

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

September 19, 2024

[REDACTED], COO
THE BIRCHES OF LEHIGH OPCO LLC
[REDACTED]
[REDACTED]

RE: THE BIRCHES OF LEHIGH VALLEY
5030 FREEMSBURG AVE
EASTON, PA, 18045
LICENSE/COC#: 23231

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/06/2024 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 #: 23231 License Expiration: 05/24/2025
Address: 5030 FREEMSBURG 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]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 116 Waking Staff: 87

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Incident Exit Conference Date: 08/06/2024

Inspection Dates and Department Representative

08/06/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	130	Residents Served:	75
Secured Dementia Care Unit			
In Home:	Yes	Area:	Memory Care
Capacity:	57	Residents Served:	30
Hospice			
Current Residents:	3		
Number of Residents Who:			
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	75
Diagnosed with Mental Illness:	0	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	41	Have Physical Disability:	0

Inspections / Reviews

08/06/2024 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/06/2024

09/16/2024 - POC Submission
Submitted By: [REDACTED] Date Submitted: 09/18/2024
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/18/2024

Inspections / Reviews *(continued)*

09/19/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/18/2024

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

At approximately 9:45am the electronic Medication Administration Record was unlocked and accessible on top of the medication cart located near Room #115.

Plan of Correction

Accept (█) - 09/16/2024

Immediate Corrective Actions: The laptop was immediately locked by the Medication Technician while in the presence of the surveyor, on 08/06/2024

Additional Corrective Actions: On 08/06/2024, Executive Director checked all other Med-Cart laptops and ensured that all windows were closed, and laptops were locked. Med-Techs will be in serviced on 2600.17 ensuring that resident records are not accessible and that laptops are locked when not in use. This will be completed by Resident Care Director by 09/13/2024

Ongoing Quality Assurance Actions: In addition, ongoing compliance will be reviewed during Quarterly Quality Assurance Meetings, and any concerns will be addressed by the Management Team in that meeting. These reviews will begin with the 2024 Q3 Review in October 2024.

Licensee's Proposed Overall Completion Date: 09/13/2024

Implemented (█) - 09/19/2024

82c - Locking Poisonous Materials

2. Requirements

2600.

- 82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Room #24's bathroom had a tube of A&D ointment. The ointment was labeled "if swallowed contact a Poison Control Center immediately." Resident #4 resides on the homes memory care unit and is not assessed to safely handle and identify poisons.

Plan of Correction

Accept (█) - 09/16/2024

Immediate Correction Action: A&D Ointment was removed by the Executive Director and discarded, on 08/06/2024

Additional Correction Action: Maintenance and caregiving staff checked all resident rooms in the memory care unit to ensure that all poisonous materials were stored properly with a locking mechanism, on 08/06/2024. Staff to be in-serviced on 2600.82.c ensuring poisonous materials are stored properly by Daybreak Director by 09/13/2024.

Ongoing Compliance: Routine rounding weekly of unit will be completed by Daybreak Director to ensure that poisonous materials are stored properly in a locked cabinet, beginning 09/06/2024. In addition, ongoing

82c - Locking Poisonous Materials (continued)

compliance will be reviewed during Quarterly Quality Assurance Meetings, and any concerns will be addressed by the Management Team in that meeting. These reviews will begin with the 2024 Q3 Review in October 2024.

Licensee's Proposed Overall Completion Date: 09/13/2024

Implemented (█) - 09/19/2024)

105g - Lint Removal and Duct Cleaning**3. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

A handful of lint was located in the lint trap of the far-right dryer in the laundry room closest to the dining room, posing a possible fire hazard.

Plan of Correction

Accept (█) - 09/16/2024)

Immediate Correction Action: Lint was removed by maintenance director, 08/06/2024.

Additional Corrective actions: Maintenance director checked all other laundry rooms to ensure that they were free of lint, on 08/07/2024. Staff to be in serviced on 2600.105.g, by Maintenance Director by 09/13/2024.

