

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

September 23, 2026

[REDACTED], PRESIDENT/CEO
PINE RUN VILLAGE INC
[REDACTED]
[REDACTED]

RE: THE GARDEN AT PINE RUN HEALTH
CENTER
777 FERRY ROAD
DOYLESTOWN, PA, 18901
LICENSE/COC#: 15037

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/28/2026 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: THE GARDEN AT PINE RUN HEALTH CENTER

License #: 15037

License Expiration: 08/24/2027

Address: 777 FERRY ROAD, DOYLESTOWN, PA 18901

County: BUCKS

Region: SOUTHEAST

Administrator

Name:

Phone:

Email:

Legal Entity

Name: PINE RUN VILLAGE INC

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: C-1

Date: 01/19/1977

Issued By: Commonwealth of PA Dept
of L&I

Type: Other

Date: 07/25/2023

Issued By: Township of Doylestown

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 48

Waking Staff: 36

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 07/28/2026

Inspection Dates and Department Representative

07/28/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40

Residents Served: 24

Secured Dementia Care Unit

In Home: Yes

Area: Entire Home

Capacity: 40

Residents Served: 24

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 24

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 24

Have Physical Disability: 0

Inspections / Reviews

07/28/2026 Full

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 08/28/2026

Inspections / Reviews (*continued*)

09/09/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/23/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/23/2026

09/23/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/23/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A, B and direct care staff person C did not receive training in infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration during training year 2025.

Repeated Violation - 11/06/2025, 07/29/2025

Plan of Correction

Accept () - 09/09/2026)

2600- 65f

Training- Infection Control and General Principles of cleanliness

- 1- *The identified direct care staff have completed the education identified as non-complaint in regulation 2600.65.f.*
- 2- *Director of Human Resources conducted an audit of current direct care staff members to ensure current staff have completed the educations noted in violation 2600.65.f number 4. Variances will be addressed. Completed 8/27.*
- 3- *Personal Care Home Administrator or designee will re-educate the direct care staff on the NEO and Annual Education policy with a focus on the importance of completing assigned modules. Complete 9/11.*
- 4- *Personal Care Home Administrator or designee will conduct monthly audits X3 on current direct care staff to ensure completion of the assigned educations. Audits will be brought to Quality management for review and recommendations as needed.*

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 09/23/2026)

65g - Annual Training Content

2. Requirements

2600.

65.g. 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.

65g - Annual Training Content (continued)

4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
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 persons A, B and C did not receive training in 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, emergency preparedness procedures and recognition and response to crises and emergency situations, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) during training year January 2025 to December 2025.

Repeated Violation - 11/06/2025, 07/29/2025

Plan of Correction

Accept () - 09/09/2026)

2600- 65g

Annual training for 1, Fire Safety, 2, Emergency Preparedness and 3, Older Adult Protective Services Act.

1. *The identified direct care staff have completed the education identified as non-compliant for regulation 2600.65.g*
2. *Director of Human Resources conducted an audit of current direct care staff to ensure staff have completed Fire safety, Emergency preparedness and Older Adult Protective Service Act. Any variances will be addressed. Completed 8/27.*
3. *Personal Care Home administrator or designee will re-educate the direct care staff on the NEO and annual Education policy with a focus on completing the assigned modules. Complete by 9/11.*
4. *Personal Care Home Administrator or designee will complete monthly audits X3 to ensure direct care staff have completed Fire safety, Emergency Preparedness and Older Adult Protective services Act as assigned. Audits will be brought to Quality management for review and recommendations as needed.*

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 09/23/2026)

103c - Food Protected**3. Requirements**

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 07/28/26 at 4:45pm, there were uncovered fruit salad cups stored in the food cart, located in the satellite kitchen.

Plan of Correction

Accept () - 09/09/2026)

2600- 103c

Food Protected from contamination

1. *The identified uncovered fruit salad in the food cart located in the satellite kitchen was immediately discarded by dining.*
2. *Dining Director conducted an audit of current food carts located in the satellite kitchen to ensure food is covered as appropriate. Any variances will be addressed Completed by 8/27..*
3. *Dining Director or designee will reeducate dining team members on the Food Storage Perishable policy.*

103c - Food Protected (continued)

Completed by 9/11.

