

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

October 14, 2026

[REDACTED] ADMINISTRATOR
CHANGING TRENDS R E CORP
6740 DANIEL BOONE ROAD
BIRDSBORO, PA, 19508

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/27/2026 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: BIRDSBORO LODGE

License #: 22703

License Expiration: 07/12/2027

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: 6740 DANIEL BOONE ROAD, BIRDSBORO, PA, 19508

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1

Date: 08/08/2017

Issued By: Exeter Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 15

Waking Staff: 11

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 08/27/2026

Inspection Dates and Department Representative

08/27/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 23

Residents Served: 13

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: 0

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 2

Have Physical Disability: 0

Inspections / Reviews

08/27/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/19/2026

09/28/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/13/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/05/2026

Inspections / Reviews (*continued*)

10/07/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/13/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/14/2026

10/14/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/13/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept () - 10/07/2026)

The Direct Care staff, A, wrote on the employment application [REDACTED] attended a H.S. Birdsboro Lodge Administration did not ask for a copy of diploma.

When documents were asked for during the inspection A stated [REDACTED] did not have a H.S. diploma. A has always worked with a DCS certified employee.

A was immediately stopped from working with Residents, [REDACTED] is now working in Dietary and Housekeeping. A enrolled in H.S. diploma program.

All employee files have been verified to contain a copy of the H.S. Diploma.

Employee A is enrolled GED program.

New employee files will be over checked by either the Director of Nursing or the Administrator.

Existing employees' files were reviewed, 8-28-26, for High School Diplomas and are compliant.

Licensee's Proposed Overall Completion Date: 10/06/2026

Implemented () - 10/14/2026)

182c - Medication Administration

2. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

At 1:45p.m., staff person A prepared medications for a 2:00 p.m. medication pass for Resident #1 at the medication cart, located by the office on the main floor. Staff person A then walked the medication from the medication cart, through the dining room, downstairs to resident's room. The staff did not prepare medications for a resident that was in the vicinity of the medication cart.

Plan of Correction

Accept () - 10/07/2026)

Staff, Med. Techs., were immediately, 8-27-26, trained on the medications being removed from the original containers in the vicinity of the Residents.

The Administrator conducted a review, 8-28-26, of medication-administration procedure to verify whether other residents were affected. The observation concluded no other Residents were affected.

The Home's medication administration procedure and the RCG requirements were reviewed with all the Med. Techs. The Administrator and the Director of Nursing will be responsible for implementation of the corrective action, staff education and ongoing monitoring of compliance.

The Administrator or Director of Nursing will perform observations, weekly for 4 weeks, followed by monthly observations for 3 additional months.

182c - Medication Administration (*continued*)

Licensee's Proposed Overall Completion Date: 12/28/2026

Implemented (█) - 10/14/2026

187d - Follow Prescriber's Orders

3. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed gabapentin 300mg to be administered three times per day; The resident was out of the facility at the time of the scheduled medication administration. The medication was not sent with the resident and not administered as prescribed.

Resident #2 is prescribed gabapentin 300mg to be administered three times per day; Resident #3 is prescribed Midodrine 10mg tab three times per day; Resident #4 is prescribed acetaminophen 325mg, two tablets three times per day; and Resident #5 is prescribed buspirone 10mg tablet three times per day. On 7/7/26, these residents did not receive their dose at 2:00 p.m. and only received 2 of the 3 prescribed doses.

Resident #4 is prescribed Midodrine 10mg tab three times per day, hold for SBP above 140. On 7/4/26, at 8:00 a.m., SBP was 144, 7/6/26, at 8:00 a.m. SBP was 149, 7/16/26 at 8:00 p.m., SBP was 143, and on 7/28/26, at 8:00 a.m., SBP was 165. The medication was administered instead of being held, as ordered.

Plan of Correction

Directed (█) - 10/07/2026

The Resident, who was out of facility, 7-16-26, was physically given the Med. when █ went out of the facility. Resident was "clicked out of facility". This Med. was not "clicked in" because it was too early to be "clicked in". This issue, is captured in the Charting Notes, which are attached.

The 2:00pm missed Med. Pass, was submitted as a Reportable Incident, 7-7-26.

7-8-26 the Incident report was submitted with the corrective action. The oncoming shift personnel, Nurse/Med. Tech. will immediately verify the previous shift's Med. Pass is complete. The R.N. or Administrator will perform weekly observations for a month confirming no missed Med. passes followed by Monthly observations for 3 months.

Resident # 4's Mido. was physically held, the Mido. was clicked in and could not be unclicked. The Med. Techs. identified the held Mido. in the notes. The Med. Techs. knew the parameters. The Med. Techs. are going to notify the Director of Nursing when Meds. are clicked in, as an error, and have to add notes to address.

Proposed Overall Completion Date: 12/28/2026

Directed: In addition to the above plan of correction, all staff that can pass medications will be educated

187d - Follow Prescriber's Orders (continued)

in proper documentation of administering vs withholding medications. These staff will also be educated in medication administration times.

Directed Completion Date: 10/14/2026

Implemented () - 10/14/2026)

191 - Resident Right to Refuse**4. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted () has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept () - 10/07/2026)

The existing paper contract, () did not have the Resident's right to refuse a medication if the Resident believes that there may be a medication error. This violation was identified on the annual inspection (8-27-26). The resident, #2, was immediately educated, (8-27-26) on the Resident's right to refuse medication if the Resident believes that there may be a medication error. The existing Resident contracts were reviewed for the statement. All the existing Resident contracts have the statement. The new contracts, computer generated, have the statement.

The Administrator or the Director of Nursing will review future contracts for education of the resident's right to refuse medication if the resident believes that there may be a medication error.

Licensee's Proposed Overall Completion Date: 10/06/2026

Implemented () - 10/14/2026)

227g -Support Plan Signatures**5. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan for resident #2 dated (), Resident #4, dated () and Resident #6, dated () were not signed by the resident nor was there any documentation of the resident's inability or refusal to sign the support plan.

Plan of Correction

Accept () - 10/07/2026)

The support plans were immediately reviewed and signed by the residents.

Resident # 2 signed RASP 8-28-26 Resident # 4 signed RASP () Resident #6 signed RASP ()

All RASPs were reviewed for completeness, and signatures. (10-6-26)

The Administrator will review the requirements with the R.N.s on completing RASPs. (done 8-28-26)

Monitoring compliance will be performed by the Administrator.

Licensee's Proposed Overall Completion Date: 10/06/2026

Implemented () - 10/14/2026)