and Assistant Residence Director on the requirements of 2800.28e. Documentation shall be kept.
Starting on 4/13/2026, the Assisted Residence Director, or designee, weekly for 2 weeks and then monthly for 2 months will audit that residents who moved out in the prior 30 days were issued a refund. Documentation shall be kept.
On 4/22/2026, the above audit findings for 2800.28e will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: *06/13/2026*

Update: *04/21/2026*

The overall completion date is too far in the future.

Plan of Correction ***Accept [redacted] - 04/24/2026)***

Community unable to correct for Resident [redacted] The refund for resident [redacted] was issued on 2/10/2026.
By 4/30/2026, the Residence Director shall educate the Business Office Manager upon hire and Assistant Residence Director on the requirements of 2800.28e. Documentation shall be kept.
Starting on 4/13/2026, the Assisted Residence Director, or designee, weekly for 2 weeks and then monthly for 2 months will audit that residents who moved out in the prior 30 days were issued a refund. Documentation shall be kept.
On 4/22/2026, the above audit findings for 2800.28e will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Evidence of Completion ***Implemented [redacted] 06/30/2026)***

See attached.

28f Refund within 30 days

2. 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 of the residence on [redacted]. Resident[redacted]s personal belongings were removed from [redacted] room on [redacted] However, the residence did not refund the remainder of previously paid charges to the resident within 30 days from the date the room was cleared of the resident's personal property. The refund was paid on [redacted]

Plan of Correction ***Do Not Accept [redacted] - 04/21/2026)***

Community unable to correct for Resident [redacted] The refund for resident [redacted] was issued on 2/17/2026.
By 4/30/2026, the Residence Director shall educate the Business Office Manager-upon hire and Assistant Residence Director on the requirements of 2800.28f. Documentation shall be kept.
Starting on 4/13/2026, the Assistant Residence Director, or designee, weekly for 2 weeks and then monthly for 2 months will audit that residents who moved out in the prior 30 days were issued a refund. Documentation shall be kept.
On 4/22/2026, the above audit findings for 2800.28f will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: *06/13/2026*

Update: *04/21/2026*

The overall completion date is too far in the future.

Plan of Correction ***Accept [redacted] 04/24/2026)***

Community unable to correct for Resident [redacted] The refund for resident [redacted] was issued on 2/17/2026.
By 4/30/2026, the Residence Director shall educate the Business Office Manager upon hire and Assistant Residence Director on the requirements of 2800.28f. Documentation shall be kept.
Starting on 4/13/2026, the Assistant Residence Director, or designee, weekly for 2 weeks and then monthly for 2 months will audit that residents who moved out in the prior 30 days were issued a refund. Documentation shall be kept.
On 4/22/2026, the above audit findings for 2800.28f will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Evidence of Completion ***Implemented [redacted] - 06/30/2026)***

See attached.

28g Refund higher level of care

3. Requirements

2800.
28.g. Upon discharge of the resident or transfer of the resident to a higher level of care, the administrator shall return the resident's funds being managed or stored by the home to the resident within 2 business days from the date the room is cleared of the resident's personal property.

Description of Violation ***Withdrawn [redacted] 04/21/2026)***

Resident [redacted] was discharged from the residence on [redacted], and the resident's belongings were removed on [redacted]. The residence did not return the resident's funds being managed by the residence until [redacted]

42c Dignity/Respect

4. Requirements

2800.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On different occasions staff person A made comments to Resident 4 that made the resident feel uncomfortable. Sometime in October 2025, staff person A was putting resident [redacted]s laundry away and the staff person commented about the resident wearing Victoria's Secret panties. On another occasion, resident [redacted] was walking down the hallway, and staff person A asked the resident to come and sit on [redacted] lap.