4. Assistant Director of Dining/designee will conduct an audit of food carts in the satellite kitchen weekly for 4 weeks, monthly for 2 months to ensure all food is covered as appropriate. Audits will be brought to Quality management for review and recommendations as needed.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 09/23/2026)

141b1 - Annual Medical Evaluation**4. Requirements**

2600.

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

Description of Violation

Resident #1's most recent medical evaluation was completed on [REDACTED] The resident's previous medical evaluation was completed on [REDACTED]

Resident #1's medical evaluation dated [REDACTED] did not include the physician, physician's assistant or nurse practitioner signature and if the resident needs can be met safely at the Personal Care Home.

Plan of Correction

Accept () - 09/09/2026)

2600- 141b1

A resident shall have a medical evaluation at least annually.

1. Resident #1 had their DME completed by the CRNP. Appropriate signatures and resident needs were reflected in the DME.

2. Personal Care Home Administrator or designee completed an audit of current residents DME's to ensure DME's were completed timely and that physician/physician extender signatures and resident needs are reflected in the DME. Any variances will be addressed. Completed 8/27

3. Corporate Support staff member or designee will reeducate Personal Care Home Administrator on regulation 2600.141b1. An audit tool to be put into place to identify dates for completion, track physician /physician extender signatures, and that resident needs are reflected on the DME. Complete by 9/11

4. The Personal Care Home Administrator or designee will complete audits monthly X3 to ensure DME's are completed timely, physician/physician extender signatures are present, and resident needs are accurately reflected of required DME documents. Audits will be brought to Quality management for review and recommendations as needed.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 09/23/2026)

183d - Prescription Current**5. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

183d Prescription Current (*continued*)**Description of Violation**

On 07/28/26, Florastor Oral Cap 250mcg; give one capsule by mouth every morning at bedtime for 10 days prescribed for individual #2, was in the home's medication cart; however, the medication was discontinued on 07/25/26.

Plan of Correction

Accept () - 09/09/2026)

2600 183d

Only Current prescriptions are to be maintained.

1. Resident #2 Florastar Oral cap was removed from the medication cart when identified as discontinued.
2. Personal Care Home Administrator or designee will conduct a current audit of the community medication carts to determine if there are any other discontinued medication present in medication carts. Any identified items were removed. Completed 8/27
3. Personal Care Home Administrator or designee will reeducate Licensed nursing staff and those who are responsible for passing medication on the "Discontinued Medication policy" Complete by 9/11.
4. The Personal Care Home Administrator or designee will conduct weekly audits X4 and then monthly X2 on medication carts to ensure discontinued medications have been removed to maintain compliance. Audits will be brought to Quality management for review and recommendations as needed.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 09/23/2026)

183e - Storing Medications

6. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 07/28/26, resident#3's Lantus Solostar Insulin was in the medication cart, and the pen did not have an open date. According to the manufacturer's instructions the insulin pen must be discarded 28 days after opening.

The following medication Lorazepam Oral Concentrate 2mg/ml belonging to resident #3 was in the medication refrigerator. The medication expired on 06/23/26.

Repeat Violation 07/29/25

Plan of Correction

Accept () - 09/09/2026)

2600 183e

Proper Storage of Medications is to be maintained.

1. Resident #3 Lantus Insulin Solostar undated pen was removed from the medication cart and Lorazepam Oral concentrate expired medication was removed from the medication refrigerator when identified.
2. Personal Care Home administrator or designee conducted an audit of the community medication cart and medication refrigerator to ensure any undated opened medications or expired medications were not present. Any

183e - Storing Medications (continued)

identified items were removed. Completed 8/27.

3. Personal Care Home administrator or designee will reeducate Licensed nursing staff and those responsible for passing medications regarding the regulation for expired and dating medication. Complete by 9/11.

