

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

April 18, 2025

[REDACTED]
DRI/HEARTIS BUCKS COUNTY LLC
[REDACTED]
[REDACTED]

RE: REVELLE OF BUCKS COUNTY
SENIOR LIVING
945 YORK ROAD
WARMINSTER, PA, 18974
LICENSE/COC#: 14855

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/20/2025 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: REVELLE OF BUCKS COUNTY SENIOR LIVING **License #:** 14855 **License Expiration:** 03/13/2025
Address: 945 YORK ROAD, WARMINSTER, PA 18974
County: BUCKS **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: DRI/HEARTIS BUCKS COUNTY LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I 1 **Date:** 09/01/2001 **Issued By:** Warminster Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 56 **Waking Staff:** 42

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 02/20/2025

Inspection Dates and Department Representative

02/20/2025 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 37

Special Care Unit

In Home: Yes **Area:** Reflections **Capacity:** 30 **Residents Served:** 10

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 37
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 19 **Have Physical Disability:** 0

Inspections / Reviews

02/20/2025 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 03/23/2025

Inspections / Reviews *(continued)*

03/24/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/17/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/18/2025

04/18/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/17/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

24 Personal hygiene

1. Requirements

2800.

24. Personal Hygiene - A residence shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:

- 1. Bathing.
- 2. Oral hygiene.
- 3. Hair grooming and shampooing.
- 4. Dressing, undressing and care of clothes.
- 5. Shaving.
- 6. Nail care.
- 7. Foot care.
- 8. Skin care.

Description of Violation

The assessment and support plan, dated [redacted] for Resident [redacted] indicates that the resident requires complete assistance with personal hygiene due to [redacted], physical weakness, and a high risk of falls. However, on [redacted] at approximately 6:40 AM, the resident did not receive the required assistance.

Plan of Correction

Accept [redacted] - 03/24/2025)

The care aide responsible for resident [redacted] on [redacted] was addressed by the Healthcare Director and subsequently terminated on [redacted].

By 4/15/2025, Healthcare Director or designee shall educate wellness staff on regulation 2800.24 and following the support plan. Documentation shall be kept.

Beginning 3/21/2025, Healthcare Director or designee to monitor care provided to 5 residents weekly to ensure support plan is being followed. Weekly monitoring to continue X 4 weeks, documentation shall be kept.

To ensure consistent adherence to Regulation 2800.24, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting by 4/9/2025, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 04/15/2025

Implemented [redacted] - 04/18/2025)

25b Contract signatures and renewal

2. Requirements

2800.

25b . The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Description of Violation

The resident-residence contract, dated [redacted], for Resident [redacted] was not signed by the resident.

Plan of Correction

Accept [redacted] - 03/24/2025)

Contract for resident [redacted] unable to be reviewed and signed by resident as resident went out to the hospital on [redacted] and subsequently discharged from the residence on [redacted].

25b Contract signatures and renewal (continued)

By 4/15/2025, current contracts to be reviewed by Business Office Manager, missing signatures to be obtained by the Administrator as needed.

By 4/15/2025, The Regional Director of Operations shall educate the Administrator and the Business Office Manager on regulation 2800.25b. Documentation shall be kept.

Beginning 3/24/2025, Business Office Manager or designee to review new contracts for signatures prior to filing in resident's business file. The review shall occur X 4 weeks, documentation shall be kept.

To ensure consistent adherence to Regulation 2800.25b, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting by 4/9/2025, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 04/15/2025

Implemented [REDACTED] - 04/18/2025)

42c Dignity/Respect**3. Requirements**

2800.

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

Description of Violation

Resident [REDACTED] has been diagnosed with [REDACTED] and physical weakness. Due to their high risk of falls, they require stand by assistance when transferring in and out of bed or a chair or wheelchair, as well as support with hygiene practices related to toilet use, urinary and fecal incontinence, and personal care. Their support plan dated 1/7/25 specifies that direct care staff must provide assistance with these needs and offer constant reminders to request help.

On 2/8/25, at approximately 6:40 AM, Staff Person A was captured on video interacting with Resident [REDACTED] in a manner that violated their right to dignity and respect. The footage shows Staff Person A bringing Resident [REDACTED] into the bathroom in their wheelchair and positioning them in front of the toilet, facing the grab bars. Staff person A was observed to be repeatedly instructing the resident to stand. Although Resident [REDACTED] placed their hands on the grab bar, Staff Person A continued to prompt them without offering any physical support. After a full minute with no response from Resident [REDACTED], Staff Person A became more forceful, stating, "No, stand up so I can put you on the toilet."

