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

August 3, 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 06/10/2026 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: *THE BIRCHES OF LEHIGH VALLEY* **License #**: *23231* **License Expiration**: *02/13/2027*

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**: *02/08/2024* **Issued By**: *Township of Bethlehem*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *171* **Waking Staff**: *128*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *06/10/2026*

Inspection Dates and Department Representative

06/10/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *130* **Residents Served**: *107*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *SDCU* **Capacity**: *57* **Residents Served**: *56*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *107*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *64*

Have Physical Disability: *1*

Inspections / Reviews

06/10/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/11/2026*

07/13/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/24/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/20/2026*

Inspections / Reviews *(continued)*

08/03/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/24/2026*

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

15a Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

The home did not report to Area Agency on Aging the [redacted] incident of resident [redacted] elopement from the Secured Memory Care Unit by breaking a safety lock and climbing out of resident [redacted] bedroom first-floor window. The home was unaware of the resident's disappearance until they were notified by police around 10 p.m. that the resident was found approximately 30 yards from the facility knocking on doors in a neighborhood cul-de-sac.

Plan of Correction ***Accept [redacted] - 07/13/2026)***

Violation: 2600.15a

The residence shall immediately report suspected abuse of a home served in the residents in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Immediate action taken:

Upon receipt of the Department of Human Services Licensing Inspection Summary the Executive Director reviewed the violations and determined that the May 25, 2026 incident met the reporting criteria under the Older Adult Protective Services Act. Although the community did not initially recognize the incident as reportable abuse, the incident was immediately reported to the Area Agency on Aging on July 1, 2026, after receiving the violation. An internal investigation was completed by the Resident Care Director on May 26, 2026, and the resident's physician, POA, and DHS had already been notified on May 25, 2026.

Additional Corrective Actions:

To prevent future occurrences, all resident care managers were immediately re-educated by April Watson, ED, on mandatory reporting requirements under the Older Adult Protective Services Act, and the requirement to notify the Area Agency on Aging on June 11, 2026. when the incident is recognized as abuse.

Ongoing Quality Assurance Actions:

All reportable incidents will be reviewed by the Executive Director immediately to verify that all required notifications have been completed, beginning June 10, 2026. Reportable incidents are reviewed by the resident care management team at daily huddles to ensure all notifications and follow up are completed with a start date of May 26, 2026. Ongoing compliance will be reviewed at our Quarterly QA meetings, beginning in July, when we review Q2 (April, May, June) of 2026.

Licensee's Proposed Overall Completion Date: *07/10/2026*

Implemented ([redacted] 08/03/2026)

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.

42b - Abuse *(continued)*

Description of Violation

Resident [redacted] was able to disable the security window mechanism on [redacted] but was stopped by staff while attempting to exit the window. The resident was then put on 1:1 supervision until a plan to give the resident a new room overlooking the locked outside patio of the secured dementia care unit. On [redacted] resident [redacted] entered another resident's room and broke the security window mechanism that prevents the window from fully opening. Resident [redacted] was able to climb out of the first-floor window and was discovered 30 yards away by police around 10:00 p.m. Staff last saw Resident [redacted] in their bed at approximately 9:00 p.m. and were unaware the resident was missing until contacted by police. Resident [redacted] was transported to the hospital and discharged with no injuries or new orders.

Plan of Correction ***Accept [redacted] - 07/13/2026)***

Violation: 2600.42b- A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in anyway.
Immediate action taken:
Immediately following the incident on May 25, 2026, the resident received a medical evaluation at SLA and returned to the community with no injuries or new medical orders. The resident support plan, elopement assessment, and supervision needs were immediately reviewed by the Clinical care team on May 26, 2026. The residents responsible party and physician were notified, and a 1:1 care aide was initiated immediately upon return beginning May 26, 2026, and provided by Millbrook Home Care.
Additional Corrective Actions:
The resident care management team completed a review of the residents behaviors, environmental risks, and elopement prevention interventions on May 26, 2025. All exterior windows that provide access to the outside of the building were secured with four-inch track locks to limit window opening and reduce the risk of elopement by the Maintenance Director on May 26, 2025. A PAL Care door sensor was installed on the resident's bedroom door to alert staff when the resident exits the room between the hours of 11:00 p.m. and 7:00 a.m. on June 3, 2026, by the Maintenance Director. The resident's RASP and support plan were revised to include updated safety interventions and elopement prevention measures on May 26, 2026. Staff received re-education on recognizing residents at risk for elopement, implementing interventions, completing required safety checks as needed, and reporting changes in resident behavior beginning May 26, 2026. These interventions will be reviewed and updated as needed to ensure the resident's continued safety.
Ongoing Quality Assurance Actions:
Residents identified as being at risk for elopement will be reviewed daily at clinical huddle) meeting to make sure interventions remain effective beginning May 26, 2026. Elopement risk assessments are reviewed monthly by the Resident Care Director and Executive Director.
Ongoing compliance will be reviewed at our Quarterly QA meetings, beginning in July, when we review Q2 (April, May, June) of 2026.

Licensee's Proposed Overall Completion Date: *07/10/2026*

Implemented [redacted] - 08/03/2026)

121a - Unobstructed Egress

3. Requirements

121a - Unobstructed Egress *(continued)*

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At 9:32 a.m., there were 2 garbage cans, 2 milk crates, a cart, and a wooden pallet stored outside that blocked egress from the dining room emergency exit.

Plan of Correction ***Accept [redacted] - 07/13/2026)***

Violation: 2600.121.a- Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.
Immediate action taken:
During the walk-through on June 10, 2026, the Licensing Representative identified the garbage cans, two milk crates, and a wooden pallet obstructing the dining room emergency exit. The items were immediately removed from the emergency exit, restoring unobstructed egress on June 10, 2026, by the Maintenance Director.
Additional Corrective Actions:
All maintenance, dining, and housekeeping staff were re-educated on maintaining unobstructed exits and to make sure no equipment or supplies are stored in or near emergency egress pathways on 6.10.26 by the Maintenance Director. The Maintenance Director completed a full inspection of all emergency exits to verify compliance on June 10, 2026. Daily environmental rounds were reinforced to make sure exits remain clear at all times on June 10, 2026, by the Executive Director.
Ongoing Quality Assurance Actions:
The Maintenance Director will conduct daily environmental rounds to verify all emergency exits remain unobstructed beginning 6.10.26. Findings will be documented and reviewed during monthly Quality Assurance meetings be the Maintenance Director beginning 6.10.26.
Ongoing compliance will be reviewed at our Quarterly QA meetings, beginning in July, when we review Q2 (April, May, June) of 2026.

Licensee's Proposed Overall Completion Date: *07/10/2026*

Implemented [redacted] - 08/03/2026)