

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

September 23, 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 08/11/2026 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:

Phone:

Email:

Legal Entity

Name: CARE HSL NEWTOWN OPCO LLC

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: I 2

Date: 06/17/2006

Issued By: Newtown Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 165

Waking Staff: 124

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Monitoring

Exit Conference Date: 08/11/2026

Inspection Dates and Department Representative

08/11/2026 On Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 120

Residents Served: 106

Secured Dementia Care Unit

In Home: Yes

Area: Daybreak

Capacity: 57

Residents Served: 47

Hospice

Current Residents: 12

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 105

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 59

Have Physical Disability: 1

Inspections / Reviews

08/11/2026 - Partial

Lead Inspector:

Follow Up Type: POC Submission

Follow Up Date: 09/10/2026

Inspections / Reviews (*continued*)

09/11/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/18/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/21/2026

09/23/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/18/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

24 - Personal Hygiene

1. Requirements

2600.

24. Personal Hygiene - A home shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:

1. Bathing.
2. Oral hygiene.
3. Hair grooming and shampooing.
4. Dressing, undressing and care of clothes.
5. Shaving.
6. Nail care.
7. Foot care.
8. Skin care.

Description of Violation

The assessment and support plan, dated [REDACTED] for resident [REDACTED] indicates the resident requires assistance with bathing, oral hygiene, hair grooming and shampooing, dressing, undressing and care of clothes, shaving, nail care, foot care, skin care. On [REDACTED] the resident waited 28 minutes for assistance with oral hygiene and hair grooming.

Plan of Correction

Accept ([REDACTED] - 09/11/2026)

Immediate corrective actions – Care aide provided immediate assistance to resident [REDACTED] on 8/11/26, at the time of notification of the resident's needs.

Additional corrective actions – All Directors and Direct Care Staff will be in-serviced by the Executive Director or Assistant Executive Director by 9/17/26, to ensure the residents needs are being met in a reasonable amount of time and according to the RASP. In addition, training will include a review of protocols for answering call bells to meet care needs and acknowledging call bells to end the alert.

The Resident Care Director, Memory Care Director and Wellness Supervisor will monitor the call bell system to ensure the staff is responding timely to the residents' needs.

Ongoing Quality Assurance Actions – The RCD and MCD will audit call bell reports weekly x 4 weeks to ensure timely responses. Audits will be completed by 10/9/2026. The RCD and MCD will review with the Wellness Management Team at Daily Huddle the call bell reports to ensure staff are consistently responding to call bells in a reasonable amount of time, beginning 9/14/26. Ongoing compliance will be reviewed at Quarterly QA Meetings, beginning with a review of Q3 July, August, September in October 2026.

Licensee's Proposed Overall Completion Date: 10/09/2026

Implemented ([REDACTED] - 09/23/2026)

95 - Furniture and Equipment

2. Requirements

2600.

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

Description of Violation

The stand up shower in bathroom [REDACTED] is not draining properly and overflowing to the bathroom floor causing a tripping hazard.

95 - Furniture and Equipment (*continued*)**Plan of Correction**

Accept [REDACTED] - 09/11/2026)

Immediate corrective actions – Housekeeping immediately cleaned up the water on the floor in the bathroom on 8/11/26, on the day of inspection.

Additional corrective actions – The Maintenance Director, Housekeeping Team will be in-serviced, on DHS regulation 2600.95 to ensure furniture and equipment are in good repair. Additionally, the Housekeeping Team and Direct Care Staff will be in-serviced by the Executive Director or Assistant Executive Director to report any drainage or leakage issues to the Maintenance Team by 9/17/26. The Maintenance Director assessed the water drainage issue and evaluated the area to determine the cause and appropriate corrective action. The drain was cleared and flushed on 9/5/26 by the Maintenance Director. The Splash guard is diverting water from the bathroom and is draining properly into the center of the shower drain.

Ongoing Quality Assurance Actions – The Maintenance Director will conduct quarterly inspections of the community to identify and address any water drainage concerns beginning October 2026. Ongoing compliance will be reviewed at Quarterly QA Meetings, beginning with a review of Q3 July, August, September in October 2026.

Licensee's Proposed Overall Completion Date: 09/17/2026

Implemented [REDACTED] - 09/23/2026)

103c - Food Protected

3. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On [REDACTED] at 9:50 A.M. there was an uncovered package of brown sugar stored in on the kitchen counter of the secured dementia care unit.

Repeat Violation: [REDACTED] et al, [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/11/2026)

Immediate corrective actions – The brown sugar was immediately discarded by The Assistant Executive Director at the time of the inspection, on 8/11/26.

Additional Corrective Actions- The Directors and dining team will be re-educated by 9/17/26 by the Executive Director and AED on DHS regulation 2600.103.c to ensure that all food shall be protected from contamination while being stored, prepared, transported and served.

The Dining Director audited all food prep areas on 8/11/26 to ensure all food items were protected.

