



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to **BENSALEM PCH LLC**

LEGAL ENTITY

To operate **ALLEGRIA AT THE OAKS**

NAME OF FACILITY OR AGENCY

Located at **6400 HULMEVILLE ROAD, BENSALEM, PA 19020**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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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 **95**  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 48**

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 **July 15, 2025** until **July 15, 2026**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **143670**

*Janette Biderup*  
ISSUING OFFICER

*Juliet Marsala*  
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.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Emailing date: July 14, 2025

[REDACTED]  
[REDACTED]  
Bensalem PCH, LLC  
6400 Hulmeville Road  
Bensalem, Pennsylvania 19020

RE: Allegria at the Oaks  
License #: 143670

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on May 7 and 8, 2025, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

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 - PUBLIC

July 11, 2025

[REDACTED], REGIONAL  
BENSALEM PCH LLC  
6400 HULMEVILLE ROAD  
BENSALEM, PA, 19020

RE: ALLEGRIA AT THE OAKS  
6400 HULMEVILLE ROAD  
BENSALEM, PA, 19020  
LICENSE/COC#: 14367

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/07/2025, 05/08/2025 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: ALLEGRIA AT THE OAKS License #: 14367 License Expiration: 07/07/2025  
 Address: 6400 HULMEVILLE ROAD, BENSALEM, PA 19020  
 County: BUCKS Region: SOUTHEAST

## Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

## Legal Entity

Name: BENSALEM PCH LLC  
 Address: 6400 HULMEVILLE ROAD, BENSALEM, PA, 19020  
 Phone: [REDACTED] Email: [REDACTED]

## Certificate(s) of Occupancy

Type: I-1 Date: 10/18/2018 Issued By: Bensalem Township

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 117 Waking Staff: 88

## Inspection Information

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint, Provisional, Incident Exit Conference Date: 05/08/2025

## Inspection Dates and Department Representative

05/07/2025 - On-Site: [REDACTED]  
 05/08/2025 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 95 Residents Served: 66

## Secured Dementia Care Unit

In Home: Yes Area: Grove Capacity: 48 Residents Served: 31

## Hospice

Current Residents: 10

## Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 64  
 Diagnosed with Mental Illness: 14 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 51 Have Physical Disability: 0

## Inspections / Reviews

## 05/07/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/07/2025

## 06/16/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/10/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/01/2025

Inspections / Reviews (*continued*)

07/07/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/10/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/09/2025

07/11/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/10/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 86b - Bathroom

**2. Requirements**

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

**Description of Violation**

*The bathroom in room number 34-PC, does not have an operable window or ventilation fan. The vent is inoperable.*

**Plan of Correction**

Accept ( [REDACTED] ) - 06/16/2025)

*The root cause was that the Maintenance Director had disconnected the exhaust fan since this resident tends to leave the fan on 24/7, which can pose a risk for fire, if it is on continuously.*

*The Maintenance Director reconnected the exhaust fan right away and instructed the nursing staff to do routine checks at least twice a shift to ensure that the fan was turned off when not in use.*

*To prevent future occurrences, the Maintenance Director installed a motion detector light/exhaust fan in that bathroom in room 34 on May 19, 2025. The Maintenance Director has initiated a plan of changing all of the bathroom lights/exhaust fans to be on motion detectors. In this way they remain operable and also turn off automatically when motion is not detected. Thus, they are not running the risk of overheating since the light/exhaust fan cannot be left on constantly. It is planned that motion detectors will be installed in all resident bathrooms and will be completed no later than January 5, 2026.*

*The Maintenance Director is responsible for ongoing compliance.*

**Licensee's Proposed Overall Completion Date: 06/16/2025**

Implemented ( [REDACTED] ) - 07/07/2025)

## 187a - Medication Record

**3. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

*Resident #4 is prescribed Divalproex Sodium CA 125mg; take two capsules by mouth three times a day at 8am, 2pm, and 8pm. However, resident's May 2025 medication administration record does not indicate a diagnosis or purpose for the medication.*

## 187a - Medication Record (continued)

**Plan of Correction**

Accept (█) - 06/16/2025)

The root cause of the violation is that the pharmacy failed to indicate the diagnosis/purpose for this one medication. Also, our med techs/nurses failed to notice that the diagnosis/purpose was missing.

The DRS and ADRS will re-educate the med techs/LPNs on Wednesday, June 11, 2025, regarding the required elements for the MAR of each resident's medications

The DRS, ADRS or designee will do random audits of 5 Residents' MAR's, 5 days a week for 1 month, beginning June 16, 2025, then 5 Residents' MAR's, 3 days a week for 1 month, beginning July 16, and then 5 Residents' MAR's, one day a week for 1 month, beginning August 16, 2025. This audit will be to verify that all of the elements required to be in the medication record are included.

Going forward after September 16, 2025, and ongoing 5 Residents' MAR's will be audited each month by the DRS, ADRS or designee to verify that all of the elements required to be in the medication record are included.

The Director of Residential Services/designee is responsible for compliance.

Licensee's Proposed Overall Completion Date: 06/16/2025

Implemented (█) - 07/11/2025)

## 187d - Follow Prescriber's Orders

**4. Requirements**

2600.

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

**Description of Violation**

Resident #4 is prescribed Divalproex Sodium CA 125mg; take two capsules by mouth three times a day at 8am, 2pm, and 8pm. However, this medication was not administered to resident #4 on 04/20/25 at 2pm.

