

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

April 7, 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 12/30/2024, 02/25/2025 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

Staffing Hours

Resident Support Staff:

Total Daily Staff: 60

Waking Staff: 45

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Incident

Exit Conference Date: 02/25/2025

Inspection Dates and Department Representative

12/30/2024 - On-Site: [REDACTED]

02/25/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100

Residents Served: 38

Special Care Unit

In Home: Yes

Area: Generations

Capacity: 30

Residents Served: 11

Hospice

Current Residents: xx

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 38

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 22

Have Physical Disability: 0

Inspections / Reviews

12/30/2024 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/13/2025

03/17/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/01/2025

Inspections / Reviews (*continued*)

04/07/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

22a1 Medical Eval - time frames

1. Requirements

2800.

22.a. Documentation. The following admission documents shall be completed for each resident:

1. Medical evaluation completed within 60 days prior to admission on a form specified by the Department. The medical evaluation may be completed within 15 days after admission if one of the following conditions applies
 - i. The resident is being admitted directly to the residence from an acute care hospital.
 - ii. The resident is being admitted to escape from an abusive situation
 - iii. The resident has no alternative living arrangement.

Description of Violation

Resident [REDACTED] was admitted on [REDACTED] The home could not provide the resident's initial medical evaluation or show that an evaluation was completed.

Plan of Correction

Accept [REDACTED] - 03/17/2025)

Unable to create an initial medical evaluation for resident [REDACTED] for [REDACTED] admission. The residence did produce subsequent and current medical evaluations for resident [REDACTED] at the time of the survey.

The residence has created a tickler system for identifying that a medical evaluation is needed for resident record for any current residents. As a practice the Health Care Director, Wellness Nurse, or designee will ensure medical evaluations are completed and received 48 hours prior to admission.

Beginning 3/10/25, the Health Care Director or designee shall conduct weekly audits X 4 weeks of new move in files for initial medical evaluations.

The Residence Director will re-educate the Health Care Director and Wellness Nurse on regulation 2800.22a1 by 3/31/25.

To ensure consistent adherence to Regulation 2800.22a1, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next monthly QMPI meeting by 3/31/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [REDACTED] - 04/07/2025)

187d Follow prescriber's orders

2. Requirements

2800.

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

Description of Violation

Resident [REDACTED] order dated [REDACTED] reads "[REDACTED] on Wednesday, Friday, Saturday at 08:00 PM and [REDACTED] on Sunday, Monday, Tuesday, and Thursday at 08:00 PM". However, the [REDACTED] order was administered to the resident on Mondays, Wednesdays, and Fridays, which resulted in no dose on Saturdays and [REDACTED] [REDACTED] on Mondays for at least 2 and 1/2 months (September 2024 till December 11, 2024).

Repeat Violation: [REDACTED],

187d Follow prescriber's orders (continued)

Plan of Correction

Accept [REDACTED] - 03/17/2025)

An audit of all residents on [REDACTED] or other blood thinner medications was conducted by the Health Care Director on 12/30/24 to ensure prescriber's orders to MAR was being administered accurately. No additional errors were found.

The Health Care Director, Wellness Nurse, or designee will conduct weekly cart audits beginning 3/10/25 for 4 weeks to ensure residents on Warfarin or other blood thinners are receiving medications according to the prescriber's orders. Any errors found will be reported according to regulation 2800.16a(13) and to resident, responsible party, and physician.

All Med Techs and clinical staff to be re educated by the Health Care Director or designee by 3/31/25 on the 5 Rights of Medication Administration and to report any discrepancies during the med pass to the Health Care Director, Wellness Nurse, or designee.

To ensure consistent adherence to Regulation 2800.187d, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next monthly QMPI meeting by 3/31/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [REDACTED] - 04/07/2025)

188d System to doc med errors

3. Requirements

2800.

188.d. There shall be a system in place to identify and document medication errors and the home's pattern of error.

Description of Violation

The residence does not have a system to identify and document medication errors and patterns of errors. Resident [REDACTED] order dated [REDACTED] read [REDACTED] on Wednesday, Friday, Saturday at 08:00 PM and 1.5 mg on Sunday, Monday, Tuesday, and Thursday at 08:00 PM'. However, the [REDACTED] order was scheduled on Monday, Wednesday, and Friday, which resulted in no dose on Saturdays and 4.5 mg [REDACTED] on Mondays for at least 2 and 1/2 mos (September 2024 till December 11, 2024). Neither staff person A, the Administrator, nor staff person B, who is responsible for supervising medication administration, is able to describe such a system.

Plan of Correction

Accept [REDACTED] - 03/17/2025)

Upon review of the violation, staff person A and staff person B reviewed the MARs of current residents on [REDACTED] to look for errors and omission; none were found.

The Regional Health Care Director or designee will re educate staff person A and staff person B on regulation 2800.188d by 3/31/25.

The Health Care Director or designee will re educate the Med Techs and nurses on the 5 Rights of Medication Administration by 3/31/25.

Beginning 2/12/25 the Health Care Director or designee shall audit the eMAR daily to identify errors or omissions to ensure consistent adherence to Regulation 2800.188d.

188d System to doc med errors (continued)

Compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next monthly QMPI meeting by 3/31/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented (██████ **- 04/07/2025)**