

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

March 4, 2026

[REDACTED]
THE BIRCHES OF LEHIGH OPCO LLC
[REDACTED]

RE: THE BIRCHES OF LEHIGH VALLEY
5030 FREEMSBURG AVE
EASTON, PA, 18045
LICENSE/COC#: 23231

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/30/2025, 11/03/2025, 11/12/2025 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 OF LEHIGH VALLEY License #: 23231 License Expiration: 02/13/2026
 Address: 5030 FREEMSBURG AVE, EASTON, PA 18045
 County: NORTHAMPTON Region: NORTHEAST

Administrator

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

Legal Entity

Name: THE BIRCHES OF LEHIGH OPCO LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 02/08/2024 Issued By: Twp of Bethehem

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 149 Waking Staff: 112

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 11/12/2025

Inspection Dates and Department Representative

10/30/2025 - On-Site: [REDACTED]
 11/03/2025 - Off-Site: [REDACTED]
 11/12/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 130 Residents Served: 98
 Secured Dementia Care Unit
 In Home: Yes Area: N/A Capacity: 57 Residents Served: 43
 Hospice
 Current Residents: 14
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 98
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 51 Have Physical Disability: 0

Inspections / Reviews

10/30/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/13/2025

Inspections / Reviews (*continued*)

12/29/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/31/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/31/2025

03/04/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/31/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On [REDACTED] at 8:42 a.m., the home did not administer a [REDACTED] tablet for resident [REDACTED] who requires this assistance to take the medication; however, Staff Person A reported the resident's medication administration record was initialed to indicate the resident took the medication prior to administration. Staff Person A reported the medication was initialed as administered however after approaching Resident #1, the resident refused the medication.

Plan of Correction

Accepted [REDACTED] 12/29/2025)

Violation: 2600.182.c- Medication administration includes the following activities, based on the needs of the resident: Complete documentation in accordance with 2600.187 (relating to medication records).

Description of Violation

On [REDACTED] at 8:42 a.m., the home did not administer a [REDACTED] tablet for resident [REDACTED] who requires this assistance to take the medication; however, Staff Person A reported the resident's medication administration record was initialed to indicate the resident took the medication prior to administration. Staff Person A reported the medication was initialed as administered however after approaching Resident [REDACTED], the resident refused the medication.

Immediate Corrective Actions:

On 11/1/2025 the med tech involved in this documentation error was re-educated by the Executive Director on the 5 steps of medication administration with specific emphasis on the importance not signing off that a medication was administered until the resident has consumed the medication. If the medication has been refused by the resident, documentation must reflect that.

Additional Corrective Actions:

On 11/5/25, the Director of Pharmacy Services provided education for the all Med Techs. On 11/12/25, the Executive Director provided education for all Med Techs on administration, the 5 Rights of medication administration, documentation of medication administration on the MAR, the medication destruction and documentation process, and the management and administration of medications prescribed as straight order and PRN.

Ongoing Quality Assurance Actions:

Beginning 12/1/2025, the SMART Dashboard is being reviewed daily at the wellness huddle / stand up meeting by the wellness team which includes the Executive Director, the Assistant Executive Director, the Resident Care Coordinator, and the Memory Care Director. to follow up on any medication administration or documentation concerns. Beginning 12/8/2025, the Assistant Executive Director will complete a weekly review of the Shift Change Responsibility Sheets completed by Med Techs, to ensure they are reviewing the SMART Dashboard at change of every shift.

Ongoing compliance and findings will be reviewed at Quarterly QA meetings, beginning on 1/14/2026, with a review of Q4 2025 (October, November, and December).

182c Medication Administration (continued)

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented [REDACTED] - 01/16/2026)

185a - Implement Storage Procedures

2. 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 [REDACTED] had a prescription for [REDACTED] tablets that was discontinued on [REDACTED] including 2 PRN orders, and a daily order to be administered in the morning and at bed time. The home keeps a count sheet for narcotics, and a log of destroyed narcotic medications. Staff Person B was interviewed and reported the medication was destroyed on [REDACTED] with Staff Person C. The home's medication destruction log notes the medication was destroyed on [REDACTED].

Resident [REDACTED] had a prescription for [REDACTED] tablets that was discontinued on [REDACTED] including 2 PRN orders, and a daily order to be administered in the morning and at bed time. The resident's controlled substance record noted the resident had 51 pills left on [REDACTED]. The home's Narcotic Destruction Log notes that 50 pills were destroyed on [REDACTED]. The controlled substance record also notes the resident was administered the medication on [REDACTED] and there were 50 pills remaining.