Plan of Correction ***Accept [redacted] - 04/21/2026)***

On 12/5/2025, Staff person A was place on suspension by the Residence Director when the allegation was reported on 12/5/2025. Staff person A was terminated upon the outcome from the state annual inspection survey as allegation was deemed founded.
By 4/30/2026, the Residence Director, or designee, re educate current staff on Dignity/Respect on compliance with 2800.42c. Documentation shall be kept.
Beginning 4/20/2026, the Residence Director, or designee, will visit with 10 residents weekly for 4 weeks to ensure residents are being treated with dignity and respect. Any report of a resident not treated with dignity/respect shall result in immediate suspension of the staff and reporting per requirements. Documentation shall be kept.
On 4/22/2026, the above audit findings for 2800.42c will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: *05/11/2026*

Evidence of Completion ***Implemented [redacted] - 06/30/2026)***

See attached.

65g Initial direct care training

5. Requirements

2800.
65.g. Direct care staff persons may not provide unsupervised assisted living services until completion of 18 hours of training in the following areas:
1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:

65g Initial direct care training *(continued)*

i. Safe management techniques.
ii. ADLs and IADLs
iii. Personal hygiene.
iv. Care of residents with mental illness, neurological impairments, an intellectual disability and other mental disabilities.
v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
vi. Implementation of the initial assessment, annual assessment and support plan.
vii. Nutrition, food handling and sanitation.
viii. Recreation, socialization, community resources, social services and activities in the community.
ix. Gerontology.
x. Staff person supervision, if applicable.
xi. Care and needs of residents with special emphasis on the residents being served in the residence.
xii. Safety management and hazard prevention.
xiii. Universal precautions.
xiv. The requirements of this chapter.
xv. The signs and symptoms of infections and infection control.
xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the residence.
xvii. Behavioral management techniques.
xviii. Understanding of the resident's assessment and how to implement the resident's support plan.
xix. Person-centered care and aging in place.

Description of Violation

Direct care staff person B did not complete the Department approved direct care training course and passing of the competency test. Direct care staff person B has been providing unsupervised assisted living services since [redacted] without having completed the training.

Direct care staff person C did not complete the Department approved direct care training course and passing of the competency test. Direct care staff person C has been providing unsupervised assisted living services since [redacted] without having completed the training.

Plan of Correction ***Accept [redacted] - 04/21/2026)***

On 3/27/2026, The Residence Director obtained a copy of the Initial Department approved Direct Care Training and competency test from staff person B. Documentation shall be kept.
On 4/15/2026, Staff person C is still pending receipt of the certification. Staff removed from the schedule until certification is obtained.
By 4/30/2026, The Residence Director, Assistant Residence Director or designee will educate the Business Office Manager upon hire on 2800.65g. Documentation shall be kept.
By 4/30/2026, the Residence Director, or designee shall audit associate files to ensure direct care staff meet requirements of 2800.65g. Staff with files that do not meet requirements shall be removed from providing assisted living services until the requirement is met. Any files found not in compliance will be brought to compliance and noted the correction is due to auditing for plan of correction for survey date 3/16/2026. Documentation shall be kept.
Beginning 4/20/2026, the Residence Director, or designee, shall audit new hire associates for meeting 2800.65g weekly for 2 weeks and then monthly for 2 months. Documentation shall be kept.
On 4/22/2026, the above audit findings for 2800.65g will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations

65g Initial direct care training (continued)

shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Evidence of Completion ***Implemented ([redacted] 06/30/2026)***

See attached.

65j Annual training content

6. Requirements

2800.
65.j. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year 2025.

