

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

December 3, 2025

[REDACTED], ADMINISTRATOR
CHANGING TRENDS R E CORP
6740 DANIEL BOONE ROAD
BIRDSBORO, PA, 19508

RE: BIRDSBORO LODGE
6740 DANIEL BOONE ROAD
BIRDSBORO, PA, 19508
LICENSE/COC#: 22703

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/28/2025 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: *BIRDSBORO LODGE* License #: *22703* License Expiration: *07/12/2026*
 Address: *6740 DANIEL BOONE ROAD, BIRDSBORO, PA 19508*
 County: *BERKS* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *CHANGING TRENDS R E CORP*
 Address: *6740 DANIEL BOONE ROAD, BIRDSBORO, PA, 19508*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *08/08/2017* Issued By: *Exeter Township*

Staffing Hours

Resident Support Staff: *16* Total Daily Staff: *32* Waking Staff: *24*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *08/28/2025*

Inspection Dates and Department Representative

08/28/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *23* Residents Served: *15*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *1*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *15*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

08/28/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/27/2025*

10/15/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *12/02/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/22/2025*

Inspections / Reviews *(continued)*

11/10/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 11/24/2025

12/03/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. 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

At 12:17 p.m., the laptop on the medication cart was unlocked, unattended, and accessible to residents' records.

Plan of Correction

Accept (█ - 11/10/2025)

The Director of Nursing notified the Med. Techs. and Nursing personnel, on 8-28-25, of the violation. Immediately on 8-28-25 the Med. Techs. and Nursing personnel were trained to log off the Med. Cart laptop computer when leaving it unattended. On 8-28-25 a password was created to log on the Med. Cart lap top computer. The Administrator and DON will perform spot checks starting 8-28-25 assuring compliance to Resident confidentiality.

Licensee's Proposed Overall Completion Date: 11/05/2025

Implemented (█ - 12/03/2025)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The boiler in the freezer and storage area of basement had a Certificate of Boiler or Pressure Operation with an expiration date of 7/19/25 in noncompliance with Boilers and Unfired Pressure Vessels regulation (34 Pa. Code Chapter 3).

The stair glide had a certificate of operation that expired 7/31/25 in noncompliance with the Elevators, Lifts, Escalators, Dumbwaiters, Hoists and Tramways regulations (34 Pa. Code Chapter 7).

Plan of Correction

Accept (█ - 10/15/2025)

A request for inspection was sent to Boilers@pa.gov 8-31-25. The Boiler was inspected 9-5-25. The inspector █ stated Harrisburg sends out new certificates the 1 st week of the month. The Administrator has put a reminder, in cell phone calendar, 3 weeks prior to the next expiration date.

The Stair glide is due for Inspection 10-9-25, we will ask for a new certificate upon inspection.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented (█ - 12/03/2025)

58b - Awake Staff Mobility Needs

7. Requirements

2600.

58b - Awake Staff Mobility Needs (continued)

58.b. If a home serves one or more but less than 16 residents with mobility needs, at least one direct care staff person shall be awake at all times residents are present in the home.

Description of Violation

Resident #5 requires the assistance of one person for transferring and is considered a mobility need. Staff persons B and C reside in the building and are not awake on the overnight shift.

Plan of Correction

Accept (█ - 11/10/2025)

A new Direct Care Staff person has been hired and is being trained. By 10-26-25 there will be an awake DCS person on the overnight shift. The Administrator and Director of Nursing will monitor the mobility needs of the Residents.

Licensee's Proposed Overall Completion Date: 11/05/2025

Implemented (█ - 12/03/2025)

60a - Staff/Support Plan

8. Requirements

2600. 60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

Interviews with Staff person B and C indicated that they reside in the home. Either Staff persons B or C are always in the home on the overnight shift. If Staff person C is not in the building on the overnight shift no one is available to administer PRN medications to the residents. Staff person B is not trained to administer medications.

Plan of Correction

Accept (█ - 11/10/2025)

Staff person B is enrolled in the Med. Tech. training program. Staff person B is expected to be qualified by Nov 28. A waiver request was submitted and denied. Two DCS persons plus the Administrator are enrolled in the Med. Tech. training program.

Licensee's Proposed Overall Completion Date: 11/05/2025

Implemented (█ - 12/03/2025)

124 - Notice to Fire Department

9. Requirements

2600. 124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home's notification to local fire officials letter dated 7/28/2023 did not contain a general description of the mobility needs of the residents served.

Plan of Correction

Accept (█ - 11/10/2025)

The Administrator sent the revised letter to the Fire Dept., 10-23-25, to address the possibility of residents with mobility needs residing in the home.

Licensee's Proposed Overall Completion Date: 11/05/2025

124 - Notice to Fire Department (continued)

Implemented () - 12/03/2025

127a - Portable Space Heaters

10. Requirements

2600.
127.a. Portable space heaters are prohibited.

Description of Violation

Resident #2 has a TV stand in the residents bedroom that has a fire place in the center of it. Resident #2 put the fire place on and it emitted heat. Portable space heaters are prohibited.

