

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

February 28, 2025

[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 01/07/2025 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: 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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 152 Waking Staff: 114

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 01/07/2025

Inspection Dates and Department Representative

01/07/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 130 Residents Served: 100

Secured Dementia Care Unit
 In Home: Yes Area: SDCU Capacity: 57 Residents Served: 43

Hospice
 Current Residents: 5

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 100
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 52 Have Physical Disability: 1

Inspections / Reviews

01/06/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/01/2025

02/10/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/11/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/15/2025

Inspections / Reviews *(continued)*

02/28/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/11/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Both Resident [REDACTED] and Resident [REDACTED] reside in the home's memory care neighborhood. As per the charting notes for Resident [REDACTED], on [REDACTED] at approx. 11:52am, the resident was found engaging in a sexual act with Resident [REDACTED]. The incident was not reported in accordance with the Older Adults Protective Services Act.

Plan of Correction

Accept [REDACTED] - 02/10/2025)

Immediate Corrective Actions: Upon discovery of the incident on 1/7/2025, the Executive Director and Memory Care Director immediately submitted an Act 13 Report to Aging and an Incident Report to BHSL on 1/7/2025. Both responsible parties and physicians were notified of the incident on 1/7/2025 by the Memory Care Director. There were no injuries, no distress, and no new orders. These two residents have a mutual friendship and enjoy sitting together in the memory care neighborhood.

In order to prevent this situation from occurring again, Resident [REDACTED] is being kept active in the memory care neighborhood with activities that are scheduled daily as a part of the memory care structured routine. At times [REDACTED] does enjoys watching football quietly in [REDACTED] room. Hourly safety checks have been put into place. This resident is generally pleasant and easily redirected.

Resident [REDACTED] is also being kept active in the memory care neighborhood with activities that are scheduled daily as a part of the memory care structured routine. [REDACTED] has a particular female resident / friend [REDACTED] enjoys spending time with so staff direct [REDACTED] to sit with this friend and other females for conversation and companionship. Hourly safety checks have been put into place for this resident.

Both residents' RASPs have been updated to reflect interventions and care needs. The memory care director will continue to make updates to the RASPs as needed.

Additional Corrective Actions: The staff that witnessed this incident and failed to follow proper reporting procedures were educated by the VP of HSL Operations on 1/16/25, on policies, procedures, and protocols for reporting incidents, and abuse and understanding their obligation to report it and ensure immediate safety for our residents.

In addition, to ensure ongoing compliance, the Executive Director and Business Office Director will continue to review incidents, abuse training and reporting during orientation for all new hires, and document the training in each employee's record. All staff will continue to complete an annual review of this training in RELIAS, and it will be documented in each employee's record.

Ongoing Quality Assurance Actions: The Business Office Director will review a sample of employee records each month to ensure initial and annual trainings are completed, beginning in January 2025. During the daily Clinical Care Meeting, the Care Management Team will review all incidents and the communication log to ensure all incidents are reported to the State and Aging as required. The Executive Director will review ongoing compliance at our Quarterly QA Meetings beginning 1/2025.

15a Resident Abuse Report (continued)

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented [REDACTED] 02/28/2025)

16c - Written Incident Report

2. 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

Both Resident [REDACTED] and Resident [REDACTED] reside in the home's memory care neighborhood. As per the charting notes for Resident [REDACTED], on [REDACTED] at approx. 11:52am, the resident was found engaging in a sexual act with Resident [REDACTED]. The incident was not reported to the Department as required.

Plan of Correction

Accept [REDACTED] 02/10/2025)

Immediate Corrective Actions: Upon discovery of the incident on 1/7/2025, the Executive Director and Memory Care Director immediately submitted an Act 13 Report to Aging and an Incident Report to BHSL on 1/7/2025. Both responsible parties and physicians were notified of the incident on 1/7/2025 by the Memory Care Director. There were no injuries, no distress, and no new orders. These two residents have a mutual friendship and enjoy sitting together in the memory care neighborhood.

