

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

August 31, 2026

[REDACTED]
CARE HSL HARLEYSVILLE OPCO LP
[REDACTED]

HERITAGE SENIOR LIVING
[REDACTED]

RE: THE BIRCHES AT HARLEYSVILLE
691 MAIN STREET
HARLEYSVILLE, PA, 19438
LICENSE/COC#: 14266

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/09/2026, 06/18/2026 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 HARLEYSVILLE

License #: 14266

License Expiration: 03/27/2027

Address: 691 MAIN STREET, HARLEYSVILLE, PA 19438

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: CARE HSL HARLEYSVILLE OPCO LP

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: I 1

Date: 11/12/2021

Issued By: Lower Salford Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 130

Waking Staff: 98

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Incident

Exit Conference Date: 06/18/2026

Inspection Dates and Department Representative

06/09/2026 On Site: [REDACTED]

06/18/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 85

Residents Served: 82

Secured Dementia Care Unit

In Home: Yes

Area: Day Break and Garden

Capacity: 34

Residents Served: 33

Hospice

Current Residents: 14

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 81

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 48

Have Physical Disability: 0

Inspections / Reviews

06/09/2026 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 07/31/2026

Inspections / Reviews (*continued*)

08/03/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/26/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/27/2026

08/31/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/26/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a - Activities of Daily Living Assistance**1. Requirements**

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan for resident [REDACTED] dated [REDACTED], indicates that the resident requires assistance with bladder management. However, on [REDACTED] this assistance was not provided as required. Staff person A discovered resident [REDACTED] without a brief, and the bedding was wet. According to the support plan, resident [REDACTED] is to receive checks every two hours and upon request for bladder management.

The assessment and support plan for resident [REDACTED] dated [REDACTED], indicates that the resident requires assistance with personal hygiene. According to staff interviews and the shower schedule, the resident has a scheduled shower every two days. However, the shower schedules from [REDACTED], to [REDACTED], indicate that the staff did not complete the resident's scheduled showers during this period. According to the staff interview, on [REDACTED] during the 7:00 am and 3:00 pm shifts, resident [REDACTED] was observed soaked in urine and was not changed into their pajamas on the previous shift.

Repeated Violation - [REDACTED]

Plan of Correction**Accept [REDACTED] - 07/31/2026)**

Immediate Corrective Action: By 7/25/26, the Executive Director will provide in-service to the Resident Care Director, Assistant Resident Care Director, and Memory Care Director related to providing each resident assistance with ADLs as identified on RASP.

Additional Corrective Action: On 7/22/26, the Executive Director met with Caring Hospice to review documentation needed related to showers, to ensure completion of care is completed and documented.

By 7/31/2026, the Executive Director will Inservice the staff related to the change of shift process to review care needs of the residents.

Starting on 7/29/2026, the Memory Care Director and Assistant Resident Care Director will complete daily rounding in the am and pm M-F for 4 weeks to ensure that all residents are receiving assistance with ADLS and showers as identified on RASP.

Starting on 7/30/2026, the Memory Care Director and Assistant Resident Care Director will monitor that task list for resident [REDACTED] and resident [REDACTED] are completed M- F for 4 weeks and then weekly.

Ongoing Quality Assurance Actions: Starting 7/31/2026, The Executive Director will visit a 5% sample of residents weekly to ensure that assistance with ADLS as identified on RASP is completed starting 7/31/2026.

The home's Executive Director will review ongoing compliance at the 3rd Quarter (July, August, September review) Quality Assurance Meeting on October 14th, 2026.

Proposed Overall Completion Date: 08/27/2026

In addition to the above plan of correction: The Memory Care Director and Assistant Resident Care Director will

23a - Activities of Daily Living Assistance (continued)

complete rounding in the am and pm during the weekends. [REDACTED]

Licensee's Proposed Overall Completion Date: 08/27/2026

Implemented [REDACTED] - 08/31/2026)

42b - Abuse**2. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately 10:58 am, the facility received a notification about transactions discovered in resident [REDACTED]'s bank account. The total amount of the transaction for resident [REDACTED] was [REDACTED] as reported by the residents' spouse. The facility notified the local law enforcement, who initiated an investigation. The detective who took over the assignment is currently investigating the case. The officer reported that they have a couple of individuals of interest for Cash App transactions that took place from [REDACTED], through [REDACTED]. One of the alleged perpetrators is staff person B, who on [REDACTED], completed a Cash App transaction on resident [REDACTED]'s bank account for [REDACTED].

On [REDACTED] at approximately 2:00 pm, resident [REDACTED] reported that [REDACTED] was missing from their apartment. The money had been left in the resident's bedroom. Resident [REDACTED] also stated that the apartment door does not lock. Resident [REDACTED] mentioned that the incident occurred on the evening of [REDACTED]. Staff interviews revealed that everyone in the home, from housekeepers to caregivers, possess a master key that allows access to every resident's apartment.

Repeated Violation - [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 08/03/2026)

Immediate Corrective Action: The Executive Director suspended the alleged perpetrator on June 18, 2026, at the time of inspection. The Executive Director is cooperating with Lower Salford Township Police Department, Sergeant, in their investigation.

The Environmental Service Director visited resident [REDACTED] on June 18, 2026, to verify that the bedroom door locks and unlocks as intended, with demonstration provided to resident.

Additional Corrective Actions: The Executive Director will provide Training for staff regarding resident valuables and personal information and reporting if they see anything unlocked by 7/31/2026.

The Executive Director will review with residents the need to lock valuables and personal information up at the next Town Hall meeting on August 27th, 2026.