Plan of Correction ***Accept[redacted] 04/21/2026)***

Community is unable to correct 2025 trainings for staff member A. This staff person has not worked at the residence since 12/5/2025.
By 4/30/2026, the Residence Director educated the Business Office Manager-upon hire on the requirements of 2800.65j. Documentation shall be kept.
Starting 4/30/2026, The Business Office Manager or designee shall monitor training completion of associates monthly. Associates not in compliance shall be addressed and brought into compliance before the end of 2026.
On 4/22/2026, the above audit findings for 2800.65j will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.
The community acknowledges the citation related to Staff Member A not completing required training for 2025. Through our internal audit and reconciliation process, we confirmed the following: Staff Member A was suspended on 12/5/2025 and did not return to work in 2025. Due to suspension related to 2800.42c, Staff member A was not able to complete the required training and did not work. Staff Member A was terminated on 3/17/2026.
Based on the supporting documentation, we respectfully request that this violation be withdrawn. (Exhibit: Staff Member A suspension)

Licensee's Proposed Overall Completion Date: *04/30/2026*

65j Annual training content *(continued)*

Evidence of Completion ***Implemented [redacted] - 06/30/2026)***

See attached.

81b Resident equip – good repair

7. Requirements

2800.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On [redacted] at 10:05 a.m., an enabler with an opening that measures 16" wide by 6" high in room [redacted] for resident [redacted] has an improper cover; the cover is not secure.

On [redacted] at 10:09 a.m., an enabler with an opening that measures 24" wide by 6" high in room [redacted] for resident [redacted] has an improper cover; the cover does not fit the enabler.

On [redacted] at 10:15 a.m., an enabler with an opening that measures 16" by 24" in room [redacted] for resident [redacted] has an improver cover; the cover does not fit the enabler. The enabler was pulled out, creating a 20" entrapment zone.

On [redacted] at 10:17 a.m., an enabler with an opening that measures 16" by 8" in room [redacted] for resident [redacted] was not covered.

Plan of Correction ***Do Not Accept (CE - 04/21/2026)***

Upon notification by surveyor, the Bedside mobility devices were covered/secured to resident [redacted], resident [redacted] resident [redacted], and resident [redacted] bed enablers bed by the Health Care Director and Maintenance Director. On 3/16/2026, the Maintenance Director and Healthcare Director reviewed remaining bedside mobility devices, no further issues noted. By 4/30/2026, the Residence Director, or designee shall educate Health Care Director and Maintenance Director on regulation 2800.81b and proper installation and covering of bed mobility devices, documentation shall be kept. The Health Care Director will educate the care staff and housekeeping staff on regulation 2800.81b by 5/8/2026. Documentation shall be kept.
Beginning 4/17/2026, the Health Care Director, or designee will audit bed mobility devices for compliance with 2800.81b, weekly for 2 weeks and then monthly for 2 months. Non-compliance shall be corrected immediately. Documentation shall be kept.
On 4/22/2026, the above audit findings for 2800.81b will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: *06/17/2026*

Update: *04/21/2026*

The overall completion date is too far in the future.

Plan of Correction ***Accept [redacted] - 04/24/2026)***

Upon notification by surveyor, the Bedside mobility devices were covered/secured to resident [redacted], resident [redacted] resident [redacted] and resident [redacted] bed enablers bed by the Health Care Director and Maintenance Director. On 3/16/2026, the Maintenance Director and Healthcare Director reviewed remaining bedside mobility devices, no further issues noted. By 4/30/2026, the Residence Director, or designee shall educate Health Care Director and Maintenance Director on

81b Resident equip – good repair (continued)

regulation 2800.81b and proper installation and covering of bed mobility devices, documentation shall be kept. The Health Care Director will educate the care staff and housekeeping staff on regulation 2800.81b by 5/8/2026. Documentation shall be kept.
Beginning 4/17/2026, the Health Care Director, or designee will audit bed mobility devices for compliance with 2800.81b, weekly for 2 weeks and then monthly for 2 months. Non compliance shall be corrected immediately. Documentation shall be kept.
On 4/22/2026, the above audit findings for 2800.81b will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

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

Evidence of Completion ***Implemented ([redacted] - 06/30/2026)***

See attached.

82c Locked poisons

8. Requirements

2800.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

On [redacted] at 9:51am, roll-on antiperspirant and Icy Hot with a manufacturer's label indicating "If accidentally swallowed, seek medical help and contact Poison Control Center right away" were unlocked, unattended, and accessible to resident[redacted] Not all the residents of the residence, including resident[redacted] have been assessed as capable of recognizing and using poisons safely.

