

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

June 4, 2026

[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 03/30/2026 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 AT NEWTOWN License #: 14230 License Expiration: 09/25/2026
 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: 152 Waking Staff: 114

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 03/30/2026

Inspection Dates and Department Representative

03/30/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 120 Residents Served: 101

Secured Dementia Care Unit
 In Home: Yes Area: Daybreak Capacity: 57 Residents Served: 46

Hospice
 Current Residents: 12

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 101
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 51 Have Physical Disability: 1

Inspections / Reviews

03/30/2026 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 04/30/2026

Inspections / Reviews (*continued*)

05/01/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/11/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/11/2026

06/04/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/11/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

162c - Menu Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On [redacted], the home's menu for the week of [redacted] to [redacted] was posted in the secured dementia care unit. However, the current week and the following week's menus were not posted.

Repeat Violation: [redacted] et. al., [redacted] et. al.

Plan of Correction

Accept [redacted] - 05/01/2026)

Immediate Corrective Actions – Updated menus were posted at both the personal care and memory care dining rooms by the Dining Director on 3/30/26 to include the current week and one week in advance.

Additional Corrective Actions - The Dining Services Director and Assistant Executive Director were re-educated 4/10/2026 by the Executive Director on DHS regulation 2600.162.c to ensure that menus are posted for the current week and one week in advance. The AED and DSD will audit menus weekly for four weeks to ensure that the menus are posted for the current week and one week in advance, beginning the week of 4/27/26.

All Department Directors will be re-educated by 4/30/2026 by the Executive Director on DHS regulation 2600.162.c to ensure that menus are posted for the current week and one week in advance. The Manager on Duty will audit menus in both locations at least once each weekend for four weeks, beginning the week of 4/27/26.

The Dining Director is responsible for sustained compliance.

Ongoing Quality Assurance Actions – The ED and AED will review menus weekly to ensure that the menus are posted for the current week and one week in advance, beginning the week of 4/27/2026. Ongoing compliance will be reviewed at Quarterly QA Meetings with a review of Q2 2026 – April, May, and June -in July 2026.

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented [redacted] - 06/04/2026)

225a - Assessment 15 Days

2. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [redacted] was admitted on [redacted]; however, the resident's assessment was not completed until [redacted].

Plan of Correction

Accept [redacted] 05/01/2026)

Immediate Corrective Actions – Because this RASP is from 2024, it cannot be corrected. The Resident Care Director will put a note with the RASP in the resident record by 5/1/26 to acknowledge this violation was cited as part of the 3/30/26 inspection, in the event someone sees it in the future, so they will know it has been cited and addressed.

Additional Corrective Actions - The Assistant Executive Director, Resident Care Director, and Memory Care Director were re-educated 4/10/26 by the Executive Director on DHS regulation 2600.225.a to ensure that Residents shall have a written initial assessment that is documented on the department assessment form within 15 days of admission.

225a - Assessment 15 Days (continued)

The RCD, and MCD will audit all residents' initial RASPs by 5/15/2026, to ensure that the assessments have been completed within 15 days of admission. Any found not to be completed within the required timeline will have a note entered with the RASP in the resident record by 5/15/26 to acknowledge this violation was cited as part of the 3/30/26 inspection, in the event someone sees it in the future, so they will know it has been cited and addressed. MCD and RCD are responsible for sustained compliance.

Ongoing Quality Assurance Actions – The RCD or MCD will review all newly admitted residents' support plans each month to ensure that all assessments have been completed within the required timeline. Ongoing compliance will be reviewed at Quarterly QA Meetings with a review of Q2 2026 – April, May, and June -in July 2026.

Licensee's Proposed Overall Completion Date: 05/15/2026

Implemented [redacted] - 06/04/2026)

227a - Support Plan 30 Days

3. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [redacted] was admitted on [redacted] however, the resident's initial support plan was not completed until [redacted].

Plan of Correction

Accept [redacted] - 05/01/2026)

Immediate Corrective Actions – Because this RASP is from 2024, it cannot be corrected. The Resident Care Director will put a note with the RASP in the resident record by 5/1/26 to acknowledge this violation was cited as part of the 3/30/26 inspection, in the event someone sees it in the future, so they will know it has been cited and addressed.

Additional Corrective Actions - The Assistant Executive Director, Resident Care Director, and Memory Care Director were re-educated 4/10/26 by the Executive Director on DHS regulation 2600.227.a to ensure that residents shall have a written support plan developed and implemented within 30 days of admission.

The RCD, and MCD will audit all residents' initial RASPs by 5/15/2026, to ensure that the support plans have been completed within 30 days of admission. Any found not to be completed within the required timeline will have a note entered with the RASP in the resident record by 5/15/26 to acknowledge this violation was cited as part of the 3/30/26 inspection, in the event someone sees it in the future, so they will know it has been cited and addressed. MCD and RCD are responsible for sustained compliance.

Ongoing Quality Assurance Actions – The RCD or MCD will review all newly admitted residents' support plans each month to ensure that all support plans have been completed within the required timeline. Ongoing compliance will be reviewed at Quarterly QA Meetings with a review of Q2 2026 – April, May, and June -in July 2026.

Licensee's Proposed Overall Completion Date: 05/15/2026

Implemented [redacted] - 06/04/2026)