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 05/07/2025 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 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

Type: *I 2* **Date**: *06/17/2016* **Issued By**: *Newtown Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *177* **Waking Staff**: *133*

Inspection Information

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

Reason: *Monitoring* **Exit Conference Date**: *05/07/2025*

Inspection Dates and Department Representative

05/07/2025 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *120* **Residents Served**: *108*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Daybreak* **Capacity**: *60* **Residents Served**: *52*

Hospice

Current Residents: *15*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *108*

Diagnosed with Mental Illness: *3*

Diagnosed with Intellectual Disability: *2*

Have Mobility Need: *69*

Have Physical Disability: *2*

Inspections / Reviews

05/07/2025 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *06/02/2025*

Inspections / Reviews *(continued)*

05/27/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/12/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/17/2025*

07/03/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/12/2025*

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

81b - Resident Personal Equipment

1. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On [redacted], an uncovered bedside mobility device was installed on the bed of Resident [redacted] Per FDA guidelines, the openings within the device should be less than 120 mm (4 ¾ inches). If any openings within the device exceed 120mm (4 ¾ inches), a cover that allows for safe gripping and use of the device for its intended purpose must be in place. The opening of resident [redacted] bedside mobility device measured 15in wide by 7in high at its widest point. The bedside mobility device was not securely attached to the bed frame and could be pulled away from the bed creating a hazardous zone of approximately 6.5 inches.

Repeated Violation: [redacted] et al.

Plan of Correction ***Accept [redacted] - 05/27/2025)***

Immediate Corrective Action: The bedside mobility device was removed on 5/7/25, by Fox Rehab. Assistance for the resident was provided as needed by staff.
Additional Corrective Action: The Resident Care Director will work with the resident's physician and rehab department to assess the resident's needs and obtain an appropriate bedside mobility device by 6/15/25. It will be attached, documented, and covered as required by regulatory guidelines and the HSL policy. An audit of all bedside mobility devices will be completed by the Resident Care Director by 6/1/25 for compliance with regulatory requirements and HSL policy. Direct care, housekeeping, and maintenance staff will be educated on the regulatory guidelines and HSL policy, with the expectation that they immediately report any bedside mobility device that does not meet regulations or policy. This training will be completed by Executive Director, by 6/1/15).
Ongoing Quality Assurance Actions: The Safety Committee will inspect and review bedside mobility devices monthly, and will immediately address any concerns. Findings of the monthly review will be discussed at quarterly QA Meetings, beginning on 6/15/25.

Licensee's Proposed Overall Completion Date: *06/15/2025*

Implemented ([redacted] - 07/03/2025)

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

Pronamel Active Shield toothpaste with a manufacturer's label indicating, "if more than used for brushing is swallowed, contact poison control immediately" was found unlocked, unattended, and accessible in Resident [redacted] room in the SDCU. Not all the residents of the home and all residents of the SDCU, have been assessed capable of recognizing and using poisons safely.

In Resident [redacted] room, the entire poisons lockbox was open and accessible. [redacted] cleaner with a

82c Locking Poisonous Materials (continued)

manufacturer's label indicating, "if swallowed, contact poison control immediately," Cetaphil with a manufacturer's label indicating, "if swallowed, seek medical attention and contact poison control immediately," Crest toothpaste with a manufacturer's label indicating, "if more than used for brushing is swallowed, contact poison control immediately," and Clorox spray with a manufacturer's label indicating, "if swallowed, contact a poison control center immediately" were unlocked, unattended, and accessible in Resident [redacted] room in the SDCU. Not all the residents of the home, including all residents of the SDCU, have been assessed capable of recognizing and using poisons safely.

Repeated Violation: [redacted] *et al.*

Plan of Correction ***Accept [redacted] - 05/27/2025)***

Immediate Corrective Action: Items were removed by the Executive Director on 5/7/325.
Additional Corrective Actions: Staff were educated by Executive Director on Director on 6/1/25 to ensure all poisonous materials must be locked. The Memory Care Director will visually inspect resident rooms on daily rounds, beginning 6/1/25, and immediately address any concerns.
Ongoing Quality Assurance Actions: Findings from walk throughs will be reviewed at the Quarterly QA Meetings, beginning on 6/15/25.

Licensee's Proposed Overall Completion Date: *06/15/2025*

Implemented ([redacted] 07/03/2025)

103g - Storing Food

3. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On [redacted] at 2:22pm, an uncovered metal container of cut zucchini was found in the main kitchen walk in refrigerator.