Plan of Correction ***Do Not Accept [redacted] - 04/21/2026)***

On 3/16/2026, upon notification by surveyor, the Memory Care Director notified Resident [redacted] family and removed the poisonous materials.
On 3/16/2026, The Memory Care Director has conducted an audit of memory care apartments for compliance with 2800.82c. Identified poisonous materials resulted in communication with family and locking or removing the identified materials. Documentation shall be kept.
By 4/30/2026, Residence Director, or designee, will provide education to the Memory Care Director and current staff on 2800.82c. Documentation shall be kept
Beginning the week of 4/13/2026, the Health Care Director, or designee shall audit 5 resident rooms for compliance with 2800.82c weekly for 2 weeks and then monthly for 2 months. Non-compliance shall be corrected immediately. Documentation shall be kept.
On 4/22/2026, the above audit findings for 2800.81b will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: *06/13/2026*

82c Locked poisons *(continued)*

Update: *04/21/2026*

The overall completion date is too far in the future.

Plan of Correction ***Accept [redacted] - 04/24/2026)***

On 3/16/2026, upon notification by surveyor, the Memory Care Director notified Resident [redacted] family and removed the poisonous materials.
On 3/16/2026, The Memory Care Director has conducted an audit of memory care apartments for compliance with 2800.82c. Identified poisonous materials resulted in communication with family and locking or removing the identified materials. Documentation shall be kept.
By 4/30/2026, Residence Director, or designee, will provide education to the Memory Care Director and current staff on 2800.82c. Documentation shall be kept
Beginning the week of 4/13/2026, the Health Care Director, or designee shall audit 5 resident rooms for compliance with 2800.82c weekly for 2 weeks and then monthly for 2 months. Non-compliance shall be corrected immediately. Documentation shall be kept.
On 4/22/2026, the above audit findings for 2800.81b will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Evidence of Completion ***Implemented ([redacted] - 06/30/2026)***

See attached.

103e Leftovers

9. Requirements

2800.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On [redacted] at 9:59 a.m., there was an unlabeled/undated bag of frozen fish in the main kitchen walk-in freezer.

Plan of Correction ***Accept [redacted] - 04/21/2026)***

On 3/16/2026 the bag of non-cooked frozen fish was immediately labeled and dated during site visit.
On 3/16/2026, the Chef audited items in the walk-in freezer for compliance with 2800.103e. No other items were found not in compliance.
By 4/30/2026, The Residence Director, or designee, will re-educate the Dining Services Director and dining staff on the requirements of 2800.103e. Documentation shall be kept.
Starting 4/17/2026, The Dining Services Director will audit leftover food items stored in the walk-in freezer weekly for 4 weeks. Any food found not labeled or dated will immediately be corrected as per 2800.103e.
On 4/22/2026, the above audit findings for 2800.81b will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: *05/15/2026*

Evidence of Completion ***Implemented [redacted] - 06/30/2026)***

See attached.

105f Clothing laundering

10. Requirements

2800.
105.f. Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning. The resident's clean clothing shall be returned to the resident within 24 hours after laundering

Description of Violation

On [redacted] at 10:01 a.m., a t-shirt, two towels, and two washcloths were found in the residence's main commercial laundry on the counter. It could not be determined which resident these items belonged to.

Plan of Correction ***Do Not Accept ([redacted] - 04/21/2026)***

At time of survey on 3/16/2026, the unlabeled laundry found in the commercial laundry room was identified and returned to the right resident by the Memory Care Director.
By 4/17/2026, Designated tags to be purchased by the Residence Director for laundry labeling and used in the laundry room.
Beginning 4/20/2026, Health Care director or designee shall educate care staff on regulation 2800.105f and the use of laundry labeling in the laundry room, documentation shall be kept.
Beginning 4/20/2026, the Health Care Director, Memory Care Director or designee will check the commercial laundry room for properly labeled laundry weekly X 4 weeks, documentation shall be kept.
On 4/22/2026, the above audit findings for 2800.105f will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: *05/18/2026*

Update: *04/21/2026*

The overall completion date is too far in the future.