In order to prevent this situation from occurring again, Resident [REDACTED] is being kept active in the memory care neighborhood with activities that are scheduled daily as a part of the memory care structured routine. At times [REDACTED] does enjoys watching football quietly in [REDACTED] room. Hourly safety checks have been put into place. This resident is generally pleasant and easily redirected.

Resident [REDACTED] is also being kept active in the memory care neighborhood with activities that are scheduled daily as a part of the memory care structured routine. [REDACTED] has a particular female resident / friend [REDACTED] enjoys spending time with so staff direct [REDACTED] to sit with this friend and other females for conversation and companionship. Hourly safety checks have been put into place for this resident.

Both residents' RASPs have been updated to reflect interventions and care needs. The memory care director will continue to make updates to the RASPs as needed.

Additional Corrective Actions: The staff that witnessed this incident and failed to follow proper reporting procedures were educated by the VP of HSL Operations on 1/16/25, on policies, procedures, and protocols for reporting incidents, and abuse and understanding their obligation to report it and ensure immediate safety for our residents.

In addition, to ensure ongoing compliance, the Executive Director and Business Office Director will continue to review incidents, abuse training and reporting during orientation for all new hires, and document the training in each employee's record. All staff will continue to complete an annual review of this training in RELIAS, and it will be documented in each employee's record.

Ongoing Quality Assurance Actions: The Business Office Director will review a sample of employee records each

16c - Written Incident Report (continued)

month to ensure initial and annual trainings are completed, beginning in January 2025. During the daily Clinical Care Meeting, the Care Management Team will review all incidents and the communication log to ensure all incidents are reported to the State and Aging as required. The Executive Director will review ongoing compliance at our Quarterly QA Meetings beginning 1/2025.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented () - 02/28/2025)

42b - Abuse**3. 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

Resident [] and Resident [] reside in the home's Secured Dementia Care Unit. On [] at 7:30am Resident [] was found in the living room of the home with a hand on the private area of Resident []. Subsequently, on [] at 11:52am, Resident [] was found by staff in the bedroom of Resident [] engaging in a sexual act.

Plan of Correction

Accept () - 02/10/2025)

Immediate Corrective Actions: Upon discovery of the incident on 1/7/2025, the Executive Director and Memory Care Director immediately submitted an Act 13 Report to Aging and an Incident Report to BHSL on 1/7/2025. Both responsible parties and physicians were notified of the incident on 1/7/2025 by the Memory Care Director. There were no injuries, no distress, and no new orders. These two residents have a mutual friendship and enjoy sitting together in the memory care neighborhood.

In order to prevent this situation from occurring again, Resident [] is being kept active in the memory care neighborhood with activities that are schedule daily as a part of the memory care structured routine. At times [] does enjoys watching football quietly in [] room. Hourly safety checks have been put into place. This resident is generally pleasant and easily redirected.

Resident [], is also being kept active in the memory care neighborhood with activities that are scheduled daily as a part of the memory care structured routine. [] has a particular female resident / friend [] enjoys spending time with so staff direct [] to sit with this friend and other females for conversation and companionship. Hourly safety checks have been put into place for this resident.

Both residents rasps were updated on 1/7/2025 by the regional director of operations to reflect interventions and care needs. The memory care director will continue to make adjustments to the rasp as needed.

Additional Corrective Actions: The staff that witnessed this incident and failed to follow proper reporting procedures were educated by the VP of HSL Operations on 1/16/25, on policies, procedures, and protocols for reporting incidents, and abuse and understanding their obligation to report it and ensure immediate safety for our residents.

In addition, to ensure ongoing compliance, the Executive Director and Business Office Director will continue to review incidents, abuse training and reporting during orientation for all new hires, and document the training in each employee's record. All staff will continue to complete an annual review of this training in RELIAS, and it will be documented in each employee's record.

Ongoing Quality Assurance Actions: The Business Office Director will review a sample of employee records each month to ensure initial and annual trainings are completed, beginning in January 2025. During the daily Clinical Care Meeting, the Care Management Team will review all incidents and the communication log to ensure all incidents are reported to the state and Aging as required. The Executive Director will review ongoing compliance at

42b Abuse (continued)

our Quarterly QA Meetings beginning 1/2025.

