

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

July 3, 2025

[REDACTED]  
CARE HSL NEWTOWN OPCO LLC

[REDACTED]  
C/O HERITAGE SENIOR LIVING  
[REDACTED]

RE: THE BIRCHES AT NEWTOWN  
70 DURHAM ROAD  
NEWTOWN, PA, 18940  
LICENSE/COC#: 14230

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/03/2025 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 AT NEWTOWN* License #: 14230 License Expiration: 09/15/2025  
 Address: 70 DURHAM ROAD, NEWTOWN, PA 18940  
 County: BUCKS Region: SOUTHEAST

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: CARE HSL NEWTOWN OPCO LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: 179 Waking Staff: 134

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: 04/03/2025

**Inspection Dates and Department Representative**

04/03/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 120 Residents Served: 110

Secured Dementia Care Unit  
 In Home: Yes Area: Daybreak Capacity: 52 Residents Served: 49

Hospice  
 Current Residents: xx

Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 109  
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 2  
 Have Mobility Need: 69 Have Physical Disability: 2

**Inspections / Reviews**

04/03/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/09/2025

05/15/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/20/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/20/2025

Inspections / Reviews *(continued)*

07/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/20/2025

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] staff A heard Staff B bragging about how resident [redacted] gave [redacted] [redacted] Staff A did not report this to staff C until [redacted]. Staff C reported this to staff D on [redacted].

Plan of Correction

Accept [redacted] - 05/15/2025)

Immediate Correction: Executive Director in-serviced staff A, B, and C immediately after the survey on 4/04/25 regarding regulatory requirements for reporting abuse in a timely manner.

Additional Corrective Action: All staff will be in-serviced by the Executive Director regarding regulatory requirements for reporting abuse in a timely manner. This training will be completed by 5/1/25.

Ongoing Quality Assurance Actions: The Executive Director will provide oversight into all allegations being reported immediately. Ongoing compliance will be discussed at Quarterly QA meeting beginning 5/15/25.

Licensee's Proposed Overall Completion Date: 05/15/2025

Implemented [redacted] 07/03/2025)

17 - Record Confidentiality

2. 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

On [redacted] around 09:30 AM, the laptop with an open screen with a resident's sensitive information including the resident's DNR status and medications due was unlocked, unattended, and accessible to anybody on the medication cart in the home's Secured Dementia Care Unit (SDCU).

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 05/15/2025)

Immediate Correction: Med Tech was immediately in-serviced by Rhonda Evans, RCD, on the day of survey 4/3/25 about not having an open screen with sensitive information unlocked, unattended, and accessible while not present at the cart.

Additional Corrective Action: All Med Techs will be in-serviced by Rhonda Evans, RCD, on the regulatory requirements for confidentiality and accessibility of records. This training will be completed by 5/1/25.

Ongoing Quality Assurance Actions: RCD and Wellness Nurse will do weekly rounds to monitor compliance of confidentiality and accessibility of records. Ongoing compliance will be discussed at Quarterly QA meeting beginning 5/15/25.

Licensee's Proposed Overall Completion Date: 05/15/2025

17 Record Confidentiality (continued)

Implemented [REDACTED] - 07/03/2025)

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

On [REDACTED], the home's administrator was informed that staff B was telling other staff members that resident [REDACTED] gave them [REDACTED] to help find an apartment. The home initiated an investigation and interviewed resident [REDACTED] who admitted writing a check in the amount of [REDACTED] as a loan sometime in Feb 2025, which was to be paid back [REDACTED] a month. Staff B was interviewed, who corroborated resident [REDACTED] accounts. Staff B and E were having a hard time finding a housing and staff B told resident [REDACTED] about the financial difficulties they faced together. Resident [REDACTED] offered the check as a loan, which staff B accepted and used to rent an apartment with staff E. Both staff B and E signed an employee handbook stipulating that no employee may ever accept cash from a resident including any and all payments, loans, gifts, or services on [REDACTED] and on [REDACTED] respectively.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 05/15/2025)

Immediate Correction: Staff B & E were suspended by RCD, Rhonda Evans, immediately on 3/26/25 and then terminated for accepting cash from a resident on the date of the investigation 3/36/25.