Plan of Correction ***Accept [redacted] 04/24/2026)***

At time of survey on 3/16/2026, the unlabeled laundry found in the commercial laundry room was identified and returned to the right resident by the Memory Care Director.
By 4/17/2026, Designated tags to be purchased by the Residence Director for laundry labeling and used in the laundry room.
Beginning 4/20/2026, Health Care director or designee shall educate care staff on regulation 2800.105f and the use of laundry labeling in the laundry room, documentation shall be kept.
Beginning 4/20/2026, the Health Care Director, Memory Care Director or designee will check the commercial laundry room for properly labeled laundry weekly X 4 weeks, documentation shall be kept.
On 4/22/2026, the above audit findings for 2800.105f will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: *04/22/2026*

Evidence of Completion ***Implemented ([redacted] - 06/30/2026)***

See attached.

107d Procedure EMA submission

11. Requirements

2800.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The residence's current written emergency procedures was submitted to the local emergency management agency on 1/20/2026. However, the previous written emergency procedures plan was submitted on 11/01/2024.

Plan of Correction ***Accept (CE - 04/21/2026)***

Community unable to correct submission of the 2025 emergency procedure plan. The emergency procedure was submitted for 2026 on 1/20/2026.
By 4/30/2026, The Regional Operations Specialist, or designee will educate the Residence Director and the Assistant Residence Director on 2800.107d. Documentation shall be kept.
The Residence Director or Assistant Residence Director will create a calendar invitation to ensure written emergency procedures are reviewed and approved by the local emergency management agency annually during the 3rd quarter 2026 QMPI meetings for 2027 compliance with emergency procedure EMA submission.
On 4/22/2026, the above corrections for 2800.107d will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Evidence of Completion ***Implemented (CE - 06/30/2026)***

See attached.

141a Medical evaluation

12. Requirements

2800.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.
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. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.
12. Information about a resident's day-to-day assisted living service needs.

Description of Violation

The medical evaluation for resident [redacted] dated [redacted] does not include a general physical examination by a

141a Medical evaluation (continued)

physician, physician's assistant, or nurse practitioner. This area of the form has a line on it.

The medical evaluation for resident [redacted] dated [redacted] does not include a general physical examination by a physician, physician's assistant, or nurse practitioner. This area of the form has a line on it.

The medical evaluation for resident [redacted] dated [redacted] does not include a general physical examination by a physician, physician's assistant, or nurse practitioner. This area of the form has a line on it.

Plan of Correction ***Accept ([redacted] - 04/21/2026)***

On 3/16/2026, Health Care Director received verbal permission from the resident's health care provider to correct the ADMEs for residents [redacted] and [redacted] and documented for auditing purposes in accordance with 2800.141a.
By 4/30/2026, The Residence Director, or designee, will re-education the Health Care Director and Assistant Health Care Director on 2800.141a. Documentation shall be kept.
By 4/30/2026, The Health Care Director, or designee, will do an audit all current residents ADME for compliance with 2800141a. Any ADMEs not in compliance will be brought into compliance immediately following 2800.141a. The following statement will be added to the bottom of the ADME for any medical evaluation found to be out of compliance. "Non-compliance identified during medical evaluation audit completed on XXXXXXX by WHO as part of a plan of correction for survey on 3/16/2026". Documentation shall be kept.
On 4/22/2026, the above corrections for 2800.141a will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Evidence of Completion ***Implemented ([redacted] - 06/30/2026)***

See attached.

183b Medications and syringes locked

13. Requirements

2800.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's living unit.

Description of Violation

On [redacted] at 9:51 a.m., a bottle of Equate Severe Congestion Nasal Mist and a bottle of Thera Tears Dry Eye Therapy prescribed for resident 4 were observed unlocked and accessible in the resident's medicine cabinet.

