Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
EMAIL ADDRESS: [redacted]
MAILING DATE: AUGUST 8, 2025

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

RE: The Birches of Lehigh Valley
5030 Freemsburg Ave Easton, PA
18045
Certificate #: 232310

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on 7/30/2025 of the above facility, that is operating pending an appeal, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct these violations may result in further licensing enforcement action.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *THE BIRCHES OF LEHIGH VALLEY* **License #**: *23231* **License Expiration**: *05/24/2026*

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

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

Administrator

Name: [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**: *Twp. of Bethlehem*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *134* **Waking Staff**: *101*

Inspection Information

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

Reason: *Complaint, Monitoring* **Exit Conference Date**: *07/30/2025*

Inspection Dates and Department Representative

07/30/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *130* **Residents Served**: *85*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *n/a* **Capacity**: *57* **Residents Served**: *42*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *85*

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

Have Mobility Need: *49* **Have Physical Disability**: *0*

Inspections / Reviews

07/30/2025 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *Exception*

125a - Combustible Storage

1. Requirements

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

Description of Violation

A tissue was observed on the ground behind the dryer in the home's laundry room located in the secured dementia unit. The tissue was located approximately ½ inch from the dryer vent hose, posing a possible fire hazard.

Repeat violation 8/6/24.

Plan of Correction ***Directed [redacted] - 08/06/2025)***

(Directed)

The home will immediately remove all combustible items located behind the home's dryers, next to water heaters, furnaces and any other heat sources. The administrator will assign a staff member to audit these areas and ensure the space remains clear of any combustible or flammable items daily for 3 months. Documentation of the audits will be kept. The administrator will train all staff to always keep combustible and flammable materials away from heat sources and hot water heaters. Documentation of the training will be kept for the Departments review upon request.

Directed Completion Date: *08/27/2025*

132g - Fire Drills Days/Times

2. Requirements

2600.
132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills between the 22nd and 30th of the month as evidenced by the following drills: The home conducted fire drills on: 7/28/25, 6/24/25, 5/29/25, 3/26/25, 2/26/25, 1/29/25, 12/23/24, 11/27/24, 10/22/24, 9/30/24 and 8/28/24 which were all held on dates toward the end of the month.

Plan of Correction ***Directed [redacted] - 08/06/2025)***

(Directed)

The administrator shall create a schedule for the unannounced monthly fire drills for the next 12 months. The fire drills will be held on different days of the week, times of the day and night, and not routinely when additional staff are present or resident attendance is low. The planned dates of the upcoming drills shall be kept confidential from residents and other staff of the home. The Administrator will review and initial the fire drill logs monthly to ensure compliance.

Directed Completion Date: *08/27/2025*

144c1 - Smoking Area Guidelines

3. Requirements

144c1 - Smoking Area Guidelines *(continued)*

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area is located in the rear area of the parking lot. At approximately 9:29 a.m., nine cigarette butts were found on the pavement in a pile of leaves and debris near the designated smoking area. At approximately 9:32 am, one cigarette butt was found outside of the home near the exit located next to the community laundry room.

Plan of Correction ***Directed ([redacted] - 08/06/2025)***

(Directed)

The administrator will train all staff regarding the homes smoking policy. The home will complete daily audits of the homes smoking area and surrounding areas for 3 months. Cigarette butts will be picked up immediately and discarded in an appropriate receptacle. The daily audits will be documented and maintained for the Department to review upon request. The administrator will review and initial these audits weekly to maintain compliance.

Directed Completion Date: *08/27/2025*