



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUNE 4, 2025

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

RE: The Birches of Lehigh Valley
5030 Freensburg Avenue
Easton, Pennsylvania 18045
Certificate #: 232310

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on February 12th, 2025, February 14, 2025, February 25, 2025, February 28, 2025, March 13, 2025, March 28, 2025, and April 17, 2025 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

As a result of violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (232310) dated May 24, 2025 to May 24, 2026, to operate the above facility. The Department's decision to revoke your license is based on the violations attached to this notice and your failure to comply with the Department's regulations, gross incompetence, negligence and misconduct in operating the facility, and failure to submit an acceptable plan to correct noncompliance items and is made pursuant to 62 P.S. § 1026 (b)(1);(4) and 55 Pa. Code § 20.71(a)(2);(3);(5);(6) (relating to conditions for denial, nonrenewal or revocation).

In accordance with 55 Pa. Code § 2600.269 (b) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

If you disagree with the decision to REVOKE your license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. Your appeal must indicate the reasons for the appeal, and you must be as specific as possible regarding your areas of disagreement with the Department's decision. If you decide to appeal, a

written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, Pennsylvania 17105-2675
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

The enclosed violation report specifies plans of correction and dates by which corrections must be made. If you choose to appeal, an acceptable plan of correction must be followed during your operation pending your appeal. The Birches of Lehigh Valley is required to remain in full compliance with all applicable statutes and regulations, including but not limited to Article X of the Human Services Code, 62 P.S. §§ 1001 et seq., and 55 Pa. Code Ch. 2600 (relating to Personal Care Homes)

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

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: *03/08/2024* Issued By: *Township of Bethlehem*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *144* Waking Staff: *108*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *04/17/2025*

Inspection Dates and Department Representative

04/17/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *130* Residents Served: *90*

Secured Dementia Care Unit

In Home: *Yes* Area: *n/a* Capacity: *57* Residents Served: *43*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *90*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *54* Have Physical Disability: *0*

Inspections / Reviews

04/17/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/10/2025*

Inspections / Reviews (*continued*)

05/12/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/07/2025

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

05/12/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/12/2025

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

On [REDACTED]/25 at approximately 6:30 p.m. staff person A was found unresponsive on the floor in front of the elevator on the first floor of the home. After 911 was called police arrived on the scene and were able to determine that staff person A had consumed a THC gummy during their shift and that the THC gummy was given to staff person A by staff person B. Staff person C wrote a statement indicating they witnessed staff persons A and B consuming two gummies each at around 4:00 p.m. and staff person C admitted to also having eaten one gummy around the same time. On [REDACTED]/25 at approximately 6:30 p.m. staff person A had become unfit for duty and unable to provide necessary care to residents with reasonable skill and safety.

Plan of Correction

Directed [REDACTED] 05/07/2025)

Violation: 2600.54a- Direct care staff persons shall have the following qualifications: Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Immediate action taken:

On [REDACTED] 2025, upon discovery of an employee being unresponsive, 911 was immediately called by staff on duty. The Executive Director was also immediately called by the staff on duty and arrived within 15 minutes of the call. The Bethlehem Township police and EMS arrived. The involved employee was transported by EMS to [REDACTED] for evaluation and any necessary treatment. The employee responsible for bringing in gummies laced with THC and distributing them to two staff members was arrested by the police who responded to the 911 call and removed from the facility immediately. The third employee involved was also immediately [REDACTED].

Staff coverage was secured immediately by the Executive Director, Wellness Nurse and the Lead Supervisor and at no time were residents without care.

A thorough internal investigation was conducted by leadership between 4/13/2025-4/15/2025, by the Executive Director and Regional Director of Operations to identify any policy or procedural gaps.

All staff members involved were immediately [REDACTED] and blocked from future employment with The Birches of Lehigh Valley.

Further immediate action:

On 4/16/25 the Executive Director and BOM re-educated all staff at the Birches on the zero-tolerance drug use and alcohol policy. This policy will continue to be enforced by the Executive Director. The BOM will review the drug and alcohol policy with new hires during orientation and the policy will be reviewed as needed, with strict enforcement by the Executive Director.

Ongoing action:

All department heads are conducting frequent, unannounced rounds to monitor staff behaviors and ensure compliance with the drug and alcohol policy, effective 4/14/2025.

54a - Direct Care Staff (continued)*Additional action:*

To prevent future incidents of this nature, any suspicious activity will be immediately addressed with reasonable suspicion drug testing, disciplinary actions and mandatory reporting to the appropriate authorities and will be monitored by the Executive Director. Ongoing compliance, review of policy, and findings of ongoing rounds will be reviewed at the quarterly QA meeting on 7/14/2025.

