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

September 17, 2025

[redacted] , ED
PINE RUN VILLAGE, INC.
[redacted]

RE: THE GARDEN AT PINE RUN HEALTH CENTER
777 FERRY ROAD
DOYLESTOWN, PA, 18901
LICENSE/COC#: 15037

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/29/2025 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: *THE GARDEN AT PINE RUN HEALTH CENTER* **License #**: *15037* **License Expiration**: *08/24/2026*

Address: *777 FERRY 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: *Other* **Date**: *07/25/2023* **Issued By**: *Township of Doylestown*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *58* **Waking Staff**: *44*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Incident* **Exit Conference Date**: *07/29/2025*

Inspection Dates and Department Representative

07/29/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *40* **Residents Served**: *29*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *entire home* **Capacity**: *40* **Residents Served**: *29*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *29*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *29* **Have Physical Disability**: *0*

Inspections / Reviews

07/29/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/22/2025*

08/20/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/16/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/25/2025*

Inspections / Reviews *(continued)*

08/25/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/16/2025*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *09/11/2025*

09/17/2025 - Document Submission

Submitted By: [redacted] **Date Submitted**: *09/16/2025*

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 7/29/25 at 10:40am, the narcotics log for each of the home's medication carts were left out on top of the medication carts.

Plan of Correction ***Accept ([redacted] - 08/25/2025)***

Medication logbooks were immediately removed and secured in the locked drawer of the med carts. Medication logbooks will be kept locked in the med cart when not in use. Staff have been re-in-service via Relias training modules regarding HIPAA privacy policies by 8/31/2025. RSM or designee is responsible for conducting daily audits 3x a week for one month beginning 8/14/2025 and then monthly for two months. Audits will be forwarded to QAPI for review and recommendations.

Licensee's Proposed Overall Completion Date: *09/10/2025*

Implemented ([redacted] - 09/17/2025)

65f - Training Topics

2. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

Description of Violation

Direct care staff person A did not receive training in infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration during the 2024 training year.

Plan of Correction ***Accept ([redacted] - 08/25/2025)***

Audits have been conducted by Human Resources identifying items needed to fulfill regulation and PSL requirements. RSM and PCHA along with Human Resources will have the required documentation completed by 8/31/2025 bringing staff fully compliant with PSL and regulatory requirements. HR and PCHA or designee will review monthly audits beginning 8/14/25 of annual training modules to ensure proper training modules are completed timely for the next three months.
Audits will be forwarded to QAPI for review and recommendations.

Licensee's Proposed Overall Completion Date: *09/10/2025*

Implemented ([redacted] - 09/17/2025)

65g - Annual Training Content

3. Requirements

2600.

65g - Annual Training Content *(continued)*

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Description of Violation

Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations or The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) during the 2024 training year.

Plan of Correction ***Accept ([redacted] - 08/25/2025)***

Audits have been conducted by Human Resources identifying items needed to fulfill regulation and PSL requirements. Staff member 1 training was found in a file and has since been uploaded into HR file on 8/6/2025. PCHA or designee along with Human Resources will have required documentation completed by 8/31/2025 bringing staff fully compliant with PSL and regulatory requirements. HR and PCHA or designee will review monthly audits beginning 8/14/2025 of annual training modules to ensure proper training modules are completed timely for the next three months.
Audits will be forwarded to QAPI for review and recommendations.

Licensee's Proposed Overall Completion Date: *09/10/2025*

Implemented ([redacted] - 09/17/2025)

85d - Trash Receptacles

4. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 7/29/25 at 10:12am, the trash can in the memory care kitchenette was uncovered and not in use.

Plan of Correction ***Accept ([redacted] - 08/25/2025)***

Dietary staff will be re-educated on approved trash receptacles w/ lids and proper use by Food Service Director to be completed by 8/31/2025. Only dietary approved trash receptacles will be allowed in the dietary neighborhoods. The receptacles will have proper fitting lids and be on cans when not in use. The Food Service Director or designee will audit kitchens 3x a week beginning 8/14/2025 for one month and then monthly for 2 months. Audits will be forwarded to QAPI for review and recommendations.

Licensee's Proposed Overall Completion Date: *09/10/2025*

Implemented ([redacted] - 09/17/2025)

103e - Left Overs

5. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

103e - Left Overs *(continued)*

Description of Violation

There was an unlabeled, undated plate of breakfast food including eggs, pancakes and sausage in the kitchenette refrigerator.

Plan of Correction ***Accept ([redacted] - 08/25/2025)***

Food Service Director removed and disposed of items not labeled and dated. Dietary staff were trained in proper food handling techniques including proper storage of leftovers and open food items by Food Service Director completed training 8/14/2025. The Food Service Director or designee will audit kitchens 3x a week beginning 8/14/2025 for one month and then monthly for 2 months. Audits will be forwarded to QAPI for review and recommendations.

Licensee's Proposed Overall Completion Date: *09/10/2025*

Implemented ([redacted] - 09/17/2025)

107d - Procedure Emergency Management Agency Submission

6. Requirements

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency since 2/9/2024.

