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

October 4, 2024

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

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

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/29/2024 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**: *03/08/2024* **Issued By**: *Township of Bethlehem*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *128* **Waking Staff**: *96*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *09/13/2024*

Inspection Dates and Department Representative

08/29/2024 - 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**: *1st floor* **Capacity**: *57* **Residents Served**: *32*

Hospice

Current Residents: *3*

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: *43* **Have Physical Disability**: *0*

Inspections / Reviews

08/29/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/27/2024*

09/30/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/04/2024*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *10/07/2024*

Inspections / Reviews *(continued)*

10/04/2024 - Document Submission

Submitted By: [redacted] **Date Submitted**: *10/04/2024*

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

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], Resident [redacted] was annoyed when Resident [redacted] was sneezing in the dining room. Resident [redacted] threw a bowl of hot soup in the direction of Resident [redacted] The contents of the bowl hit Resident [redacted] The home did not report this incident to the Department's Personal Care Home Regional Office.

Plan of Correction ***Accept[redacted] - 09/27/2024)***

Immediate Corrective Actions: Executive Director submitted Reportable incident form for the incident on 9/27/24.

Additional Corrective Actions: on 9/17/24 [redacted] Regional Director of Quality assurance in serviced staff on Incident trackers and proper documentation of incidents in the community

Ongoing Quality Assurance Actions: Incidents to be reviewed during daily clinical meeting to ensure incidents requiring report are properly documented by Executive Director. 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: *09/27/2024*

Implemented [redacted] 10/04/2024)

42b - Abuse

2. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at approximately [redacted], Resident [redacted] hit Resident [redacted] in the dining room in the home's Secured Dementia Care Unit (SDCU) when Resident [redacted] confronted Resident [redacted] after [redacted] hit a staff person. Resident [redacted] then walked out of the dining room and down the hall, where [redacted] hit Resident [redacted] on the right cheek, leaving a red mark.

On [redacted] at approximately [redacted], Staff Person A walked into the living room in the home's SDCU and witnessed Resident [redacted] touching Resident [redacted] underneath [redacted] clothing.

Plan of Correction ***Accept[redacted] 09/27/2024)***

Immediate Corrective Actions: At the time of the incident on [redacted] Resident's [redacted] and [redacted] were immediately separated and found by staff to have no injuries. In addition, resident [redacted] was required to have a 1:1 private duty caregiver to keep them safe and engaged as of [redacted]. At the time of the incident on [redacted] Resident [redacted] was immediately

42b - Abuse (continued)

removed from Resident [redacted], both residents were assessed and found to have no injuries, and neither were in any distress. In addition, Resident [redacted] was immediately required to have a 1:1 for safety and engagement beginning on 8/16/24. As of 8/28/24 Both Resident [redacted] and Resident [redacted] no longer live at the Facility.

Additional Corrective Actions: Executive Director contacted AAA on 8/13/24 and 8/16/24 respectively and required the families to provide ongoing 1:1 support for residents[redacted] and[redacted] to ensure safety was maintained for all residents in the community.

Ongoing Quality Assurance Actions: Staff to be in serviced on 2600.42B by 10/04/24 to ensure compliance. Staff will be in serviced on the structured day program and keeping resident engaged. 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: *10/04/2024*

Implemented [redacted] - 10/04/2024)

227d - Support Plan Medical/Dental

3. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [redacted] incited many aggressive verbal and physical altercations with residents and staff between [redacted] – [redacted]. On [redacted] the home implemented 1:1 monitoring of Resident[redacted] However, review of Resident [redacted] chart on [redacted], revealed that this intervention was not documented in the Resident's Assessment and Support Plan.

Plan of Correction ***Accept ([redacted] - 09/27/2024)***

Immediate Corrective Actions: As of [redacted] Resident[redacted] no longer lived at the community and Support Plan can no longer be updated.

Additional Corrective Actions: Executive Director reviewed support plans of residents in Daybreak community to ensure that any additional services residents are receiving are reflected on their RASP on 9/4/24.

Ongoing Quality Assurance Actions: Executive Director in serviced Resident Care Director and Daybreak Director on 2600.227.d on 09/20/24. 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. During Quarterly QA meetings a random selection of charts will be audited by the executive director to ensure compliance.

Licensee's Proposed Overall Completion Date: *10/04/2024*

Implemented[redacted] - 10/04/2024)