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

August 12, 2026

[redacted], PRESIDENT AND CHIEF OPERATING OFFICER
ONE SOLEBURY PROPERTIES, LP
[redacted]

RE: THE BIRCHES AT NEW HOPE
6554 LOWER YORK ROAD
NEW HOPE, PA, 18938
LICENSE/COC#: 15419

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/08/2026, 07/09/2026 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 NEW HOPE* **License #**: *15419* **License Expiration**: *01/29/2027*

Address: *6554 LOWER YORK ROAD, NEW HOPE, PA 18938*

County: *BUCKS* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *ONE SOLEBURY PROPERTIES, LP*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I-1* **Date**: *08/19/2025* **Issued By**: *Solebury Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *90* **Waking Staff**: *68*

Inspection Information

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

Reason: *New, Monitoring* **Exit Conference Date**: *07/09/2026*

Inspection Dates and Department Representative

07/08/2026 - On-Site: [redacted]

07/09/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *123* **Residents Served**: *62*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Daybreak 1st Floor* **Capacity**: *45* **Residents Served**: *21*

Hospice

Current Residents: *4*

Number of Residents Who:

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

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *28* **Have Physical Disability**: *0*

Inspections / Reviews

07/08/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/04/2026*

08/07/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/10/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/21/2026*

Inspections / Reviews *(continued)*

08/12/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/10/2026*

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

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 7/8/26, at 9:21 A.M. , the first floor medication room was unlocked, unattended, and accessible containing lab results for Resident # 1 and Physician's notes for Resident # 2.

Plan of Correction ***Accept ([redacted] - 08/07/2026)***

7/8/2026

2600. 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation
"On 7/8/26, at 9:21 A.M., the first-floor medication room was unlocked, unattended, and accessible containing lab results for Resident #1 and Physician's notes for Resident #2."

Immediate Corrective Actions: Upon learning about this violation when rounding the community with the inspectors on 7/8/26, the homes Executive Director shut the door and removed the door stop that had been placed in it.

Additional Corrective Actions: On 7/22/2026, the homes Executive Director met with the physician that services the home, who was present on the day of inspection and left the door open while rounding and seeing residents, as well as all the homes Med Tech staff and Licensed Nursing staff. Training from the RCG was provided in these meetings. Additionally, on 7/30/26, the homes Executive Director conducted training with staff at the homes monthly staff meeting, again utilizing the RCG. All staff and the provider were educated and trained and since the home has an electronic key lock and automatic closing door on the med room, that the door should never be left propped open and unattended.

Ongoing Quality Assurance Actions: The homes Resident Care Director, Assistant Resident Care Director, Memory Care Director and/or Executive Director, starting 8/1/26, will ensure that each of the homes Med Rooms are secured on an ongoing basis during daily rounds. The homes Resident Care Director will continue to ensure that this is reviewed with all new employees that the home employs during general orientation. This will be reviewed during each of the homes' ongoing quarterly quality assurance meetings to ensure continued compliance with the next meeting being held in October 2026.

Licensee's Proposed Overall Completion Date: *08/18/2026*

Implemented ([redacted] - 08/12/2026)

103e - Left Overs

2. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated bread rolls, tortillas, and hash brown cubes in walk-in freezer.

Plan of Correction ***Accept (- 08/07/2026)***

7/8/2026

2600. 103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation
"There was an unlabeled, undated bread rolls, tortillas, and hash brown cubes in the walk-in freezer."

Immediate Corrective Actions: Upon learning about this violation when rounding the community with the inspectors on 7/8/26, the homes Executive Director had the Dining Services Director remove the items from the walk-in freezer and dispose of them.

Additional Corrective Actions: The homes prior Dining Services Director's last day with the community was , the homes Executive Director met with the homes new Dining Services Director and training from the RCG was provided. Additionally, on 7/30/26, the homes Executive Director conducted training with staff at the homes monthly staff meeting, again utilizing the RCG. All staff were educated that any leftover food that goes into any of the homes freezers or refrigerators must be labeled and dated.

Ongoing Quality Assurance Actions: The homes Dining Services Director and/or Executive Director will visually inspect this weekly for compliance. A documentation of those weekly checks was started on 8/3/26. The homes Dining Services Director will continue to ensure that this is reviewed with all new employees that the home employs during general orientation. This will be reviewed during each of the homes' ongoing quarterly quality assurance meetings to ensure continued compliance with the next meeting being held in October 2026.

Licensee's Proposed Overall Completion Date: *08/18/2026*

Implemented (- 08/12/2026)

103g - Storing Food

3. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The bread rolls and empanada in the walk-in freezer were opened and unsealed.

Plan of Correction ***Accept (- 08/07/2026)***

7/8/2026

2600. 103.g. Food shall be stored in closed or sealed containers.

Description of Violation

103g - Storing Food (continued)

"The bread rolls and empanada in the walk-in freezer were opened and unsealed."

Immediate Corrective Actions: Upon learning about this violation when rounding the community with the inspectors on 7/8/26, the homes Executive Director had the Dining Services Director remove the items from the walk-in freezer and dispose of them.

Additional Corrective Actions: The homes prior Dining Services Director's last day with the community was [redacted] On 7/29/2026, the homes Executive Director met with the homes new Dining Services Director and training from the RCG was provided. Additionally, on 7/30/26, the homes Executive Director conducted training with staff at the homes monthly staff meeting, again utilizing the RCG. All staff were educated that all food that goes into any of the homes freezers or refrigerators must be covered in a sealed container.

Ongoing Quality Assurance Actions: The homes Dining Services Director and/or Executive Director will visually inspect this weekly for compliance. A documentation of those weekly checks was started on 8/3/26. The homes Dining Services Director will continue to ensure that this is reviewed with all new employees that the home employs during general orientation. This will be reviewed during each of the homes' ongoing quarterly quality assurance meetings to ensure continued compliance with the next meeting being held in October 2026.

Licensee's Proposed Overall Completion Date: *08/18/2026*

Implemented ([redacted] - 08/12/2026)