Ongoing Corrective Actions: Housekeeping to check dryers daily for lint ensuring compliance, beginning 09/13/2024 and lint trap to be checked/emptied with every load of laundry. In addition, ongoing compliance will be reviewed during Quarterly Quality Assurance Meetings, and any concerns will be addressed by the Management Team in that meeting. These reviews will begin with the 2024 Q3 Review in October 2024.

Licensee's Proposed Overall Completion Date: 09/13/2024

Implemented (█) - 09/19/2024)

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

An orange rag was located behind the dryer near the dryer duct of the far-right dryer in the laundry room closest to the dining room, posing a possible fire hazard.

Repeat 5-8-24

Plan of Correction

Accept (█) - 09/16/2024)

Immediate Corrective Action: Executive Director removed orange rag from behind the dryer and discarded it immediately, on 08/06/2024

125a - Combustible Storage (continued)

Additional Corrective Actions: Maintenance director checked all dryers in the community to ensure no further combustible materials were located near the dryers, 08/07/2024. Staff to be serviced on 2600.125.a by Maintenance Director by 09/13/2024.

Ongoing Corrective Actions: Housekeeping and maintenance to check laundry areas for combustible materials Weekly. In addition, ongoing compliance will be reviewed during Quarterly Quality Assurance Meetings, and any concerns will be addressed by the Management Team in that meeting. These reviews will begin with the 2024 Q3 Review in October 2024.

Licensee's Proposed Overall Completion Date: 09/13/2024

Implemented (█) - 09/19/2024)

183e - Storing Medications**5. 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

Resident # 1 had a Lantus Solostar pen in the cart with an open date of 6-19-24. Manufacturer's label indicates it should be disposed after being open for 28 days. It had been opened 48 days.

Resident # 2 Lantus Solostar Injection, 100ml pen did not have a date of opening on it. As per the manufacturers instructions this medication should be dated when opened.

Resident # 2 Lispro Kwikpen 100 unit mml pen did not have a date of opening on it. As per the manufacturers instructions this medication should be dated when opened.

Plan of Correction

Accept (█) - 09/16/2024)

Immediate Corrective Action: Expired Pens for Residents 1 & 2 were immediately removed from the cart and properly disposed of by Resident Care Director, on 08/06/2024 Both Resident 1& 2 had pens available that were not expired to be used.

Additional Corrective action: Cart Audit was completed by Wellness Nurse on 08/06/2024 to ensure that all other medications had an opening date and that there were no medications beyond their expiration date.

Ongoing Corrective Action: Med-Techs to complete weekly cart audits to ensure compliance, beginning 09/13/2024. Wellness nurse to complete monthly audit to ensure compliance, beginning 09/23/2024. Results of audits to be reviewed during Quarterly Quality Assurance Meetings, and any concerns will be addressed by the Management Team in that meeting. These reviews will begin with the 2024 Q3 Review in October 2024.

Licensee's Proposed Overall Completion Date: 09/13/2024

183e - Storing Medications (*continued*)*Implemented (█ - 09/19/2024)*

233c - Key-Locking Devices

6. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The codes to operate the magnetic locks near Room #24 were not posted.

Plan of Correction*Accept (█ - 09/16/2024)*

Immediate Corrective Action: The code was taken off the wall by a resident. The Maintenance Director immediately posted a new sign with the code, on 08/06/2024.

Additional Corrective Action: On 08/09/2024 Maintenance Director posted the codes in a frame and secured it to the wall with screws to prevent it from being removed by a resident.

Ongoing corrective Actions: Daybreak director to do weekly audits to ensure that codes are posted, beginning 09/06/2024. Results of audits to be reviewed during Quarterly Quality Assurance Meetings, and any concerns will be addressed by the Management Team in that meeting. These reviews will begin with the 2024 Q3 Review in October 2024.

Licensee's Proposed Overall Completion Date: 09/13/2024

Implemented (█ - 09/19/2024)