

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

September 29, 2026

[REDACTED]
CARE HSL BELLE REVE OPCO LLC
[REDACTED]
[REDACTED]

RE: BELLE REVE SENIOR LIVING CENTER
404 EAST HARFORD STREET
MILFORD, PA, 18337
LICENSE/COC#: 22513

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/13/2026, 08/21/2026, 09/08/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: BELLE REVE SENIOR LIVING CENTER

License #: 22513

License Expiration: 12/12/2026

Address: 404 EAST HARFORD STREET, MILFORD, PA 18337

County: PIKE

Region: NORTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: CARE HSL BELLE REVE OPCO LLC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff:

Total Daily Staff: 80

Waking Staff: 60

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Incident

Exit Conference Date: 09/10/2026

Inspection Dates and Department Representative

08/13/2026 - On-Site: [REDACTED]

08/21/2026 - Off-Site: [REDACTED]

09/08/2026 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 86

Residents Served: 56

Secured Dementia Care Unit

In Home: Yes

Area: 40

Capacity: 40

Residents Served: 17

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 56

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 24

Have Physical Disability: 1

Inspections / Reviews

08/13/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/25/2026

09/24/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/29/2026

Inspections / Reviews *(continued)*

09/29/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

09/29/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report**1. Requirements**

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] resident [REDACTED] was found on the floor of their bedroom, face down, with their head wedged between the metal frame of the bed and the bedside dresser. Staff were unable to move the resident from the floor. EMS was called and resident [REDACTED] was transported to the hospital. The EMS report indicates the resident had a laceration on the left elbow and there was blood on the carpet near the resident's arm. On [REDACTED] the home was informed by the hospital that the resident had upper respiratory failure. The home did not report the incident to the department until [REDACTED]

Plan of Correction**Accept [REDACTED] - 09/29/2026)****Corrective Action:**

The Administrator/designee will re-educate all management and supervisory staff on the requirements of § 2600.16, including the requirement to report applicable incidents to the Department within 24 hours. Staff will be instructed to immediately notify the Administrator/designee of any incident involving injury, hospitalization, EMS involvement, or other potentially reportable conditions.

A reportable incident tracking log will be implemented to document the incident date/time, management notification, reportability determination, and date/time of Department notification. When there is uncertainty regarding reportability, the incident will be reported within the required timeframe.

Responsible Person: Administrator/Designee Update** INSERVICE DATE 09/14

Completion Date: Within 30 days of acceptance of the Plan of Correction.

Monitoring: The Administrator/designee will audit the incident log and reportable incidents weekly for six months to ensure timely reporting. Any identified concern will be immediately corrected and additional staff education provided as needed.

Please see attached Inservice

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented [REDACTED] 09/29/2026)**42b - Abuse****2. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] resident [REDACTED] was found on the floor of their bedroom, face down, with their head wedged between the metal frame of the bed and the bedside dresser. Staff were unable to move the resident from the floor. EMS was called to transport the resident to the hospital. According to the EMS report dated [REDACTED], resident [REDACTED] was found by EMS

42b - Abuse (continued)

alone in their room and experiencing difficulty breathing. The report indicates that the resident was turning blue and had vomit around their mouth and on their shirt. The EMS report also indicates the resident had a laceration on the left elbow and there was blood on the carpet near the resident's arm. Once EMS was able to turn the resident on their back the resident's breathing improved. On [REDACTED] the home was informed by the hospital that the resident had upper respiratory failure. The home's staff failed to monitor resident [REDACTED] after they suffered a fall which left them unable to move and in a position that caused difficulty breathing.

Repeated violation [REDACTED]

Plan of Correction**Accept [REDACTED] - 09/29/2026)**

Regulation: 55 Pa. Code § 2600.42(b) – Resident Abuse/Neglect

Corrective Action:

The Administrator will re-educate all direct care staff and supervisors on post-fall procedures, including immediate assessment, obtaining appropriate medical assistance, continuous monitoring, and required documentation. Staff will be instructed that residents who experience a fall and are unable to safely move or demonstrate a change in condition must be continuously monitored until EMS or other appropriate medical assistance arrives. **Update INSERVICE 09/14

Responsible Person: Administrator/Designee

Completion Date: Within 30 days of acceptance of the Plan of Correction.

Monitoring: The Administrator/designee will review all fall reports weekly for six months to ensure appropriate monitoring, documentation, and notification were completed. Any identified deficiency will be addressed immediately with additional staff education and corrective action as necessary.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented [REDACTED] - 09/29/2026)**225c - Additional Assessment****3. Requirements**

2600.

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

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

The assessment dated [REDACTED] for resident [REDACTED] did not include resident [REDACTED] more recent behaviors including defecating in their room and exiting their room without clothes on, and it did not include a plan to address those behaviors.

Plan of Correction**Accept [REDACTED] - 09/29/2026)****Corrective Action:**

The Administrator/designee will re-educate the Resident Care Director and applicable clinical/direct care staff on the requirement to complete an additional assessment when a resident experiences a significant change in condition, including significant behavioral changes. The assessment will include the change in condition and interventions needed to address the identified behavior or concern.

225c Additional Assessment (continued)

*Responsible Person: Administrator/Designee Update*** Inservice Update 09/14*

Completion Date: Within 30 days of acceptance of the Plan of Correction.

** Rasp updated Rasp could not be updated because resident did not return to community. Attached are Resident Leaves report*

Please see attached Requested forms

Monitoring: The Administrator/designee will review resident assessments and significant change documentation weekly for three months to ensure significant changes are identified, assessed, and incorporated into the resident's care plan as appropriate. Any identified deficiency will be corrected immediately.

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented (- 09/29/2026)