Plan of Correction

Accept [REDACTED] - 12/29/2025)

Violation: 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 [REDACTED] had a prescription for [REDACTED] tablets that was discontinued on [REDACTED] 5 including 2 PRN orders, and a daily order to be administered in the morning and at bed time. The home keeps a count sheet for narcotics, and a log of destroyed narcotic medications. Staff Person B was interviewed and reported the medication was destroyed on [REDACTED] with Staff Person C. The home's medication destruction log notes the medication was destroyed on [REDACTED].

Resident [REDACTED] had a prescription for [REDACTED] tablets that was discontinued on [REDACTED] including 2 PRN orders, and a daily order to be administered in the morning and at bed time. The resident's controlled substance record noted the resident had 51 pills left on [REDACTED]. The home's Narcotic Destruction Log notes that 50 pills were destroyed on [REDACTED]. The controlled substance record also notes the resident was administered the medication on 10/22/25 and there were 50 pills remaining.

Immediate Corrective Actions:

On 10/30/2025, staff persons B and C who were involved in the discrepancy involving administering, discontinuing, documenting, and destroying these medications were terminated from the position.

Additional Corrective Actions:

On 11/5/25, the Director of Pharmacy Services provided education for the Med Techs. On 11/12/25, the Executive Director provided education for the Med Techs. Education included the proper procedures for medication administration, the 5 Rights of medication administration, documentation of medication administration on the

185a - Implement Storage Procedures (continued)

MAR, the medication destruction and documentation process, and the management and administration of medications prescribed as straight order and PRN.

Ongoing Quality Assurance Actions:

Beginning 12/1/2025, the SMART Dashboard is being reviewed daily at the wellness huddle / stand up meeting by the wellness team which includes the Executive Director, the Assistant Executive Director, the Resident Care Coordinator, and the Memory Care Director. to follow up on any medication administration or documentation concerns. Beginning 12/8/2025, the Assistant Executive Director will complete a weekly review of the destruction log and narcotic sheets to ensure compliance with procedures.

Ongoing compliance and findings will be reviewed at Quarterly QA meetings, beginning on 1/14/2026, with a review of Q4 2025 (October, November, and December).

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented () - 03/04/2026)

187b - Date/Time of Medication Admin.**3. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident () is prescribed 2 PRN orders for () tablets, one for 1/2 tablet every 12 hours and one for a full tablet every 6 hours as needed. The resident's medication record noted the resident was administered a 1/2 tablet dose of the medication on () at 5:08 a.m. and 8:42 a.m. Through interviews with staff, it was determined that the resident was not administered the PRN medication at 8:42 a.m., however the medication record reflects that the medication was administered.

Plan of Correction

Accept () - 12/29/2025)

Violation: 2600.187.b.- The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident () is prescribed 2 PRN orders for () tablets, one for 1/2 tablet every 12 hours and one for a full tablet every 6 hours as needed. The resident's medication record noted the resident was administered a 1/2 tablet dose of the medication on () at 5:08 a.m. and 8:42 a.m. Through interviews with staff, it was determined that the resident was not administered the PRN medication at 8:42 a.m., however the medication record reflects that the medication was administered.

Immediate Corrective Actions:

On 11/1/2025 the med tech involved in this documentation error was re-educated by the Executive Director on the 5 steps of medication administration with specific emphasis on the importance of accurate documentation.

Additional Corrective Actions:

On 11/5/25, the Director of Pharmacy Services provided education for the Med Techs. On 11/12/25, the Executive

187b - Date/Time of Medication Admin. (continued)

Director provided education for the Med Techs. Education included the proper procedures for medication administration, the 5 Rights of medication administration, documentation of medication administration on the MAR, the medication destruction and documentation process, and the management and administration of medications prescribed as straight order and PRN.

Ongoing Quality Assurance Actions:

Beginning 12/1/2025, the SMART Dashboard is being reviewed daily at the wellness huddle / stand up meeting by the wellness team which includes the Executive Director, the Assistant Executive Director, the Resident Care Coordinator, and the Memory Care Director. to follow up on any medication administration or documentation concerns. Beginning 12/8/2025, the Assistant Executive Director will complete a weekly review of the destruction log and narcotic sheets to ensure compliance with procedures.

Ongoing compliance and findings will be reviewed at Quarterly QA meetings, beginning on 1/14/2026, with a review of Q4 2025 (October, November, and December).

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented (█ - 03/04/2026)