5. Personal Care Home administrator or designee will complete weekly audits X4 and then monthly audits X2 of the medication carts and medication refrigerator to ensure expired medications and open undated medications are not present. Audits will be brought to Quality management for review and recommendations as needed.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 09/23/2026)

184a - Resident's Meds Labeled**7. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

The pharmacy label for resident #2's Potassium Chloride give 15 ml by mouth one time a day every Monday, Tuesday, Wednesday, Friday, and Sunday does not match the medication administration record that states Potassium Chloride to be given daily, a change of order sticker was not placed on the medication.

Plan of Correction

Accept () - 09/09/2026)

2600- 184a

Residents Meds Labeled.

1. The medication label for resident #2 Potassium Chloride was corrected at the time identified.

2. Personal Care Home Administrator or designee conducted an audit on current residents' medication administration records to ensure resident medications match the pharmacy label. Any identified variances were corrected. Completed 8/27.

3. Personal care home Administrator will reeducate Licensed staff and those responsible for passing medications regarding the regulation for proper labeling of resident medication. Complete by 9/11.

4. The Personal Care Home Administrator, or designee will conduct an audit weekly X4 and then monthly X2 to ensure resident medication administration records match pharmacy labels as appropriate. Audits will be brought to Quality management for review and recommendations as needed.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 09/23/2026)

185a - Implement Storage Procedures**8. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a - Implement Storage Procedures (*continued*)**Description of Violation**

Resident #4 is prescribed Tylenol Oral Tablet 325mg as needed. On 07/28/26 this medication was not available in the home.

Repeat Violation 07/29/25

Plan of Correction

Accept () - 09/09/2026)

2600-185a

Implement Storage Procedures.

- 1. Residents #4 Tylenol Oral tablet that was not available was ordered when identified.*
- 2. Personal Care home administrator or designee completed an audit of the community medication cart to determine if there were other medications not available that were ordered. Any identified items were corrected. Completed 8/31.*
- 3. Personal Care Home Administrator or designee will reeducate the licensed staff and those responsible for passing medication regarding the regulation for having any medication ordered for residents available for administration. Complete by 9/11.*
- 4. The Personal Care Home Administrator, or designee will complete weekly audits X4 and monthly X2 of the medication carts to ensure all resident ordered medications are present in the med carts. Audits will be brought to Quality management for review and recommendations as needed.*

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 09/23/2026)

187b - Date/Time of Medication Admin.

9. 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 #2 is prescribed Levothyroxine 50mcg; give one tablet by mouth one time a day every Monday, Tuesday, Wednesday, Thursday, and Friday. Resident #2's July 2026 medication administration record does not include the initials of the staff person who administered Levothyroxine 50 mcg on 07/27/26 and 07/28/26 at 6:30am.

Plan of Correction

Accept () - 09/09/2026)

2600-187b

Date/Time of Medication Administration.

- 1. An administration initial for Resident #2's Levothyroxine could not be corrected. No ill effects from resident were noted.*
- 2. The Personal Care Home Administer or designee conducted an audit of current resident medication administration records to ensure medications are being signed off at the time of administration. Any identified items were addressed. Completed 8/27.*
- 3. Personal Care Home Administrator or designee will reeducate Licensed staff and those responsible for passing medication regarding the regulation for signing that the administration of the medication was completed immediately after administration. Complete by 9/11.*

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

4. The Personal Care Home administrator or designee will conduct weekly audits X4 and then monthly X2 on 3 random residents to ensure resident medication administration records are signed and initialed at the time of administration. Audits will be brought to Quality management for review and recommendations as needed.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 09/23/2026)

187d - Follow Prescriber's Orders**10. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed Lorazepam Oral Concentrate 2mg/ml, give 0.25ml by mouth every 6 hours as needed. However, resident #3's was administered Lorazepam .25ml on 07/28/26 at 10:57am. The medication expired on 06/23/26.