Proposed Overall Completion Date: 05/07/2025

(Directed)***In addition to the above plan of correction:***

The home will have all department heads or designee conducting weekly unannounced rounds for 3 months to monitor staff behaviors and ensure compliance with the drug and alcohol policy. The weekly checks will be documented with date and time, the person completing the checks, any concerning behaviors that are identified, and disciplinary action taken.

Directed Completion Date: 06/06/2025

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

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]

Legal Entity

Name: *THE BIRCHES OF LEHIGH OPCO LLC*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *03/08/2024* Issued By: *Township of Bethlehem*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *153* Waking Staff: *115*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *03/28/2025*

Inspection Dates and Department Representative

02/12/2025 - On-Site: [REDACTED]
02/14/2025 - Off-Site: [REDACTED]
02/25/2025 - Off-Site: [REDACTED]
02/28/2025 - Off-Site: [REDACTED]
03/13/2025 - Off-Site: [REDACTED]
03/28/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *130* Residents Served: *97*

Secured Dementia Care Unit

In Home: *Yes* Area: *N/A* Capacity: *57* Residents Served: *47*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *97*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *56* Have Physical Disability: *1*

Inspections / Reviews

02/12/2025 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/18/2025*

05/12/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *04/16/2025*

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

05/12/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: *05/12/2025*

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

42b - Abuse

1. 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

All direct care staff are provided with an Apple iPhone at the start of their shift and required to keep it on their person until the end of their shift. This phone receives notifications when a door throughout the home is opened. On 2-7-25, Resident 1 was seen by staff of the home at 7:22 p.m. The home's alarm system indicated that the left living room exit door opened and sent notification to staff at 10:04 p.m. Staff did not respond to the open door notification at 10:04 p.m. The outside temperature at the time was below freezing. At 10:04p.m., surveillance video from a nearby business located in the back of the home captured the resident walking along a fence line towards the rear of the building. The resident is also seen on video crawling up a grassy hill to a concrete patio area near exit door number 4. At 10:55p.m. the resident crawls on the concrete patio until lying down and is not seen moving again. At approximately 7:00 a.m. on 2-8-25 a resident of the home living on the second floor notices the resident lying on the concrete patio while looking out their window and alerted staff. The resident was found [REDACTED] wearing only a nightshirt, a fleece cardigan and underwear.

Repeat Violation: 12-4-24, & 8-29-24

Plan of Correction

Directed [REDACTED] - 04/22/2025)

Immediate action taken:

At 7:30 am, February 8, 2025, upon the discovery of the resident, 911 was immediately called by the med tech on duty. The Executive Director arrived at the community a few minutes later and notified the Department of Human Services, the resident's family, and the resident's physician. A full investigation was launched on February 8, 2025, by the Executive Director and the Resident Care Director in collaboration with the local law enforcement at the time of the incident.

Additional Corrective Actions:

To prevent future incidents of this nature; although the exit doors were set to alert the community provided employee iPhones when a door was opened, the alert would clear as soon as the door was closed. This system was updated on 2/13/2025 to include the feature that when an exit door opens, it will continue to alarm until an employee physically approaches the door and clears the door alert that is ringing. The staff were educated to respond to all door alarms on 2/8/2025 – 3/11/2025 by [REDACTED]. The alarm system is monitored daily by the Executive Director and the Director of Environmental services.

Ongoing Quality Assurance Actions:

Walking rounds were implemented on 2/7/2025 and are being completed in the community by the outgoing and incoming caregivers at each change of shift. This is being monitored daily by the wellness nurse and is being overseen by the Executive Director.

Ongoing compliance will be reviewed by the Executive Director at Quarterly QA meetings, beginning in July, when Q2 of 2025 is reviewed.

42b - Abuse (continued)

Proposed Overall Completion Date: 04/16/2025

(Directed)

In addition to the above plan of correction:

The walking rounds completed at each change of shift will include a visual check that all in-house residents are present.

The home shall schedule qualified and trained staff persons in the secured dementia care unit and non-secured dementia care unit capable of meeting or exceeding the supervision and service needs of the residents as defined by each resident's preadmission screening and/or assessment and support plan.

The home will develop and implement elopement prevention policies and procedures to address alarms on doors and resident's ability to reenter the building after exiting, and adequate supervision of residents. Elopement prevention and elopement risk training will be provided at least every six months for all staff persons who work in the personal care home in both the secured dementia care unit and the non-secure section. Mock elopement drills will be conducted as part of the training. Mock elopement drills will be documented to include date, time, name of staff person conducting the drill, whether staff followed proper procedures and problems encountered. Mock elopement drill documentation will be immediately available to the Department upon request.

Within 30 days, an elopement risk assessment will be completed for each resident who resides in the personal care home, both the secure dementia care unit and the non-secure care section. Direct care staff will be consulted during the elopement risk assessment process. This assessment will be completed at least every six (6) months and more frequently if a resident demonstrates evidence of exit-seeking behavior.

Directed Completion Date: 06/06/2025