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

June 22, 2026

[redacted]
CHANGING TRENDS R E CORP
[redacted]

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

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/13/2026 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]
Human Services Licensing Supervisor

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: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *13* **Waking Staff**: *10*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *05/13/2026*

Inspection Dates and Department Representative

05/13/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *23* **Residents Served**: *11*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *11*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *2* **Have Physical Disability**: *0*

Inspections / Reviews

05/13/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/06/2026*

06/10/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/22/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/14/2026*

Inspections / Reviews *(continued)*

06/22/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/22/2026*

Reviewer: [redacted] **Follow Up Type:** *Bypass Document Submission*

06/22/2026 Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *06/22/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

According to staff interviews, on or around [redacted] the home's smoke alarm system was set off due to bacon burning on the stove. All residents were evacuated and the fire department arrived at the home in response to the fire alarm system. The home did not report the incident to the department's regional office as required.

Plan of Correction ***Accept [redacted] 06/15/2026)***

The regulation exists to ensure transparency, resident protection and regulatory oversight.
The Administrator and designees were not adequately trained on DHS reportable incident requirements. This resulted in failure to recognize the incident as reportable and submit the written report within the required time frame.
Upon identification of the deficiency the PCH immediately, 5-13-26, submitted the required reportable incident report to the Regional Dept.
The Administrator and designees were trained immediately. 5-2-26. The Administrator updated the existing policy.
The Administrator is responsible for fixing the problem.
All steps in the plan will be completed by 6-15-26.
An incident report log will be started 6-15-26.
The Administrator will review the log to ensure no reportable incidents are missed.

Licensee's Proposed Overall Completion Date: *06/15/2026*

Implemented [redacted] - 06/22/2026)

89a - Water Pressure

2. Requirements

2600.
89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On [redacted] the home was informed of possible [redacted] in their water system. The home was instructed by the Department of Health's Director of Epidemiology to shut down the water system as part of remediation efforts. From [redacted] to approximately [redacted] the home did not have running water available to residents.

Plan of Correction ***Accept [redacted] - 06/15/2026)***

The reason for the regulation is to protect the health, safety, sanitation and well being of the residents.
The facility did not have an effective system for monitoring, to control Legionella growth within the building water system. Inadequate monitoring of the water quality and preventative maintenance of the water distribution system allowed conditions that supported the growth of Legionella bacteria.
Immediately, upon notice by the Dept. of Health of the water contamination, water use was restricted. Bottled water was obtained for resident/staff consumption. The PCH immediately engaged a qualified water management/remediation company.
The affected water system was disinfected and flushed in accordance with the remediation plan.

89a - Water Pressure (continued)

The facility has implemented a water management program to reduce the risk of Legionella grow in the building water system.
The program includes routine water quality monitoring, weekly flushing of vacant resident rooms and infrequently used water fixtures.Staff have been educated on the facilities water management procedures.
The Administrator is responsible for fixing the problem.
The disinfecting and flushing was completed 4-22-26. Samples from the previously contaminated water fixtures were sent out, 4-24-26, for testing.Acceptable test results were received, 5-4-26. (No Legionella detected)
A log has been created 5-9-26, to document flushing of vacant Resident rooms and infrequently used water fixtures.
The Administrator will monitor what locations are being flushed and review the log of weekly flushings.

Licensee's Proposed Overall Completion Date: *06/14/2026*

Implemented [redacted] - 06/22/2026)

225c - Additional Assessment

3. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] has an enabler bar attached to their bed. The assessment dated [redacted] did not include the type of enabler bar installed or whether the device requires a cover to meet FDA guidelines.
Repeated violation [redacted].

Plan of Correction ***Accept[redacted] - 06/15/2026)***

and care remain reason for the regulation is to ensure the PCH maintains an up to date understanding of each resident's needs so services, supervision and care remain appropriate.
Staff were not adequately trained to identify and communicate significant changes in resident condition that required reassessment, resulting in assessment not being updated as required.
The resident was immediately reassessed. The assessment was updated to identify the specific type enabler bar installed, the resident's need for the enabler bar, and whether a protective cover is required.
Staff responsible, R.N. and LPN, for completing RASPs were re educated on the requirements for documenting Enabler bars.
The Administrator and/or Dir. of Nursing will conduct a review of RASPs for all residents using Enabler bars. The review will include the device type and model, manufacturer safety requirements and whether a safety cover is required and installed. The Resident's need for the device is documented.

Licensee's Proposed Overall Completion Date: *06/14/2026*

Implemented [redacted] - 06/22/2026)