Plan of Correction

Accept () - 11/10/2025

The Administrator will obtain and have a nonportable space heater installed with permanent connections and protectors by 11-21-25. The existing TV stand, with fireplace, will have the plug removed by 11-21-25 disabling the fireplace from producing heat.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented () - 12/03/2025

132b - Safety Inspection/Fire Drill

11. Requirements

2600.
132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire drill and fire safety inspection observed by a fire safety expert was conducted on 9/21/2024, the previous year it was conducted on 8/23/2023.

Plan of Correction

Accept () - 11/10/2025

The Fire Safety Expert immediately, 8-29-25, started contacting F.D.s for availability to supervise a Fire Drill. The Fire Safety Expert put a reminder in cell phone calendar one month prior to the annual due date. Current document attached.

Licensee's Proposed Overall Completion Date: 10/23/2025

Implemented () - 12/03/2025

132d - Evacuation

13. Requirements

2600.
132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home's most recent letter from the fire safety expert designating a safe evacuation time based on the physical construction of the home was completed on 9/21/2024, the previous year it was completed on 8/23/2023.

132d - Evacuation (continued)

Plan of Correction

Accept () - 11/10/2025

The Fire Safety expert put a reminder 1 month prior to the due date, in cell phone calendar. 2025 letter attached.

Licensee's Proposed Overall Completion Date: 10/23/2025

Implemented () - 12/03/2025

141a 1-10 Medical Evaluation Information

14. 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 #2's medical evaluation completed on () did not include the residents ability to safely use or avoid poisonous materials.

Plan of Correction

Accept () - 11/10/2025

The box on the DME has been checked, 8-28-29, by the Administrator, indicating the resident's ability to safely use or avoid poisonous materials. A Licensed person, D.O.N., has spoke to a CPRN and the DME s have been signed off. (11-4-25)

The Nursing Dept. will verify completeness of supplied DMEs., prior to filing in the charts.

Licensee's Proposed Overall Completion Date: 11/05/2025

Implemented () - 12/03/2025

141b1 - Annual Medical Evaluation

15. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation completed on () did not include the resident ability to safely use or avoid poisonous materials.

Plan of Correction

Accept () - 11/10/2025

The box on the DME has been checked by the Director of Nursing on 8-28-25 indicating the resident's ability to safely use or avoid poisonous materials. The D.O.N. has spoken to a CPRN, about documenting the Residents

141b1 - Annual Medical Evaluation (continued)

ability to safely use and avoid poisonous materials and signed the DME
The Nursing Dept. will verify completeness of supplied DMEs, prior to being filed.

Licensee's Proposed Overall Completion Date: 11/05/2025

Implemented (█) - 12/03/2025)

185a - Implement Storage Procedures

16. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident#1's glucometer is not calibrated to the current time.

Plan of Correction

Accept (█) - 11/03/2025)

The Nursing Staff was notified, by the Director of Nursing, immediately, 8-28-25, to verify the correct date and time on the Glucometers when using them daily. The Glucometer in question was fixed immediately, by a Med. Tech. on 8-28-25. The Nursing Staff will change the time, on the Glucometers, for daylight saving time.

The Administrator and D.O.N. started, 8-28-25, and will continue monitoring the Glucometers for the correct time.

Licensee's Proposed Overall Completion Date: 10/23/2025

Implemented (█) - 12/03/2025)

190c - Record of Training

17. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person A dated █ does not include the student's signature and date, trainer's signature and date, trainer's name printed, and provider's name.

Plan of Correction

Accept (█) - 11/03/2025)

Staff was notified of the violation immediately, 8-28-25. The Med. Tech., The Train the trainer and others will sign training documents immediately upon completion of training. The Director of Nursing will file only complete training records.

The Staff training record was signed by the student and the Trainer.

Licensee's Proposed Overall Completion Date: 10/23/2025

Implemented (█) - 12/03/2025)

224a - Preadmission Screen Form

18. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

224a - Preadmission Screen Form (continued)

Description of Violation

Resident#2's preadmission screening form, dated [REDACTED] does not include a signature of the person completing the screening.

Plan of Correction

Accept ([REDACTED] - 11/03/2025)

The form was signed, immediately, 8-28-25, by the Administrator, upon notification of the violation. The Nursing Dept. will file only completed DMEs, Pre Admission screenings and any required documents.

Licensee's Proposed Overall Completion Date: 10/23/2025

Implemented ([REDACTED] - 12/03/2025)

227c - Support Plan Revision

19. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident#2's assessment, dated [REDACTED] notes the resident utilizes an enabler bar. The support plan does not include the specific need for the device, the intended use and any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, and identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Plan of Correction

Accept ([REDACTED] - 11/10/2025)

The intended use and risks, the resident's ability to safely use for intended purpose and identification of specific device and whether a cover is required were all in the book for enabler bars. The documentation was attached to the RASP, 8-28-25, by Director of Nursing, to include the above. All the Residents, with Enable bars, have the RASPs updated.

Licensee's Proposed Overall Completion Date: 11/05/2025

Implemented ([REDACTED] - 12/03/2025)