Additional Corrective Actions: The Memory Care Director is holding a dementia training on Tuesday 2/4/2025 emphasizing the importance of a structured routine with activity programming in order to keep the residents engaged in positive interactions to ensure the residents are kept safe and occupied. Communications will continue with the doctor, family, and team to ensure needs are reviewed any time there are changes. The memory care director is responsible for these corrective Actions. The Executive Director will also inspect what is expected during daily routine building walking rounds.

Ongoing Quality Assurance Actions: The Memory Care Director will review all interventions for resident [REDACTED], and [REDACTED] and make adjustments to rasps as needed. The Executive Director will review ongoing compliance at scheduled Quarterly QA Meetings.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented [REDACTED] - 02/28/2025)

187d - Follow Prescriber's Orders**4. Requirements**

2600.

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

Description of Violation

On [REDACTED], Resident [REDACTED] did not receive the scheduled bedtime administration of [REDACTED] as the medication was not available in the home to administer to the resident.

Resident [REDACTED] has an order for [REDACTED] of [REDACTED] at bedtime. On [REDACTED] the resident did not receive the medication as it was not available in the home to be administered.

Resident [REDACTED] has an order for [REDACTED] tablets to be taken at bedtime and an order for [REDACTED] tablets which is also to be administered at bedtime. On [REDACTED] neither medication was present in the home to be administered.

Plan of Correction

Accept ([REDACTED] - 02/10/2025)

Immediate Corrective Actions: During routine audits, multiple doses of medications were found to have been missed due to meds not being available in the cart from the pharmacy. In each instance, the pharmacy was contacted and medications were delivered and placed in the cart for the next administration and were administered as ordered. The responsible parties, residents, and MD's were all notified immediately upon discovery of the errors. There were no new orders and no ill effect as a result of the errors.

Additional Corrective Actions: The med staff were trained by HSL pharmacy specialist on 12/24, 12/26, 1/15/2025 on the proper procedure to avoid missing doses which includes auditing the cart 5 days prior to cycle fill to ensure the meds needed are available. Staff also educated on the importance of and sending any doses need to pharmacy to be filled prior to doses being needed to avoid missed meds. Monthly cart audits will be performed by med techs and will be reviewed by the Resident Care Director.

187d - Follow Prescriber's Orders (continued)

Ongoing Quality Assurance Actions: The Care Team will review ongoing compliance via our Quarterly QA tools / and QA quarterly meetings beginning January 1, 2025 and any patterns or trends identified by the audits will be addressed by the Executive Director.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented [REDACTED] - 02/28/2025)

234d - Support Plan Revision**5. Requirements**

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident [REDACTED] was found inappropriately touching Resident # [REDACTED] in the hallway of the home on [REDACTED] and was put on 1-hour checks. The resident's Resident Assessment Support Plan dated [REDACTED] not updated specifically regarding the incident and does not note the discontinuance of 1-hour checks by the home. Through interviews with staff, it was noted the home was no longer completing the resident's 1 hour checks.

Plan of Correction

Accept [REDACTED] - 02/10/2025)

Immediate Corrective Actions: Resident [REDACTED] support plan was updated immediately by the Regional Director on 1/7/2025, following the exit conference, to reflect the residents' behavioral concerns.

Additional Corrective Actions: The Memory Care Director was educated on 1/7/2025 by the Regional Director of Operations on the importance of updating the RASPs. The memory care director will update RASPs as needed after reviewing incident reports and communication logs daily, beginning 1/8/2025.

Ongoing Quality Assurance Actions: The Care Team will review ongoing compliance at our Quarterly QA Meetings. The memory care director will review a 5% sample of resident records each quarter beginning in January 2025 to ensure RASPs are updated timely. The Executive Director will ensure compliance by attending quarterly QA meetings and reviewing audit tools, beginning in January 2025.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented [REDACTED] - 02/28/2025)