

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 FREEMANSBURG 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 01/15/2026 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 FREEMANSBURG 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: 03/08/2024 Issued By: Twp of Bethlehem

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 167 Waking Staff: 125

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Interim, Settlement Exit Conference Date: 01/15/2026

Inspection Dates and Department Representative

01/15/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 130 Residents Served: 109
 Secured Dementia Care Unit
 In Home: Yes Area: Daybreak Capacity: 57 Residents Served: 51
 Hospice
 Current Residents: 14
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 110
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 58 Have Physical Disability: 0

Inspections / Reviews

01/15/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/14/2026

02/27/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/03/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/03/2026

Inspections / Reviews *(continued)*

03/04/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/03/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

185a - Implement Storage Procedures

1. 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] glucometer device has a blood glucose reading of [redacted] on [redacted] at 12:20 p.m. the reading was not noted on the medication administration record.

Resident [redacted] medication administration record notes blood sugar readings taken on [redacted] at 6 a.m. of [redacted] and at 4 p.m. of [redacted]; however, the blood sugar readings were not found in the glucometer.

Plan of Correction

Accept [redacted] - 02/27/2026)

1.Violation: 2600.185.A-The home shall develop and implement procedures for safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Immediate Corrective Actions:

On 1/19/26, the Executive Director provided training for Medication Technicians regarding use of individual resident glucometers per physician orders and accurate documentation of blood sugar readings.

Additional Corrective Actions:

On 1/16/26, an audit was completed by the Executive Director and the Resident Care Coordinator to ensure blood sugar checks are completed per physician orders and that all readings in the glucometers are documented in the EMAR.

Ongoing Quality Assurance Actions:

Beginning 1/16/26, Medication technicians will review glucometers and the related documentation of blood sugar readings to ensure accuracy as a part of the shift change responsibilities. Beginning 2/9/26 the Resident Care Director and Resident Care Coordinator will complete glucometer audits daily for 2 weeks, in addition to reviewing the shift change responsibilities weekly to ensure completion. The RCD will investigate all documentation errors and concerns with blood sugar readings.

Ongoing compliance will be reviewed at the quarterly QA meetings, beginning on 4/14/26, with the review of Q1 (January, February, and March) 2026.

The Executive Director will provide ongoing oversight to ensure compliance.

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented [redacted] - 03/04/2026)

187b - Date/Time of Medication Admin.

2. 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 [redacted] is prescribed [redacted] tablets every 4 hours as needed. Resident [redacted] January 2026 medication administration record does not include the initials of the staff person who administered the PRN medication on [redacted] at 2:32 p.m.

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

Plan of Correction

Accept [REDACTED] - 02/27/2026)

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

Immediate Corrective Actions:

On 1/16/26 the med tech involved in this documentation error was re educated by the Executive Director on the importance of documenting accurately on the narcotic sheets.

Additional Corrective Actions: Beginning 1/16/26, the Executive Director provided competency training related to documenting in the EMARS and Narcotic Count Sheets for all Med Techs. In addition to reviewing the shift change responsibilities weekly to ensure completion.

Ongoing Quality Assurance Actions:

Beginning 2/9/26, the wellness team which includes the Executive Director, the Resident Care Director, and the Resident Care Coordinator will audit a sample of narcotic sheets to ensure all narcotics are being documented on Mondays 7 3 shift and Thursdays 3 11 shift for no less than 2 narcotic medications on two different medication carts each week.

Ongoing compliance will be reviewed at the quarterly QA meetings, beginning on 4/14/26, with the review of Q1 (January, February, and March) 2026.

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented [REDACTED] 03/04/2026)

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed blood sugar checks twice daily. However, resident [REDACTED] blood sugar readings on [REDACTED] at 6 a.m. and 4 p.m. of [REDACTED] were not completed.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/27/2026)

3.Violation: 2600.187. D The home shall follow the directions of the prescriber.

Immediate Corrective Actions:

On 1/19/26, the Executive Director provided training for Medication Technicians regarding use of individual resident glucometers per physician orders and accurate documentation of blood sugar readings.

Additional Corrective Actions:

On 1/16/26, an audit was completed by the Executive Director and the Resident Care Coordinator to ensure blood sugar checks are completed per physician orders and that all readings in the glucometers are documented in the EMAR. In addition to reviewing the shift change responsibilities weekly to ensure completion.

Ongoing Quality Assurance Actions:

Beginning 1/16/26, Medication technicians will review glucometers and the related documentation of blood sugar readings to ensure accuracy as a part of the shift change responsibilities. Beginning 2/9/26 the Resident Care Director and Resident Care Coordinator will complete glucometer audits daily for 2 weeks, in addition to reviewing the shift change responsibilities weekly to ensure completion. The RCD will investigate all documentation errors

187d Follow Prescriber's Orders (continued)

and concerns with blood sugar readings.

Ongoing compliance will be reviewed at the quarterly QA meetings, beginning on 4/14/26, with the review of Q1 (January, February, and March) 2026.

The Executive Director will provide ongoing oversight to ensure compliance.

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented [REDACTED] - 03/04/2026)