Staff Person A then stepped away, exited the bathroom, and spoke inaudibly to a med tech, leaving Resident [REDACTED] alone. A few seconds later, Staff Person A returned and again instructed Resident [REDACTED] to stand. At this point, Resident [REDACTED] spoke, asking the staff person to wait. In response, Staff Person A raised their voice, saying, "Don't yell at me." When Resident [REDACTED] repeated " Don't yell at me", back at Staff Person A, the staff member escalated the exchange further, speaking even louder: "No, you don't yell at me. Who are you talking to?"

Staff Person A then briefly stepped out of view before exiting the bathroom again while talking on their phone. During the call, they told the med tech that Resident [REDACTED] was "giving them a hard time" and that they were "not about to do them" due to their own physical weakness. The med tech responded that they would return in a minute.

Staff Person A then turned back to Resident [REDACTED] and again asked if they could stand but made no effort to assist them. Instead, they expressed frustration, saying, "Why are you not listening? Oh no," before leaving the resident alone in the bathroom once again.

Despite Resident [REDACTED] documented diagnosis of [REDACTED] and physical weakness, as well as their care plan

42c Dignity/Respect (continued)

Plan of Correction

Accept [REDACTED] - 03/24/2025)

On 2/10/2025, staff person A was suspended while the incident was being reviewed. Staff person A was terminated on [REDACTED].

By 4/15/2025, the Administrator or designee to educate current staff on regulation 2800.42c and assisting residents per their support plan. Documentation shall be kept.

Beginning 3/24/2025, the Administrator or designee shall interview 5 residents weekly X 4 weeks to inquire if they feel they are treated with dignity and respect. Documentation shall be kept.

Beginning 3/24/2025, the Healthcare Director or designee to monitor care provided to 5 residents weekly to ensure support plan is being followed. Weekly monitoring to continue X 4 weeks, documentation shall be kept.

To ensure consistent adherence to Regulation 2800.42c, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting by 4/9/2025, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 04/15/2025

Implemented [REDACTED] - 04/18/2025)

65I Record of training

5. Requirements

2800.

65.I. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The residence's record of direct care staff training does not include Staff Person A's training history since their hire date of [REDACTED]. It lacks details such as the date, source, content, and length of each course, as well as copies of any certificates.

Plan of Correction

Accept [REDACTED] - 03/24/2025)

Staff member A's 2023 training occurred prior to the transition to the new management company, unable to correct or retrain staff member A as they are no longer an employee.

By 4/4/2025, the Business Office Manager or designee shall review current associates training files for appropriate record of trainings.

By 4/15/2025, the Administrator or designee shall educate the Business Office Manager on regulation 2800.65I, documentation shall be kept.

Beginning 3/24/2025, the administrator or designee shall review trainings weekly X 4 weeks for proper record of training content. Documentation shall be kept.

65l Record of training (continued)

To ensure consistent adherence to Regulation 2800.65l, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting by 4/9/2025, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 04/15/2025

Implemented [redacted] - 04/18/2025)

225a2 Assessment – significant change

6. Requirements

2800.

225.a.2. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] was admitted to the memory care unit on [redacted]. According to the most recent assessment and support plan, dated [redacted], the resident exhibits minimal to moderate issues with orientation, judgment, communication, and understanding. There are no signs of agitation, aggression, or hallucinations, as these are marked as "not applicable." However, on [redacted], around 12 PM, Resident [redacted] pushed their spouse to the floor after an altercation, during which the spouse scratched their face. As a result, the spouse sustained a left hip fracture and underwent surgery on [redacted]. Despite this incident, no additional assessment has been completed for Resident [redacted] to address the exhibited behaviors or to update the interventions and supports outlined in the most recent annual assessment and support plan dated [redacted].

Plan of Correction

Accept [redacted] - 03/24/2025)

On 2/20/2025, the Healthcare Director assessed resident [redacted] an additional written assessment was completed.

On 2/21/25, Wellness Director reviewed current resident support plans for accuracy, updates made as needed.

By 4/15/2025, the Administrator or designee shall educate the Wellness Director and the Memory Care Director on regulation 2800.225a2. Documentation shall be kept.

Beginning 3/24/2025, the Healthcare Director shall review 24 hour shift report and incident reports 3X weekly for noted changes in resident status. Significant change assessments to be completed as needed.

To ensure consistent adherence to Regulation 2800.225a2, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting by 4/9/2025, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 04/15/2025

Implemented [redacted] - 04/18/2025)