

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

November 4, 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 09/22/2025 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: *162* Waking Staff: *122*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *09/22/2025*

Inspection Dates and Department Representative

09/22/2025 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *120* Residents Served: *114*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Daybreak* Capacity: *57* Residents Served: *48*

Hospice
 Current Residents: *19*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *113*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *48* Have Physical Disability: *1*

Inspections / Reviews

09/22/2025 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *10/11/2025*

Inspections / Reviews *(continued)*

10/16/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/27/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/01/2025

11/04/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/27/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED], a strong odor of urine was present throughout the home's Daybreak neighborhood.

Plan of Correction

Accept [REDACTED] - 10/09/2025)

Immediate Correction: Memory Care Director completed room checks at the time of the inspection on 9/22/25. It was found that several residents were receiving assistance with incontinence and ADLs at the time the surveyor walked the neighborhood. Trash and soiled items were removed by care team on 9/22/25. Air Freshener's were installed in the neighborhood by Maintenance Director on 10/1/25.

Additional Corrective Action: Memory Care Director will continue daily walk through the neighborhood every morning and ensure staff check resident rooms daily for any strong odor of urine and address any concerns. All care staff were educated and reminded of the process of removing trash and soiled items on 10/13 /25 by Memory Care Director.

Ongoing Quality Assurance Actions: The Maintenance Director will have a schedule for room cleaning and carpet cleaning. All hallways and common areas in the neighborhood will be cleaned on 10/8/25 by Maintenance Director. This will be discussed at Quarterly QA meeting beginning 1/1/26 and ongoing.

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

Implemented [REDACTED] - 11/04/2025)

141b1 - Annual Medical Evaluation

2. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED] Resident [REDACTED]'s previous medical evaluation was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 10/16/2025)

Immediate Corrective Action: Resident Care Director and Memory Care Director audited the due dates for all DME on 10/13/25.

Additional Corrective Action: ED educated the RCD and MCD, 10/13/25, on how to use Tabula Pro dashboard to track due dates of DME's which will be reviewed at daily clinical meetings. Resident Care Director will utilize Tabula Pro dashboard dates to review DME's in the morning at clinical huddle starting on 10/13/25 and ongoing

Ongoing Quality Assurance Actions: Once completed, RCD/ED will audit 5% of files monthly to ensure that DMEs are up to date starting 10/13/25 and ongoing. These audits will be reviewed and discussed during QA reviews starting on 1/1/26 and ongoing.

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

Implemented [REDACTED] 11/04/2025)

183e - Storing Medications

3. 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] at 9:43am, one round white pill was found loose in the Daybreak medication cart.

Repeat Violation Date: [redacted] et al

Plan of Correction

Accept [redacted] - 10/16/2025)

Immediate Corrective Actions: Loose pills were removed and corrected immediately by Med tech on the day of survey 9/22/25.

Additional Corrective Action: RCD or Wellness nurse will do weekly audit of carts with Med Tech's starting 10/13/25. RCD or Wellness nurses will in-service Med Tech's on what to look for as well as how to manage loose pills if they are found between audits.

Ongoing Quality Assurance Actions: MAR to CART audit will be done monthly by Wellness nurse starting 10/13/25. This documentation will be reviewed at the Quarterly QA Meeting on 1/1/26 and ongoing.

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

Implemented [redacted] 11/04/2025)

187d Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] - 1 tab orally 3 times daily at 9am/12pm/5pm for anxiety. Resident [redacted] did not receive these medications on [redacted] at 9:00am and [redacted] at 9:00am.

Resident [redacted] is prescribed [redacted] - 0.5 tab orally daily at 2pm- hold for SBP less than 110- for hypertension. Resident [redacted]'s medication administration record does not indicate that a blood pressure reading was taken and the medication was not initialed as given or refused on [redacted].

Repeat Violation Date: [redacted] et al

Plan of Correction

Accept [redacted] 10/16/2025)

Immediate Corrective Actions: Physician and families were notified, MAR documented with update, and note in residents' records by Resident Care Director.

Additional Corrective Action: Resident Care Director will educate Med Tech's 10/13/25 on med errors; checking vitals as ordered; and administration/ documentation of meds. In addition, all Med-Tech 's will have observations completed on 10/8/25 &10/9/25.

Ongoing Quality Assurance Actions: Tabula Pro dashboard review will be conducted daily in clinical huddle by Resident Care Director and Memory Care Director. This documentation and results will be reviewed at the Quarterly QA Meeting on 1/1/26, and ongoing.

187d Follow Prescriber's Orders (continued)

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

Implemented [REDACTED] - 11/04/2025)