Resident #3 is prescribed glucose monitoring at 7:30am. However, resident #3's medication administration records indicate that the glucose monitoring was late on the following dates:

On 07/28/26 at 9:02 am.

On 07/24/26 at 8:54 am.

On 07/20/26 at 8:59 am.

On 07/14/26 at 9:09 am.

Plan of Correction

Accept () - 09/09/2026)

2600 187d

Follow Prescriber's orders.

1. Resident #3 expired Lorazepam was removed from the medication refrigerator when identified. Resident #3 late glucose monitoring could not be changed to the previous delayed administration time. Resident did not experience any ill effects.

2. The Personal Care Home Administrator conducted an audit of the community medication cart and medication refrigerator was completed to determine if there were other discontinued medication present. Any identified items were removed. An audit was also completed on current residents who are receiving glucose monitoring to ensure glucose monitoring if being administered at the appropriate times per prescriber. Any variances will be addressed. Completed 8/27

3. Personal Care Home Administrator or designee will reeducate the Licensed nursing staff and those responsible for passing medication regarding the "Discontinuation of Medication Policy" and following "Prescribers Order Policy". Complete by 9/11.

4. The Personal Care Home Administrator, or designee will complete weekly audits X4 and then monthly X2 to ensure medication carts and medication refrigerators are free of expired medications. The Personal Care Home Administrator will conduct an audit weekly x4 and then monthly X2 on residents who are receiving glucose monitoring to ensure monitoring is being administered per prescriber's order. Audits will be brought to Quality management for review and recommendations as needed.

187d - Follow Prescriber's Orders (continued)

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 09/23/2026)

225c - Additional Assessment

11. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's current assessment was completed on [REDACTED] However, the resident's previous assessment was completed on [REDACTED].

Plan of Correction

Accept () - 09/09/2026)

2600- 225c

Additional Assessments.

1. Resident #1 assessment was completed to be current.
2. Personal Care Home Administrator or designee conducted an audit of current resident assessments to ensure assessments were completed timely. Any assessments with identified concerns were addressed. Complete 8/27.
3. Corporate Support team member or designee will reeducate the Personal Care Home Administrator that assessments are required to be completed annually, with a significant change prior to an annual assessment, or at the request of the department upon cause to believe an update is required. An audit tracking tool to be put in place to identify dates for completion and track compliance. Complete by 9/11
4. Personal Care Home Administrator or designee will conduct weekly audits X4 and then monthly audits X2 to ensure resident assessments are completed timely as per regulation. Audits will be brought to Quality management for review and recommendations as needed.

Licensee's Proposed Overall Completion Date: 10/05/2026

Implemented () - 09/23/2026)

227g -Support Plan Signatures

12. 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 #1 participated in the development of [REDACTED] support plan on [REDACTED] However, the resident and the assessor did not sign the support plan

Resident #2 participated in the development of [REDACTED] support plan on [REDACTED] However, the resident did and the assessor did not sign the support plan.

227g Support Plan Signatures (continued)

Resident #4 participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident did not sign the support plan.

Plan of Correction**Accept ([REDACTED] - 09/09/2026)**

2600 227g

Support Plan Signatures.

1. The identified residents could not sign their respective support plans and there has been communication with their representatives to offer signatures for these support plans.
2. The Personal Care Home Administrator, or designee conducted an audit of current residents' support plans to ensure assessor, resident/ resident representative have signed the support plan as appropriate. Variances will be addressed. Complete 8/27.
3. The Personal Care Home Administrator will be reeducated by the Corporate Support Team member that individuals who participate in the development of the support plan shall sign and date the support plan. An audit tracking tool was put in place to identify representative and assessor signatures are in place for compliance. Complete by 9/11
4. The Personal Care Home Administrator/designee will complete audits monthly X3 months to ensure the assessor, resident or resident representative have signed the support plans as appropriate. Audits will be brought to Quality management for review and recommendations as needed.

Licensee's Proposed Overall Completion Date: 10/05/2026**Implemented ([REDACTED] - 09/23/2026)**