

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

September 28, 2026

[REDACTED], EXECUTIVE DIRECTOR-PINE RUN VILLAGE
PINE RUN VILLAGE INC
[REDACTED]
[REDACTED]

RE: PINE RUN LAKEVIEW
2425 LOWER STATE ROAD
DOYLESTOWN, PA, 18901
LICENSE/COC#: 15036

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/24/2026 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: PINE RUN LAKEVIEW

License #: 15036

License Expiration: 08/24/2027

Address: 2425 LOWER STATE ROAD, DOYLESTOWN, PA 18901

County: BUCKS

Region: SOUTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: PINE RUN VILLAGE INC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2

Date: 07/25/2023

Issued By: Township of Doylestown

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 105

Waking Staff: 79

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Incident

Exit Conference Date: 08/24/2026

Inspection Dates and Department Representative

08/24/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 107

Residents Served: 66

Secured Dementia Care Unit

In Home: Yes

Area: Arbor

Capacity: 13

Residents Served: 12

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 66

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 39

Have Physical Disability: 0

Inspections / Reviews

08/24/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/14/2026

09/14/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/24/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/24/2026

Inspections / Reviews *(continued)*

09/28/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/24/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident # 1 is prescribed blood glucose monitoring once daily in the am. Resident # 2 is prescribed blood glucose monitoring four times daily.

On 8/16/26 Resident # 1's glucometer was used at 2:01 P.M., 4:49 P.M. , and 7:38 P.M. for Resident # 2's blood glucose monitoring. On 8/16/26 Resident # 1's glucometer read 170 at 2:01 P.M., 131 at 4:49 P.M. and 240 at 7:38 P.M. these recordings were not present on Resident # 1's medication administration record (MAR). Resident # 2's MAR on 8/16/26 had 170 MID, 131 PM, and 240 HS but did not have these readings on Resident #2's glucometer.

On 8/20/26 Resident # 1's glucometer was used at 5:01 P.M. and 9:11 P.M. for Resident # 2's blood glucose monitoring. On 8/20/26 Resident # 1's glucometer read 231 at 5:01 P.M. and 154 at 9:11 P.M. these readings were not present on Resident # 1's MAR. Resident # 2's MAR on 8/20/26 had 231 at PM and 154 at HS but did not have these readings on Resident # 2's glucometer.

On 8/21/26 Resident # 1's glucometer at 3:57 P.M. was used for Resident # 2's blood glucose monitoring. On 8/21/26 Resident # 1's glucometer read 247 at 3:57 P.M. and this reading was not present on Resident # 1's MAR. Resident # 2's MAR on 8/21/26 at PM read 247 and this reading was not present on Resident # 2's glucometer.

Plan of Correction

Accept () - 09/14/2026)

- Resident #2 had their own glucometer obtained and labeled; Resident #1 and Resident #2 did not experience an ill effect from using a single glucometer or that glucometer readings were documented incorrectly.*
- RSM or designee will conduct an audit on current residents who are ordered blood sugars to ensure each resident has their own glucometer and is labeled with their name; any variances will be addressed. Audit will be completed by 9/18/2026.*
- RSM or designee will reeducate Licensed staff on the Glucometer policy with a focus that each resident's glucometer reading matches their MAR reading. This education will be completed by 9/18/26.*
- RSM or Designee will conduct an audit on current resident who are ordered blood sugars weekly for 4 weeks and then monthly X2 months to ensure each resident has their own labeled glucometer and that their blood sugar readings on their glucometer matches their MAR reading. Audits will be brought to Quality Management for review and recommendations as needed.*

Licensee's Proposed Overall Completion Date: 10/16/2026

Implemented () - 09/28/2026)

101j7 - Lighting/Operable Lamp

2. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident # 3 does not have access to a source of light that can be turned on/off at bedside.

101j7 Lighting/Operable Lamp (continued)

Plan of Correction

Accept () - 09/14/2026

- Resident #3 bedside lamp was immediately made available to () by putting a switch above () bed so () can access () bedside lamp while in bed.
- Campus Admin or Designee will complete an audit of all occupied rooms to ensure bedside table lamps are in place and easily accessible to the residents while they are in bed. This audit will be completed by 9/18/26. Any variances will be addressed.
- Campus Administrator or designee will reeducate sale and maintenance staff that each resident is required to have a bedside lamp that is operable and easily accessible to them while in bed. Completed by 9/18/2026.
- Campus Administrator or Designee will complete biannual audits (January and July) to ensure that each resident has a bedside lamp that is operable and easily accessible to them while in bed. Audits will be brought to Quality Management for review and recommendations as needed.

Licensee's Proposed Overall Completion Date: 09/18/2026

Implemented () - 09/28/2026

183d - Prescription Current

3. Requirements

2600.

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

Description of Violation

On 8/24/26, Morphine Sulfate 100mg/5ml prescribed for Resident # 1, was in the home's medication cart; however, the home does not have an order for this medication.

On 8/24/26, Nystatin Topical Powder 10000 unit/gm prescribed for Resident #3, was in the home's medication cart; however this medication was discontinued on 8/21/26.

Plan of Correction

Accept () - 09/14/2026

- Resident #1 received a provider order for the Morphine Sulfate 100mg/5ml. Resident #3 Nystatin Powder was removed from the medication cart and discarded as per policy.
- RSM or Designee to provide reeducation for Licensed staff on the policy and procedures regarding Medication Administration Guidelines and Discontinued medications. This education will be completed by 9/18/26.
- RSM or designee will conduct a current audit on each medication cart to ensure all medications in the medication carts have prescribers' orders in the resident record. Any variances will be addressed as appropriate. To be completed by 9/25/2026.
- RSM or Designee will conduct a random audit on 5 residents weekly X4 weeks and then monthly X2 months to ensure that their medications in the medication carts have physician orders. Audits will be brought to Quality Management for review and recommendations as needed.

Licensee's Proposed Overall Completion Date: 10/16/2026

Implemented () - 09/28/2026

185a - Implement Storage Procedures

4. Requirements

2600.

185a - Implement Storage Procedures (continued)

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.

Description of Violation

Resident #4 is prescribed Robitussin Cough + Chest Cong DM Oral Liquid 20-200mg/20ml as needed.

On 8/24/26 this medication was not available in the home.

Plan of Correction

Accept ([REDACTED] - 09/14/2026)

- Resident #4 the provider was called Robitussin Cough and Chest Congestion DM Oral Liqui was discontinued. No new orders were noted. Resident did not experience any ill effects from not receiving the prescribed medications.*
- RSM or Designee will conduct an audit on current residents MARs to ensure prescribed medications are available in their respective medication carts as ordered. Any variances will be addressed. The audit will be completed by 9/25/2026.*
- RSM or Designee will re-educate Licensed staff that prescribed medications in the residents MARs are available for residents in their respective medication carts as ordered. Completed by 9/18/2026.*
- RSM or Designee will conduct an audit of 5 random residents in October, November and December to ensure orders in the residents MARs are available in their respective medication carts as prescribed. Audits will be brought to Quality Management for review and recommendations as needed.*

Licensee's Proposed Overall Completion Date: 09/25/2026

Implemented ([REDACTED] - 09/28/2026)