Additional Corrective Action: All staff were immediately in-serviced on 4/3/25 by RCD and the Executive Director and re-educated about the regulation and company policy that employees may never accept cash from a resident. Executive Director reviewed with Residents at Town Hall on 4/4/25.

Ongoing Quality Assurance Actions: The Executive Director will review allegations made immediately and ongoing. An annual review of resident rights will continue to be held with staff and residents. Ongoing compliance will be discussed at Quarterly QA meeting beginning 5/15/25 and ongoing.

Licensee's Proposed Overall Completion Date: 05/15/2025

Implemented [REDACTED] - 07/03/2025)

82c Locking Poisonous Materials

4. 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

On [REDACTED] at 09:37 AM, the items below were unlocked, unattended, and accessible in resident [REDACTED] bathroom, located in the home's secured dementia care unit:

- a Colgate toothpaste with a manufacturer's label indicating "If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away"
- a can of shave foam with a manufacturer's label "Intentional misuse by concentrating and inhaling the contents can be harmful or fatal. keep out of reach of children".

**82c - Locking Poisonous Materials (continued)**

Not all the residents of the home, including resident #3, have been assessed capable of recognizing and using poisons safely.

Repeat Violation: [REDACTED], et al.

**Plan of Correction**

Accept [REDACTED] - 05/15/2025

*Immediate Corrective Action: The items were immediately locked up on 4/03/25 by Memory Care Director.*

*Additional Corrective Actions: The Memory Care Director was in-serviced by the Executive Director on 4/3/25 to ensure that poisonous materials are checked and locked on daily rounds, beginning 4/3/25. Education for staff to identify poisonous materials and understand how that is determined, so they will have a better understanding of what must be locked and under what circumstances.*

*Ongoing Quality Assurance Actions: Maintenance Director and Memory Care Director will do daily walk throughs in Memory Care to check for poisonous chemicals. Findings from walk-throughs will be reviewed at the Quarterly QA Meetings, beginning on 5/15/25 .*

Licensee's Proposed Overall Completion Date: 05/15/2025

Implemented [REDACTED] - 07/03/2025

**141a 1-10 Medical Evaluation Information****5. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

Resident [REDACTED] medical evaluation dated [REDACTED] did not include (4) special health or dietary needs and (8) body positioning and movement stimulus. These sections of the form are blank.

**Plan of Correction**

Accept [REDACTED] - 05/15/2025

*Immediate Corrective Action: DME was reviewed and completed on 4/14/25 by RCD, Rhonda Evans.*

*Additional Corrective Actions: DME's will be reviewed in clinical huddles daily starting on 4/29/25 and ongoing, RCD/ED will audit sampling of charts each month to ensure documentation is filed and fully completed. All staff who are part of tracking DME due dates will be educated to understand the requirements and completed forms that should only be uploaded into records after being reviewed to ensure there are no blank spaces.*

141a 1 10 Medical Evaluation Information (continued)

Ongoing Quality Assurance Actions: DME audit will be reviewed at the Quarterly QA Meetings beginning on 5/15/25.

Licensee's Proposed Overall Completion Date: 05/15/2025

Implemented (████) - 07/03/2025)

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 directions for operating the home's locking mechanism are not conspicuously posted near the Exit door 20 from the Secured Dementia Care Unit (SDCU).

Plan of Correction

Accept (████) - 05/15/2025)

Immediate Corrective Action: Directions were immediately corrected on 4/4/25 by Maintenance Director, Chad Evans.

Additional Corrective Actions: All directions for operating the home's locking mechanism doors in SDCU will be painted directly on the wall near all exit doors in unit by 5/5/25 by the Maintenance Director.

Ongoing Quality Assurance Actions: Daily walk throughs will be done ongoing, so that someone is always checking to make sure the codes are still legible. Findings will be reviewed at the Quarterly QA Meetings, beginning on 5/15/25.

Licensee's Proposed Overall Completion Date: 05/15/2025

Implemented (████) - 07/03/2025)