

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

October 5, 2026

[REDACTED]
LEVITTOWN AL LLC
[REDACTED]
[REDACTED]

RE: THE ADDISON OF WOODBOURNE
PLACE
2619 TRENTON ROAD
LEVITTOWN, PA, 19056
LICENSE/COC#: 15086

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/12/2026 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 ADDISON OF WOODBOURNE PLACE

License #: 15086

License Expiration: 02/11/2027

Address: 2619 TRENTON ROAD, LEVITTOWN, PA 19056

County: BUCKS

Region: SOUTHEAST

Administrator

Name:

Phone:

Email:

Legal Entity

Name: LEVITTOWN AL LLC

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: C-2 LP

Date: 05/06/1997

Issued By: Township of Middletown

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 29

Waking Staff: 22

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Incident

Exit Conference Date: 08/18/2026

Inspection Dates and Department Representative

08/12/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 48

Residents Served: 22

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: NA

Are 60 Years of Age or Older: 22

Diagnosed with Mental Illness: NA

Diagnosed with Intellectual Disability: NA

Have Mobility Need: 7

Have Physical Disability: 1

Inspections / Reviews

08/12/2026 Partial

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 09/12/2026

09/09/2026 - POC Submission

Submitted By:

Date Submitted: 10/04/2026

Reviewer:

Follow-Up Type: Document Submission Follow-Up Date: 10/05/2026

Inspections / Reviews (*continued*)

10/05/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/04/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

85e - Trash Outside Home**1. Requirements**

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On [REDACTED] at approximately 10:06am, a grey tarp, two gas powered generators, six buckets and three empty gas cans were lining the left side of the fence, near the gate.

A green recliner, a tan recliner and a brown recliner along with a wooden pallet were sitting beside the trash dumpster located in the rear of the home.

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

The Addison of Woodbourne Place will insure that trash outside the home will be kept in covered receptacles to prevent the penetration of insects and rodents. On 8/12/2026, the Maintenance Director removed and properly disposed of a gray tarp, two gas-powered generators, six buckets, and three empty gas cans that has been stored along the left side of the fence near the gate. A green and a brown recliner that had been left beside the dumpster were placed inside the dumpster and the lid was secured. Completed: 8/12/2026

On 8/12/2026, the Executive Director conducted exterior rounds of the community to verify that all waste receptacles were covered and no trash was present on the property. No additional concerns were identified during the environmental rounds. Completed: 8-12-2026

Effective 8/17/2026, The Maintenance Director or Designee will conduct exterior environmental rounds of the property two times per week for 4 weeks then every other week for 1 month, or until compliance is established. Issues identified during these rounds will be corrected immediately by the Maintenance Director/Designee. Findings will be reported at the Weekly Maintenance Director/Executive Director Meeting and noted on the one-to-one agenda. Beginning 9-8-2026, and until completion, the Executive Director will educate all current Department Heads on regulation 2600.85e, focusing on ensuring that all trash is placed inside lidded containers and reporting any issues to the Maintenance Director.

Follow-up actions and results will be reviewed by the Maintenance Director or designee at the Quality Assurance Meeting scheduled for 9/30/2026. Any updates or procedural changes identified will be documented in the Quality Assurance Minutes and implemented by the Maintenance Director/Designee.

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

Implemented [REDACTED] 10/05/2026)**227g -Support Plan Signatures****2. Requirements**

2600.

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

227g -Support Plan Signatures (continued)

Description of Violation

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

Plan of Correction

Accept [REDACTED] - 09/09/2026)

The Addison of Woodbourne Place will ensure that individuals participating in the development of a support plan sign and date the document. For Resident [REDACTED] the support plan was signed and dated by the assessor and POA on 8/17/2026. Completed: 8/17/2026

The Health and Wellness Director completed an audit of all current support plans on 9/4/2026. With the exception of resident 1 Support Plan, all other support plans were signed and dated by the assessor and participant(s). Completed 9/4/2026

Staff responsible for completing the support plan will be re-educated by the ED on the requirement on obtaining the resident and assessor's signature and verifying completion prior to the filing the plan. Completion: 9/11/2024. Beginning 9/4/2026, and ongoing, the Health and Wellness Director will audit 100% of current resident support plans and newly completed and revised support plans for 30 days to verify that the required signatures are present. Audit results will be reviewed by the Executive Director and additional staff education will be provided if deficiencies are identified. Completion: Ongoing.

The outcomes of this procedure will be reviewed at the Quality Assurance meeting on 9/30/2026 with all current Department Heads present. Any updates or changes will be recorded in the Quality Assurance Minutes and implemented by the Health and Wellness Director/Designee.

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

Implemented [REDACTED] - 10/05/2026)

252 - Record Content

3. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident [REDACTED]'s record does not include a copy of the official death certificate.

Plan of Correction

Accept [REDACTED] 09/09/2026)

To comply with 2600.252 each resident record will include all required items as outlined in sections 1-26. Resident [REDACTED] closed record did not contain a copy of the death certificate. Effective 8/12/2026, for any resident who expires in the community, the Health and Wellness Director or Executive Director will obtain a copy of the death certificate and place it in the resident's closed record.

The Executive Director completed an audit of all current resident files to verify the content of the resident record includes all items as required by 2600.252 (1-26). The audit confirmed that all current resident records contained the required documentation (as applicable). Completed: 9/5/2026

On 8-25-2026, The Executive Director provided in-service training to the Health and Wellness Director on required

252 Record Content (continued)

resident record contents and the process for obtaining a death certificate when a resident passes away in the community. The Health and Wellness Director or Executive Director will request the death certificate from the funeral home or resident's representative. If it is not immediately available, the Health and Wellness Director or Executive Director will make weekly follow up attempts and document in the resident's record. Once received, the death certificate will be filed in that record. Progress will be reviewed weekly at the Health and Wellness Director/Executive Director meeting and noted on the one to one agenda. Completed: 8/25/2026

The outcomes of this procedure will be reviewed at the Quality Assurance Meeting on 9/30/2026 by the Health and Wellness Director or the Executive Director. Any updates or procedural changes identified will be documented in the Quality Assurance Minutes and implemented by the Health and Wellness Director or Executive Director.

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

Implemented [REDACTED] 10/05/2026)