

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

July 21, 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 06/04/2025 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: *1 2* Date: *06/17/2016* Issued By: *Newtown Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *128* Waking Staff: *96*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *06/04/2025*

Inspection Dates and Department Representative

06/04/2025 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *120* Residents Served: *59*

Secured Dementia Care Unit
 In Home: *Yes* Area: *memory care* Capacity: Residents Served: *48*

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: *0* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *69* Have Physical Disability: *2*

Inspections / Reviews

06/04/2025 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *06/28/2025*

Inspections / Reviews *(continued)*

07/02/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/16/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/17/2025

07/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/16/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

141a 1-10 Medical Evaluation Information

1. 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 did not include special health or dietary needs of the resident.

Plan of Correction

Accept ([redacted] - 07/02/2025)

Immediate Corrective Action: DME was reviewed and completed on 6/17/25 by Wellness Nurse.

Additional Corrective Action: DME due dates will be reviewed in clinical huddles daily starting 6/25/25 by Resident Care Director and Memory Care Director. Resident Care Director and Memory Care Director will review DME due dates in TabulaPro daily during clinical meetings. Resident Care Director or Memory Care Director will audit residents DME's for each month due to ensure documentation is fully completed. Resident Care Director and Memory Care Director will be educated to understand the requirements and completed form that should only be uploaded into records after being reviewed to ensure that there are no blank spaces.

Ongoing Quality Assurance Action: DME audit's will be reviewed at the Quarterly Meeting beginning on 7/15/25.

Licensee's Proposed Overall Completion Date: 07/15/2025

Implemented ([redacted] - 07/21/2025)

225c - Additional Assessment

2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident [redacted] most recent assessment was completed on [redacted]

Plan of Correction

Accept ([redacted] - 07/02/2025)

Immediate Corrective Action: Resident's RASP assessment date was immediately corrected by Wellness Nurse on 6/17/25 as the date was an error.

Additional Corrective Action: Resident Care Director and Memory Care Director will audit RASPS that are due each month to ensure documentation is filled out correctly and fully completed. Resident Care Director and Memory Care Director will review RASP due dates in TabulaPro daily during clinical huddles. Resident Care Director and Memory Care Director will be educated on completion of RASPS and reviewing dates to ensure that there are no errors.

Ongoing Quality Assurance Action: RASP audit's will be reviewed at the Quarterly Meeting beginning on 7/15/25.

225c Additional Assessment (continued)

Licensee's Proposed Overall Completion Date: 07/15/2025

Implemented [REDACTED] 07/21/2025)