Resident #5 is prescribed Buspirone HCL 5mg, take one tablet by mouth two times daily; Melatonin 5mg, take one tablet by mouth at bedtime; Mirtazapine 15mg, take one by mouth at bedtime; Risperidone 3mg, take 1/2 tablet by mouth daily at bedtime; Trazadone 50mg, take one tablet by mouth at bedtime with 100mg; and Trazadone 100mg, take one tablet by mouth daily at bedtime. However, these medications were not administered to resident #5 on 05/05/25 at 8pm and 9pm as prescribed.

**Plan of Correction**

Accept (█) - 06/16/2025)

The root cause of the violation was most likely human error. In regard to resident 4 the med tech did give the medications, however, did not sign them out on the MAR.

In regard to resident 5, the resident had been at home. █ received █ medication upon returning, but the computer did not register █ as active right away, so the MAR was not signed.

The DRS and ADRS will re-educate the med techs/nurses on June 11, 2025, regarding the necessity of signing the medications out on the MAR. They will also be instructed in the use of the audit form for assuring medication compliance. Staff will be further instructed to use the audit for their cart at the end of each shift.

The DRS, ADRS/designee will audit the Residents' MAR's thirty minutes prior to the end of the shifts according to

**187d - Follow Prescriber's Orders (continued)**

*the following schedule:*

*Day shift audits are done between 2:30 pm and 3:00 pm*

*Evening shift audits are done between 10:30 pm and 11:00 pm*

*Night shift audits are done between 6:30 am and 7:00 pm*

*The audits will be done 5 times a week, 3 times each day for one month, beginning June 16, 2025. Then the audits will be done 3 times a week, 3 times each day for one month beginning July 16, 2025. And finally, the audits will be done 2 times a week, 3 times each day for one month beginning August 16, 2025.*

*After September 16, 2025, and ongoing there will be random audits of 5 MAR's a month conducted by the DRS, ADRS or designee.*

*The Director of Residential Services is responsible for ongoing compliance.*

**Licensee's Proposed Overall Completion Date: 06/16/2025**

**Implemented (█) - 07/11/2025)**

**225c - Additional Assessment****5. 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 #6's assessment, dated █ does not include resident's behavioral or cognitive need and degree. The RASP document is missing page 10.*

**Plan of Correction**

**Accept (█) - 06/16/2025)**

*The root cause of this violation is human error in regard to a section not being completed, and a lack of computer savvy in regard to the missing page.*

*In regard to a section of the RASP not being completed, it seems to be that the section was overlooked.*

*The Executive Director will instruct the DRS and the ADRS of the following change in the RASP completion process on June 9, 2025. Beginning on that date and going forward, the following process will be conducted.*

*When a new RASP is completed either upon admission, annually or due to significant change, it will be done by either the DRS or the ADRS/designee. Upon completion, the DRS will have █ RASP checked by the ADRS and similarly, the ADRS will have █ RASP checked by the DRS. If either the DRS or ADRS are absent for any reason a designee will be used. The RASP will then be given to the medical receptionist, who will also check it for completeness prior to filing it in the chart. The RASP Audit Form will be used for this review.*

*Additionally, the medical receptionist is responsible for reviewing the RASP of each resident once a month, checking it for completeness, including signatures/dates, as well as timeliness of completion. The medical receptionist was re-educated on this process and what to check for specifically by the Executive Director on June 5, 2025. The DRS and the ADRS will each randomly audit 3 charts each month to ensure completeness. this will begin June 9, 2025, and be ongoing.*

*To address the second part, namely that pg.10 was missing, the Director of Activities was instructed by the ADRS on May 9, 2025, as to how to access the RASP from the "S" drive, complete her section and save the original again. This will ensure that there is only one RASP for each resident and none of the pages will be duplicated. During the*

**225c - Additional Assessment (continued)**

reviews indicated above completed by the DRS, ADRS and medical receptionist, they will ensure that the Activities Section is completed and added correctly.

The Director of Residential Services is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 06/09/2025

Implemented ( ) - 07/11/2025

**231b - Medical Evaluation****6. Requirements**

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**Description of Violation**

Resident #7 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] however, the resident's medical evaluation did not include the need for the Secure Dementia Care Unit.

Resident #8 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] however, the resident's medical evaluation did not include the need for the Secure Dementia Care Unit.

**Plan of Correction**

Accept ( ) - 06/16/2025

The root cause of this violation was human error. To ensure that it does not happen again the Executive Director will communicate to the Admissions Director, DRS and ADRS on June 9, 2025, the following three-point process: Beginning on June 9, 2025, and ongoing thereafter during the admission process, upon receiving the DME, it will be checked by the Director of Admissions for completeness and correctness, as well as ensuring that the dementia diagnosis is on the DME. The Director of Admissions will forward the DME to nursing and either the DRS or the ADRS, will receive the DME and review it also for completeness and correctness. Upon reception of the DME and prior to filing it in the resident's chart, the medical receptionist will check the DME also for completeness.

For the annual DME's beginning on June 9, 2025, and ongoing thereafter the review will be as follows:

The DRS receives the DME and reviews it for completeness and correctness. Then it is reviewed by the ADRS, again for completeness and correctness as well as ensuring that the dementia diagnosis is on the DME. Finally, upon reception of the DME and prior to filing it in the resident's chart, the medical receptionist will check the DME for completeness.

The Director of Residential Services is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 06/09/2025

Implemented ( ) - 07/11/2025