

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

October 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 08/05/2025 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: *164* Waking Staff: *123*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *08/05/2025*

**Inspection Dates and Department Representative**

08/05/2025 On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *120* Residents Served: *99*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Daybreak* Capacity: *57* Residents Served: *41*

**Hospice**  
 Current Residents: *16*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *55*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *65* Have Physical Disability: *1*

**Inspections / Reviews**

08/05/2025 - Partial  
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *09/01/2025*

Inspections / Reviews *(continued)*

09/05/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 10/02/2025

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 10/05/2025

10/03/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 10/02/2025

Reviewer: [REDACTED] Follow Up Type: Not Required

## 42c - Treatment of Residents

## 1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

## Description of Violation

On [REDACTED], at 5:00 pm, staff member A noticed staff member B grabbing resident [REDACTED] by the wrist and rushing the resident from the dining room to activities room at a fast pace after dinner was finished. Staff member B approached resident [REDACTED] by going around the table where resident [REDACTED] was seated and lifted the resident by the pants, compelling them to stand up. Staff member A noticed staff member B rushing resident [REDACTED] to the common area while pulling the walker and making them walk faster. According to resident [REDACTED]'s support plan, resident [REDACTED] does not need assistance with ambulating.

On [REDACTED] at 5:30 pm, staff member A was walking with staff member B in the hallway when resident [REDACTED] approached them and requested help with IADLs. Resident [REDACTED] requested help to pull their skirt up. Per staff member A, staff member B responded by saying, "You can do it yourself, you damn self," and walked away. Staff member A proceeded to help resident [REDACTED]

## Plan of Correction

Accept [REDACTED] 09/05/2025)

*Immediate Corrective Actions:* Staff Member A reported immediately at the time of the incident on 7/29/25 to the Resident Care Director, and Staff Member B was immediately suspended by the Executive Director. The resident was assessed by the Resident Care Director on 7/29/25 and found to have no injuries related to the incident.

*Additional Corrective Actions:* Staff Member B was terminated on 8/16/25, following an investigation. All Direct Care staff will have training in Resident Rights, Positive Approaches to Care, and Safe Transfer. This will be conducted on 8/28/25 by the Memory Care Director and Fox Rehab.

*Ongoing Quality Assurance Actions:* All staff are assigned training in Resident Rights and OAPSA annually in the Relias Training. The Executive Director has begun reviewing Relias' completion weekly as of 8/25/25 and will continue to monitor training topics quarterly and review at Quarterly QA meetings beginning on 10/15/25.

Licensee's Proposed Overall Completion Date: 10/15/2025

Implemented [REDACTED] 10/03/2025)

## 227g -Support Plan Signatures

## 2. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

## Description of Violation

Resident [REDACTED] participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident did not sign the support plan.

Resident [REDACTED] participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident did not sign the support plan.

227g Support Plan Signatures (continued)

Plan of Correction

Accept [redacted] - 09/05/2025)

Immediate Corrective Actions: Memory Care Director immediately had residents sign support plans on 8/5/25.

Additional Corrective Actions: The Executive Director educated the Resident Care Director and Memory Care Director on confirming all support plans have signatures on 8/28/25. The Resident Care Director and Memory Care Director will complete audit of all support plans to ensure all participants have signed support plans by 9/5/25.

Ongoing Quality Assurance Actions: The Resident Care Director and Memory Care Director will review a sample of 5% of resident records each quarter, as part of Quality Assurance Reviews, including participant signatures on support plans. Ongoing compliance will be reviewed at Quarterly QA meetings, Beginning 10/15/25.

Licensee's Proposed Overall Completion Date: 10/15/2025

Implemented [redacted] - 10/03/2025)

234b - Support Plan Needs Elements

3. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan dated [redacted] for resident [redacted] does not address ambulation. According to the medical evaluation dated [redacted], resident [redacted] uses a walker to ambulate.

Plan of Correction

Accept [redacted] - 09/05/2025)

Immediate Corrective Actions: Support plan was corrected on by Memory Care Director on 8/5/25, to clarify the use of walker.

Additional Corrective Actions: The Executive Director educated the Resident Care Director and Memory Care Director that all RASPs must be up to date and accurate on 8/28/25.

Ongoing Quality Assurance Actions: The Resident Care Director and Memory Care Director will review a sample of 5% of resident records each quarter, as part of Quality Assurance Reviews, including content of support plans. Results of audits and compliance with this regulation will be discussed at the Quarterly QA meeting beginning 10/15/25.

Licensee's Proposed Overall Completion Date: 10/15/2025

Implemented [redacted] - 10/03/2025)