

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

July 18, 2025

[REDACTED]
HIDDEN MEADOWS OPCO LLC

[REDACTED]
WHITE OAK HEALTHCARE REIT
[REDACTED]

RE: HIDDEN MEADOWS ON THE RIDGE
THE LAURELS
340 FARMERS LANE
SELLERSVILLE, PA, 18960
LICENSE/COC#: 14524

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/04/2025 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: HIDDEN MEADOWS ON THE RIDGE THE LAURELS **License #:** 14524 **License Expiration:** 07/20/2025
Address: 340 FARMERS LANE, SELLERSVILLE, PA 18960
County: BUCKS **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: HIDDEN MEADOWS OPCO LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 03/05/2014 **Issued By:** west rockhill township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 84 **Waking Staff:** 63

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 06/04/2025

Inspection Dates and Department Representative

06/04/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 50	Residents Served: 42		
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 6			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 42		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 42	Have Physical Disability: 0		

Inspections / Reviews

06/04/2025 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/17/2025

07/18/2025 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 07/18/2025
Reviewer: [REDACTED] **Follow-Up Type:** Bypass Document Submission

Inspections / Reviews *(continued)*

07/18/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/18/2025

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], at approximately 2:50 pm, staff person A witnessed staff person B become aggressive and kick the heels of resident [redacted]. The home did not report this incident to the Department.

Plan of Correction

Accepted [redacted] 07/18/2025)

Staff person A was educated on 6-5-25 by Executive Director on the home's procedures for reporting abuse of any kind. Examples, of abuse were discussed with Staff person A and they were made aware that what they witnessed on 5-11-25, was indeed abuse and they failed to report.

Staff person B was immediately escorted out of the building by the Health and Wellness Director. Staff person B was terminated upon completion of this investigation.

HMOR care staff were trained by this administrator/executive director on 7/16/25 regarding resident rights and policy surrounding abuse and neglect and reporting responsibilities.

To prevent re-occurrence, monthly staff meetings will be held with the Director of Health and Wellness and/or this administrator, starting August 2025 to review resident concerns with staff and to review abuse policies.

To monitor compliance meeting minutes will be reviewed by the director of health and wellness at quality management meetings, next meeting is scheduled for Friday July 25, 2025. attached.

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented [redacted] - 07/18/2025)

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], staff person A was assisting staff person B during routine care of resident [redacted]. Resident [redacted] had a hip replacement surgery and moves slow during care. Staff person B was being rude and aggressive towards resident [redacted] and began to say "get up" and "come on get up" and was very aggressive trying to pull resident [redacted] up out of their wheelchair. Staff person B was forceful towards resident [redacted] when pulling down their briefs and pants. Staff person B then began to yell at resident [redacted] to turn around and sit on the toilet. Resident [redacted] wasn't moving fast enough for staff person B. Staff person B wanted resident [redacted] to move their feet to align with the toilet. Staff person B began to yell at resident [redacted] again trying to get them to move their feet. When resident [redacted] did not move their feet fast enough staff person B began

42b Abuse (continued)

to kick resident [redacted] in the heels of their feet to force them to move. Staff person B kicked resident [redacted] feet until they moved towards the toilet. Staff person B kept yelling at resident [redacted] during the entire time the care was being provided. Staff person B also stated that resident [redacted] can lift their own feet because they have seen resident 1 walk.

Plan of Correction

Accept [redacted] - 07/18/2025)

Staff person B was immediately escorted out of the building by the Health and Wellness Director. Staff person B was terminated upon completion of this investigation.

Staff person A was educated on 6 5 25 by Executive Director on the home's procedures for reporting abuse of any kind. Examples, of abuse were discussed with Staff person A and they were made aware that what they witnessed on 5 11 25, was indeed abuse and they failed to report.

HMOR care staff were trained by this administrator/executive director on 7/16/25 regarding resident rights and policy surrounding abuse and neglect and reporting responsibilities.

To prevent re occurrence, monthly staff meetings will be held with the Director of Health and Wellness and/or this administrator, starting August 2025 to review resident concerns with staff and to review abuse policies.

To monitor compliance meeting minutes will be reviewed by the director of health and wellness at quality management meetings, next meeting is scheduled for Friday July 25, 2025. attached.

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented [redacted] 07/18/2025)

42c - Treatment of Residents

3. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] staff person B put their hand up in a stopping motion to make resident [redacted] stop moving towards another resident. Resident [redacted] than walked back into their room. Resident [redacted] did not eat their breakfast until later in the morning because they were upset that they weren't allowed to say hello to the other resident. This incident was observed by staff person C. Resident [redacted] is friends with the resident walking with staff person B.

Plan of Correction

Accept [redacted] - 07/18/2025)

Staff person B was immediately escorted out of the building by the Health and Wellness Director. Staff person B was terminated upon completion of this investigation.

HMOR care staff were trained by this administrator/executive director on 7/16/25 regarding resident rights and policy surrounding abuse and neglect and reporting responsibilities.

42c Treatment of Residents (continued)

To prevent re occurrence, monthly staff meetings will be held with the Director of Health and Wellness and/or this administrator, starting August 2025 to review resident concerns with staff and to review abuse policies.

To monitor compliance meeting minutes will be reviewed by the director of health and wellness at quality management meetings, next meeting is scheduled for Friday July 25, 2025.

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented [REDACTED] - 07/18/2025)