Plan of Correction ***Accept ([redacted] - 08/25/2025)***

The 2025 emergency procedures plan and policies were submitted via certified mail on 7/29/2025 to the Bucks County Emergency management division. Receipt on file. Monthly audits beginning 8/14/25 to ensure policies are updated timely monthly x2. Beginning January 2026 Security will begin review of the emergency plan for 2026 revisions and emergency plan will be put into place February 2026. PCHA will continue to conduct audits monthly ensuring timely submission to emergency management division. Submission will be sent via certified mail ensuring timely delivery of the plan. Audits will be forwarded to QAPI for review and recommendations

Licensee's Proposed Overall Completion Date: *09/10/2025*

Implemented ([redacted] - 09/17/2025)

132h - Designated Meeting Place

7. Requirements

2600.
132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill on 6/21/25 at 11:47pm, all residents did not evacuate to a designated meeting place away from the building or within the fire-safe area. Only 13 of 29 residents evacuated to a fire-safe area.

Plan of Correction ***Accept ([redacted] - 08/25/2025)***

The fire drill was conducted according to regulations and policy, but information was transcribed incorrectly on document. Drills have been documented correctly according to policy and regulations as of 7/31/2025. Residents in memory care will be evacuated per PSL policy and state regulations and documented accordingly and kept on file for review. Staff to be re-educated by Relias training and RSM who is certified in fire safety on fire safety and

132h - Designated Meeting Place (continued)

evacuation procedures and completed by 8/31/2025 and conducted annually as part of the Relias training modules. PCHA or designee will review documentation of fire drills monthly for 3 months beginning 8/7/2025. Audits will be forwarded to QAPI for review and recommendations.

Licensee's Proposed Overall Completion Date: *09/10/2025*

Implemented ([redacted] - 09/17/2025)

183e - Storing Medications

8. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 7/29/25, the following medication cards were observed to have a punctured blister foil with the medication still present in the spot- exposing it to contamination or improper sanitation:

- *Resident #1's Acetaminophen 325mg - slot number 4*
- *Resident #2's Clonazepam 0.5mg - slot number 16*
- *Resident #3's Lorazepam 0.5mg - slot number 17*

Plan of Correction ***Accept ([redacted] - 08/25/2025)***

Medications were removed in front of surveyor and destroyed on 7/29/2025.
LPN's and Medication Technicians have received in-service on proper handling of all medications assuring storage, temperature, sanitation, moisture, and light by RSM and completed 8/11/2025. Staff will ensure medications are checked daily as part of the medication pass. Requirements will be met by following PSL policies and state regulations. RSM or designee is responsible for conducting audits 3x per week for 1 month beginning 8/14/2025 then monthly for 2 months. Audits will be forwarded to QAPI for review and recommendations.

Licensee's Proposed Overall Completion Date: *09/10/2025*

Implemented ([redacted] - 09/17/2025)

184b - Labeling OTC/CAM

9. Requirements

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 7/29/25, a tube of Antifungal Cream was in the home's medication cart and was not labeled with the resident's name.

Plan of Correction ***Accept ([redacted] - 08/25/2025)***

Anti-Fungal was removed from cart in front of surveyor and destroyed on 7/29/2025. LPN's and Medication Technicians have received re-education on proper handling of OTC medications and CAM requiring proper identification of items with resident information on them by RSM. Staff to ensure OTC/CAM are checked daily as part of the medication routine process. Requirements will be met by following PSL policies and state regulations. RSM or designee is responsible for conducting audits 3x per week for 1 month beginning 8/14/2025 then monthly for 2

184b - Labeling OTC/CAM (continued)

months. PCHA or designee will randomly audit 2x per week for the next three months. Audits will be forwarded to QAPI for review and recommendations.

Licensee's Proposed Overall Completion Date: *09/10/2025*

Implemented ([redacted] - 09/17/2025)

185a - Implement Storage Procedures

10. Requirements

2600.
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

On 7/29/25 at 10:45am, the glucometer for Resident #4 was found to not be calibrated to the correct date and time. The date on the glucometer showed as 1/29/23 5:40am.

Plan of Correction ***Accept ([redacted] - 08/25/2025)***

RSM calibrated glucometer at time of survey and showed surveyor the corrected glucometer. LPN's have been re-educated on proper procedures per PSL policies and state regulations to ensure glucometers are accurate before performing checks by RSM on 7/29/2025 and completing re-education by 8/11/2025. Staff are to report any malfunctions immediately to RSM or PCHA so adjustments and/or replacements can be made. RSM or designee is responsible for conducting audits 3x per week for one month beginning 8/14/2025 then monthly for 2 months. The audit will include date, time, year, accuracy, and staff person completing audit with notation of what correction action occurred if needed, RSM or designee to be notified. Audits will be forwarded to QAPI for review and recommendations.

Licensee's Proposed Overall Completion Date: *09/10/2025*

Implemented ([redacted] - 09/17/2025)