Ongoing Quality Assurance Actions – The Dining Director will audit food prep areas, refrigerators and freezers daily x 4 weeks to ensure that all food is protected and covered. Audits will be completed by 10/9/26. The Dining Services Director will complete a daily review of the kitchen and food storage areas, using the Daily Kitchen Checklist, beginning 9/14/26. Dining Director is responsible for sustained compliance.

Ongoing compliance will be reviewed at Quarterly QA Meetings, beginning with a review of Q3 (July, August, September) in October 2026.

103c - Food Protected (continued)

Licensee's Proposed Overall Completion Date: 10/09/2026

Implemented [REDACTED] - 09/23/2026)

171b5 - First Aid Kit

4. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the vehicle used to transport residents does not include a thermometer.

Plan of Correction

Accept [REDACTED] 09/11/2026)

Immediate corrective actions – On 8/18/26, prior to the inspector's departure, the thermometer was placed back into the First aid Kit by the resident Life Director.

Additional corrective actions – All Directors will be re-educated by the Executive Director or the Assistant Executive Director by 9/17/26 on DHS regulation 2600.171.b5 to ensure that the vehicle has a first aid kit with the continents as specified in 2600.96. The Resident Life Director will audit all first aid kits by 9/14/26 to ensure that they have all continents as specified.

Ongoing Quality Assurance Actions – The Resident Life Director will audit first aid kits weekly for 4 weeks to ensure that first aid kits are properly stocked. Audits will be completed by 10/9/26. The Resident Life Director will monitor First aid Kits weekly to ensure they remain fully stocked beginning 8/14/26.

Ongoing compliance will be reviewed at Quarterly QA Meetings, beginning with a review of Q3 (July, August, September) in October 2026.

Licensee's Proposed Overall Completion Date: 10/09/2026

Implemented [REDACTED] - 09/23/2026)

185a - Implement Storage Procedures

5. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] 1 tablet every 6 to 8 hours as needed. On [REDACTED] this medication(s) were not available in the home.

Plan of Correction

Accept [REDACTED] - 09/11/2026)

Immediate Corrective Actions -

On 8/11/26 Resident [REDACTED] medication was ordered from the pharmacy by Med Tech M.C, Medication was received in house on 8/12/26.

185a Implement Storage Procedures (continued)

Additional Corrective Actions The Resident Care Director, AED and Med Techs will be re educated by 9/17/26 by the Executive Director on DHS regulations 2600.185.a to ensure that the home implements safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. The Medication Technicians will audit Med carts by 9/14/26 to ensure that all medications are available in the home per prescribers' orders.

Ongoing Quality Assurance Actions Then the Med Techs will audit Med carts weekly x 4 weeks to ensure that all medications are available in the home according to prescribers' orders. Wellness supervisor will review cart audits weekly to ensure completion and availability of medications. Audits will be completed by 10/9/2026. The RCD and Wellness Nurse will review Med Carts and audits weekly beginning the week of 9/14/26. Ongoing compliance will be reviewed at Quarterly QA Meetings, beginning with a review of Q3 (July, August, September) in October 2026.

Licensee's Proposed Overall Completion Date: 10/09/2026

Implemented [REDACTED] 09/23/2026)

187b - Date/Time of Medication Admin.**6. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] 1 tablet every 8 hours as needed. Resident [REDACTED] August 2026 medication administration record does not include the initials of the staff person who administered Tramadol on [REDACTED] and [REDACTED] at 9:00 A.M.

Repeat Violation: [REDACTED] et al,

Plan of Correction

Accept [REDACTED] 09/11/2026)

Immediate corrective actions Resident received both doses of tramadol, on 8/6 and 8/9 as documented on the Narcotic count sheet. A note was added to the resident record to confirm that medications were given but not signed on 8/12/26, by the wellness supervisor.

Additional Corrective Actions The Resident Care Director, AED and Med Techs will be re educated by 9/17/26 by the Executive Director on DHS regulations 2600.187.b and the shift change responsibility, to ensure that the medication administration is documented at the time the medication is given and to ensure the dashboard has been reviewed. Additionally, The Executive Director and the Assistant Executive Director will re educate the Resident Care Director, Wellness Supervisor, and the Memory Care Director by 9/17/26 on checking the SMART Dashboard daily to monitor the EMARs for any missed signatures. RCD is responsible for sustained compliance.

Ongoing Quality Assurance Actions The RCD and Wellness Nurse will review medication administration documentation monthly to ensure that the documentation is recorded accurately. The RCD and MCD will review the SMART Dashboard daily at clinical huddle to monitor the EMARs for any missed signatures. Ongoing compliance will be reviewed at Quarterly QA Meetings, beginning with a review of Q3 July, August, September) in October 2026.

187b - Date/Time of Medication Admin. (continued)

Licensee's Proposed Overall Completion Date: 09/17/2026

Implemented [REDACTED] 09/23/2026)