Ongoing Quality Assurance:

The Executive Director will continue to review at the time of admission that The Community will provide for each resident, at no charge, one lock box, upon request.

The Environmental Service Director will check 5% of rooms weekly to ensure that door locks lock and unlock as intended starting 7/31/2026.

The home's Executive Director will review ongoing compliance at the 3rd Quarter (July, August, September review) Quality Assurance Meeting on October 14th, 2026.

42b - Abuse (continued)

Licensee's Proposed Overall Completion Date: 08/27/2026

Implemented [REDACTED] - 08/31/2026)

42x - Safeguard**3. Requirements**

2600.

42.x. A resident has the right to a system to safeguard a resident's money and property.

Description of Violation

On [REDACTED] the home did not have a system in place to safeguard the resident's money. During an interview, resident [REDACTED] mentioned that [REDACTED] was missing from where it was stored in the dresser in the bedroom, and the last time resident [REDACTED] saw it was on [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/03/2026)

Immediate Corrective Action: The Executive Director provided a safe to the resident on 6/7/2026.

Additional Corrective Action: The Executive Director will provide training for staff regarding resident valuables and personal information, and reporting if they see anything unlocked by 8/15/2026.

The Executive Director will review with residents the need to lock valuables and personal information, and the availability of lock boxes at the next Town Hall meeting on August 27th, 2026.

Ongoing Quality Assurance Actions: The Executive Director will continue to review at the time of admission that The Community will provide for each resident, at no charge, one lock box, upon request.

The home's Executive Director will review ongoing compliance at the 3rd Quarter (July, August, September review) Quality Assurance Meeting on October 14th, 2026.

Licensee's Proposed Overall Completion Date: 08/27/2026

Implemented [REDACTED] - 08/31/2026)

85a - Sanitary Conditions**4. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED], at 9:55 am, during a room inspection in the memory care unit, slices of bacon were observed on the nightstand in room [REDACTED]; some of the bacon was wrapped in tissue.

On [REDACTED], at 10:00 am, a room inspection was conducted in the memory care unit. During the inspection, it was noted that resident #6 and resident [REDACTED] shared a bedroom and bathroom. The toilet seat was observed to have feces smeared on it.

Plan of Correction

Accept [REDACTED] - 08/03/2026)

Immediate Corrective Actions: The Memory Care Director removed bacon from resident in room [REDACTED]. The Memory

85a Sanitary Conditions (continued)

Care Director contacted housekeeping to clean the toilet seat at the time of the inspection on 6/9/2026.

Additional Corrective Actions: The Executive Director will provide in service to staff regarding the need to be observant when entering rooms, to look for any unsanitary conditions and address and/or report them immediately by 8/1/2026.

Ongoing Quality Assurance Actions: The Memory Care Director will walk through Memory Care neighborhoods Monday Friday for four weeks and follow this with a 5% sample of resident rooms each week by 8/1/2026. The Home's Executive Director will review ongoing compliance at the 3rd Quarter (July, August, September review) Quality Assurance Meeting on October 14th, 2026.

Licensee's Proposed Overall Completion Date: 08/27/2026

Implemented [REDACTED] - 08/31/2026)

95 - Furniture and Equipment**5. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [REDACTED], during the interview, resident [REDACTED] mentioned that [REDACTED] was taken from inside the apartment. Resident [REDACTED] was asked why the door was not locked when you left your apartment. Resident [REDACTED] stated that the door would not lock. Resident [REDACTED] put in a work order, and it has not been fixed.

Plan of Correction

Accept [REDACTED] 08/03/2026)

Immediate Corrective Action: Unfortunately, the Licensing Representative had not mentioned this during their inspection and shared this for the first time at the Exit Conference. Following the Exit Conference, the Environmental Service Director visited resident [REDACTED] on 6/18/26, to verify that the bedroom door locks and unlocks as intended with demonstration provided to resident.

Additional Corrective Actions: The Environmental Service Director will check 5% of rooms weekly to ensure that door locks lock and unlock as intended starting 7/30/2026.

Ongoing Quality Assurance Actions: The home's Executive Director will review ongoing compliance at the 3rd Quarter (July, August, September review) Quality Assurance Meeting on October 14th, 2026.

Licensee's Proposed Overall Completion Date: 08/27/2026

Implemented [REDACTED] - 08/31/2026)

102k - No Common Towel**6. Requirements**

2600.

102k - No Common Towel (continued)

102.k. Use of a common towel is prohibited.

Description of Violation

There was a used towel in the shared bathroom in room [REDACTED]. There were no paper towels, mechanical hand dryer or other sanitary means of hand drying in this bathroom.

Plan of Correction

Accept [REDACTED] - 08/03/2026)

Immediate Correction Actions: On 7/9/2026, the Memory Care Director provided clean towels to the residents in Room G 102 and removed the used towel. On 7/9/2026 a labeled towel bar provided for each resident in room G 102.

Additional Corrective Actions: By 7/31/26, the Memory Care Director will provide in-service to memory care staff to review that use of a common towel is prohibited, used towels must be removed after use, and that clean towels labeled for each resident or paper towels must be available.

On 7/9/2026, the Memory Care Director checked all bathrooms in memory care to ensure appropriate towels were available.

Ongoing Quality Assurance Actions: Beginning 8/3/2026, the Memory Care Director will complete an audit of a 5% sample of rooms weekly to ensure that each resident has their own towel available.

The home's Executive Director will review ongoing compliance at the 3rd Quarter (July, August, September) Quality Assurance Meeting on October 14th, 2026.

Licensee's Proposed Overall Completion Date: 08/27/2026

Implemented [REDACTED] - 08/31/2026)