Plan of Correction ***Do Not Accept ([redacted] 04/21/2026)***

Upon notification from the surveyor, the Memory Care Director, notified the family and removed medications found in Resident #4 room. It was immediately removed and stored appropriately in the medication room located in the Memory Care unit.
By 4/30/2026, the Residence Director, or designee shall educate the Memory Care Director, Health Care Director, and Assistant Health Care Director on 2800.183b. Documentation shall be kept.
By 5/8/2026, Health Care Director or Designee will train the Med Techs and Caregivers on regulation 2800.183b.

183b Medications and syringes locked (continued)

Documentation will be kept.
Beginning the week of 4/13/2026, the Health Care Director, or designee shall audit 5 resident rooms for compliance with 2800.183b weekly for 2 weeks and then monthly for 2 months. Non-compliance shall be corrected immediately. Documentation shall be kept.
On 4/22/2026, the above corrections for 2800.183b will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: *06/13/2026*

Update: *04/21/2026*

The overall completion date is too far in the future.

Plan of Correction ***Accept [redacted] - 04/24/2026)***

Upon notification from the surveyor, the Memory Care Director, notified the family and removed medications found in Resident [redacted] room. It was immediately removed and stored appropriately in the medication room located in the Memory Care unit.
By 4/30/2026, the Residence Director, or designee shall educate the Memory Care Director, Health Care Director, and Assistant Health Care Director on 2800.183b. Documentation shall be kept.
By 5/8/2026, Health Care Director or Designee will train the Med Techs and Caregivers on regulation 2800.183b. Documentation will be kept.
Beginning the week of 4/13/2026, the Health Care Director, or designee shall audit 5 resident rooms for compliance with 2800.183b weekly for 2 weeks and then monthly for 2 months. Non-compliance shall be corrected immediately. Documentation shall be kept.
On 4/22/2026, the above corrections for 2800.183b will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Evidence of Completion ***Implemented ([redacted] - 06/30/2026)***

See attached.

187c Refusal to take medication

14. Requirements

2800.
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 8:00 a.m., resident [redacted] refused to take a scheduled dose of [redacted], and [redacted]. The residence did not report the refusal to the prescriber within 24 hours.

On [redacted] and [redacted] at 8:00 a.m., resident [redacted] refused to take a scheduled dose of [redacted]. The

187c Refusal to take medication (continued)

residence did not report the refusal to the prescriber within 24 hours.

On [redacted] and [redacted] at 12:00 p.m., resident [redacted] refused to take a scheduled dose of [redacted] The residence did not report the refusal to the prescriber within 24 hours.

On [redacted], and [redacted] at 4:00 p.m., resident [redacted] refused to take a scheduled dose of [redacted] 0.5 mg. The residence did not report the refusal to the prescriber within 24 hours.

On [redacted], at 8:00 a.m., resident [redacted] refused to take a scheduled dose of [redacted], [redacted] and [redacted]. The residence did not report the refusal to the prescriber within 24 hours.

Plan of Correction ***Accept ([redacted] - 04/21/2026)***

Unable to notify provider of Resident [redacted] refusals due to resident move out on 2/27/2026.
By 4/30/2026, Med Techs shall be educated by the Health Care Director or Assistant Health Care Director on the requirements of 2800.187c. Documentation will be maintained.
Starting on 4/20/2026, The Health Care Director or Assistant Health Care Director will audit the eMAR for refused medication; daily for 14 days and then weekly for 2 weeks. Any refused medication will be reported to the treating physician within 24-hours per 2800.187c. Medication passer who are found to be out of compliance will be pulled from passing medications and reeducated. Documentation shall be kept.
On 4/22/2026, the above corrections for 2800.183b will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: *05/04/2026*

Evidence of Completion ***Implemented [redacted] - 06/30/2026)***

See attached.

