pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **THE BIRCHES OF LEHIGH OPCO LLC**
LEGAL ENTITY

To operate **THE BIRCHES OF LEHIGH VALLEY**
NAME OF FACILITY OR AGENCY

Located at **5030 FREEMSBURG AVE, EASTON, PA 18045**
(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 **130**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 57**

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 **May 24, 2024** until **May 24, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **232310**

ISSUING OFFICER

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.

HS 628 – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: May 24, 2024

[redacted]
The Birches of Lehigh Opco LLC
[redacted]

RE: The Birches of Lehigh Valley
5030 Freemsburg Avenue
Easton, Pennsylvania Avenue
Easton, Pennsylvania 18045
License #: 232310

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on May 8, 2024 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,



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

May 22, 2024

[redacted]
THE BIRCHES OF LEHIGH OPCO LLC
[redacted]

RE: THE BIRCHES OF LEHIGH VALLEY
5030 FREEMANSBURG AVE
EASTON, PA, 18045
LICENSE/COC#: 232310

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/08/2024 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 BIRCHES OF LEHIGH VALLEY* **License #**: *232310* **License Expiration**:

Address: *5030 FREEMANSBURG AVE, EASTON, PA 18045*

County: *NORTHAMPTON* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *THE BIRCHES OF LEHIGH OPCO LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *02/08/2024* **Issued By**: *Township of Bethlehem*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *3* **Waking Staff**: *2*

Inspection Information

Type: *Partial* **Notice**: *Announced* **BHA Docket #**:

Reason: *New* **Exit Conference Date**: *05/08/2024*

Inspection Dates and Department Representative

05/08/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: **Residents Served**: *3*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Daybreak* **Capacity**: *57* **Residents Served**: *0*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *3*

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

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

Inspections / Reviews

05/08/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/31/2024*

Inspections / Reviews *(continued)*

05/22/2024 - POC Submission

Submitted By: [redacted]

[redacted]

Follow-Up Type: *Bypass Document Submission*

05/22/2024 - Bypass Document Submission

Submitted By: [redacted]

Date Submitted: *05/22/2024*

Reviewer: [redacted]

Follow-Up Type: *Not Required*

85d - Trash Receptacles

1. 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

The community restroom, outside the Director of Wellness' office does not have a covered garbage can.

Plan of Correction ***Accept ([redacted] - 05/22/2024)***

Immediate corrective actions: Wall trash Receptacles were removed by the Maintenance Director and replaced with free standing trash cans with lids on 5/08/2024.

Additional corrective actions: The Maintenance Director performed an audit of all community restrooms on 05/09/2024 and removed all other trash receptacles without lids, replacing them with freestanding units with lids. (See attached audit sheet)

Ongoing actions: Maintenance Director will audit community bathrooms weekly to ensure compliance with 85d. Audits will be discussed during quarterly QA meetings.

Licensee's Proposed Overall Completion Date: *05/22/2024*

Update: *05/22/2024*

Reviewed audit of all trash cans replaced

Bypass Document Submission ***Implemented ([redacted] - 05/22/2024)***

91 - Telephone Numbers

2. Requirements

2600.
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The telephone located in the entrance of the home does not have the emergency numbers posted on or near the phone.

Plan of Correction ***Accept [redacted] - 05/22/2024)***

Immediate corrective actions: Executive Director immediately replaced the emergency phone number listing on 05/08/2024.

Additional corrective actions: On 05/08/2024 Executive Director audited all remaining phones with outside lines to ensure compliance with 91. (See Attached Audit Sheet.)

Ongoing actions: Maintenance Director will audit phones monthly to ensure all phones have emergency telephone numbers on or near each phone. Audits will be reviewed on a quarterly basis at QA meetings.
Completion Date: 05/08/2024

Licensee's Proposed Overall Completion Date: *05/22/2024*

91 - Telephone Numbers *(continued)*

Update: *05/22/2024*

Reviewed audit of all phones for numbers

Bypass Document Submission ***Implemented [redacted] 05/22/2024)***

121a - Unobstructed Egress

3. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The exit doors to the porch off the first-floor dining room exit to an enclosed porch/patio area. The doors do not note this is not an exit.

Exit #3 – there was cardboard on the ground outside the exit, the exit door was catching on, slowing immediate egress from the building. The cardboard on the ground also posed a tripping hazard.

Plan of Correction ***Accept [redacted] - 05/22/2024)***

Immediate corrective actions: On 05/08/2024 Executive Director immediately removed cardboard from the ground and disposed of it.

Additional corrective actions: Maintenance Director removed "area of refuge" sign on 05/08/2024 and replaced with sign stating "not an exit" on 5/10/2024. (See attached photo.)

Ongoing corrective actions: The Maintenance Director or Designee will do weekly checks of all exit doors to ensure they remain unobstructed. Results of the audits will be discussed at Quarterly QA meetings. The "Not an exit" sign is a permanent fixture not requiring ongoing corrective action. Completion date 05/10/2024

Licensee's Proposed Overall Completion Date: *05/22/2024*

Update: *05/22/2024*

Reviewed picture of not an exit sign, cardboard removed during inspection.

Bypass Document Submission ***Implemented [redacted] - 05/22/2024)***

125a - Combustible Storage

4. Requirements

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

PVC Primer container, a combustible material, was located next to the natural gas hot water heater, posing a fire hazard.

Plan of Correction ***Accept [redacted] - 05/22/2024)***

Immediate corrective actions: On 05/08/20024 Executive Director Immediately removed and properly disposed of the PVC Primer.

125a - Combustible Storage (continued)

Additional corrective actions: Maintenance Director audited the Water Heater room on 5/8/2024 to ensure that no further flammable materials were improperly stored.

Ongoing corrective actions: The Maintenance Director or designee will audit the areas containing heat sources weekly to ensure compliance with 125a. All flammable liquids will be stored in fire safe storage cabinets. Results of the audits will be discussed at quarterly QA meetings.
Completion Date: 05/08/2024

Licensee's Proposed Overall Completion Date: *05/22/2024*

Update: *05/22/2024*

Reviewed audit completed, primer removed during inspection.

Bypass Document Submission ***Implemented [redacted] 05/22/2024)***