Repeated Violation: [redacted] *et al.*

Plan of Correction ***Accept [redacted] 05/27/2025)***

Immediate Corrective Action: Food was immediately discarded by the Dining Service Director on 5/7/25.
Additional Corrective Actions: The Executive Director and Dining Services Director will train all dietary staff on regulatory requirements for food storage by 6/1/25.
Ongoing Quality Assurance Actions: The Dining Services Director will complete a daily kitchen inspection, including the inspection of food storage areas, beginning 6/1/25, and immediately correct any concerns. Findings will be reviewed at the Quarterly QA Meetings, beginning on 6/15/25.

Licensee's Proposed Overall Completion Date: *06/15/2025*

Implemented ([redacted] 07/03/2025)

183b - Meds and Syringes Locked

4. Requirements

2600.

183b - Meds and Syringes Locked *(continued)*

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted] at approximately 2:10pm, [redacted] and over the counter [redacted] were observed unlocked and accessible in Resident [redacted] room in the SDCU.

Repeated Violation: [redacted] et al.

Plan of Correction ***Accept [redacted] - 05/27/2025)***

Immediate Corrective Action: Items were removed by the Executive Director on 5/7/325.
Additional Corrective Actions: All Med Techs and care staff were educated by the Executive Director on Director on 6/1/25 to ensure all prescription medications, OTC medications, CAM and syringes must be kept in a container that is locked. This includes residents' rooms. The Memory Care Director will visually inspect all residents' rooms beginning 6/1/25 and will immediately correct any concerns found.
Ongoing Quality Assurance Actions: Findings from walk throughs will be reviewed at the Quarterly QA Meetings, beginning on 6/15/25.

Licensee's Proposed Overall Completion Date: *06/15/2025*

Implemented [redacted] - 07/03/2025)

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

On [redacted] the following medication cards were observed to have a punctured blister foil with the medication still present in the spot- exposing it to contamination or improper sanitation:

- *Resident [redacted] slot # 12*
- *Resident [redacted] - slot #9*
- *Resident [redacted] - slot #30*
- *Resident [redacted] - slot #8*
- *Resident [redacted] - slot #5*

On [redacted], one oblong white pill, one oblong yellow pill and one round orange pill were found loose in the SDCU medication cart.

On [redacted] one round white pill was found loose in the first floor medication cart.

Repeated Violation: [redacted] et al.

Plan of Correction ***Accept [redacted] 05/27/2025)***

Immediate Corrective Action: Med Tech was immediately in-serviced on ensuring there are no loose pills or

183e - Storing Medications (continued)

punctured cards in the med cart by the Executive Director on 5/7/325.
Additional Corrective Actions: All Med Techs were educated by the Executive Director on 6/1/25 to ensure 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.
Weekly audits of carts will begin 6/1/25 by staff nurse, to include looking at storage and card/foil integrity.
Additional Med-Cart will be provided to ensure there is adequate storage.
Ongoing Quality Assurance Actions: Findings of weekly audits will be reviewed at the Quarterly QA Meetings, beginning on 6/15/25.

Licensee's Proposed Overall Completion Date: *06/15/2025*

Implemented (- 07/03/2025)

187d - Follow Prescriber's Orders

6. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident is prescribed U/ML before meals and at bedtime based on a sliding scale: 0-150=0 units, 151-200=2 units, 201-250=4 units, 251-300=6 units, 301-350=8 units, 351-400=10 units.

- *On at 7am, Resident was not checked and no medication was administered.*
- *On at 11am, Resident was not checked and no medication was administered.*
- *On at 11am, Resident was not checked and no medication was administered.*

Resident is prescribed - apply topically to affected areas on lower extremities twice daily. Resident was not administered their evening dose of this medication on

Repeated Violation: et al.

Plan of Correction ***Accept 05/27/2025)***

Immediate Corrective Action: Staff nurse will educate all med-techs on following the directions of the prescriber by 6/1/25, including implementing any special instructions and parameters as directed.
Additional Corrective Action: Diabetic education was completed for all Med Tech's on 3/31/25 by Diabetic Nurse. Med Techs will complete the Shift Change Responsibility Form, daily which includes comparing glucometer readings with information entered on the MAR.
Ongoing Quality Assurance Overview: Wellness Nurse will provide weekly oversight of insulin delivery during MAR to Cart audits starting 6/1/25. Audits will be reviewed during QA Meeting on 6/15/25 and ongoing.

Licensee's Proposed Overall Completion Date: *06/15/2025*

Implemented - 07/03/2025)