190b Insulin injections

15. Requirements

2800.
190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On [redacted] and [redacted], at 8:00 a.m. and 12:00 p.m., staff person B, who has not successfully completed the Department-approved diabetes patient education program within the past 12 months, administered insulin to resident [redacted].

190b Insulin injections (continued)

Plan of Correction ***Do Not Accept [redacted] - 04/21/2026)***

Staff person B received the Diabetes training by a Certified Diabetes Care and Education Specialist on 1/21/2026 at Brightview East Norriton senior living community with documentation on file.
By 4/30/2026, the Residence Director shall educate the Health Care Director on the requirements of 2800.190b. Documentation shall be kept.
By 4/30/2026, the Residence Director, or designee, shall, audit the personnel files of medication techs for compliance with 2800.190b. Any staff files found not in compliance will be brought into compliance by 5/30/2026. Med Tech not having the appropriate documentation will not administer insulin to residents until confirmation and documentation is received. Documentation will be maintained.
On 4/22/2026, the above corrections for 2800.183b will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Update: *04/21/2026*

Please address the status of staff person B's diabetes education certificate.

Plan of Correction ***Accept ([redacted] - 04/24/2026)***

On May 8, 2026, Staff person B shall receive Diabetes training again by a Certified Diabetic Care and Education Specialist. Staff person B will not participate in any diabetes medication administration until appropriate certification can be obtained.
By 4/30/2026, the Residence Director shall educate the Health Care Director on the requirements of 2800.190b. Documentation shall be kept.
By 4/30/2026, the Residence Director, or designee, shall, audit the personnel files of medication techs for compliance with 2800.190b. Any staff files found not in compliance will be brought into compliance by 5/30/2026. Med Tech not having the appropriate documentation will not administer insulin to residents until confirmation and documentation is received. Documentation will be maintained.
On 4/22/2026, the above corrections for 2800.183b will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: *04/30/2026*

Evidence of Completion ***Implemented [redacted] - 06/30/2026)***

See attached.

234b Support plan - elements

16. Requirements

2800.
234.b. Plan requirements.

1. The support plan and if applicable, the rehabilitation plan, must identify the resident's physical, medical, social, cognitive and safety needs.
2. The rehabilitation and support plan for residents of a special care unit for INRBI must identify the residents' emotional and behavioral needs.

234b Support plan - elements *(continued)*

Description of Violation

Resident [redacted] support plan, dated [redacted] indicated that the resident needed full assistance when using the phone, but it did not address the description of the service required or the plan for providing it. The support plan does not specify the resident's need for assistance in understanding instructions.

Plan of Correction ***Accept [redacted] 04/21/2026)***

On 3/17/2026, the Health Care Director reviewed and updated Resident [redacted] support plan to include resident's needs for assistance with using the telephone. Documentation shall be kept.
By 4/30/2026, The Residence Director, or designee, will educate the Health Care Director and Assistant Health Care Director on 2800.234b. Documentation shall be kept.
By 5/8/2026, the Health Care Director, or designee, will audit the support plans of current residents to validate compliance with 2800.234b. Any non-compliance shall be corrected in accordance with 2800.234b. Documentation shall be kept.
On 4/22/2026, the above corrections for 2800.234b will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

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

Evidence of Completion ***Implemented [redacted] - 06/30/2026)***

See attached.

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

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*

Evidence of Completion ***Implemented[redacted] - 08/12/2026)***

See attached.

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*

Evidence of Completion ***Implemented ([redacted] - 08/12/2026)***

See attached.

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]'s 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*

Evidence of Completion ***Implemented [redacted] 08/12/2026)***

See attached.

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] 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*

Evidence of Completion ***Implemented [redacted] - 08/12/2026)***

See attached.

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:

224a5 Written initial assessment (continued)

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
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*

Evidence of Completion ***Implemented [redacted] 08/12/2026)***

See attached.

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

251c Standardized forms (continued)

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 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*

Evidence of Completion ***Implemented [redacted] - 08/12/2026)***

See attached.